



Who Is Covered by the WC Law?

More than 98% of Wisconsin workers are covered from the day they start employment. You are covered if your employer usually has three or more full-time or part-time employees. If your employer has fewer than three, but a payroll of \$500 or more in any calendar year quarter, the employer must get WC insurance by the 10th day of the month following the end of that quarter.

"Employers" include private, government, non-profit, charitable, family operations, corporations, other legal business entities and certain owner/operators, independent contractors or subcontractors. "Workers" may be full- or part-time, seasonal or minors. Volunteer and domestic workers are excluded. Farm workers are covered only on farms with six or more employees on any 20 days in a calendar year. Worker's compensation coverage is the employer's responsibility. If you have reason to believe your employer is not covered and should be, or if your employer requires you to pay for or purchase your own worker's compensation insurance policy, please contact the Worker's Compensation Division.

What Injuries Are Covered by the Law?

The law covers both mental and physical injury from either accidents or occupational diseases. If you work only in one place, such as a factory, store or office, your injury will usually be covered only if it occurs at work. If your work requires travel, you are covered at all times while traveling, including the time you are eating or sleeping, unless you deviate from regular work duties for a private or personal reason.

Generally, worker's compensation benefits must be paid even if the injury was your fault. (See section relating to increased or decreased compensation.)

All compensation and medical payments are based on medical reports from your practitioner. If your practitioner does not make prompt and regular reports to the insurance company or your employer (if self-insured), your payments may be delayed. Explain this to your treating practitioner.

If the insurer does not make payment because it is still investigating your claim, it must notify you within 14 days after it receives notice of the injury. If your claim is denied, the insurer must inform you within 7 days of its decision and advise you of your rights to a hearing.

May I Choose My Own Treating Practitioner?

You may choose any physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, or advanced practice nurse prescriber licensed in the state. By agreement with your employer, or when referred by a practitioner licensed in this state, you may choose a practitioner not licensed in this state. If you later select a second practitioner, you must notify your employer or the insurance company.

In an emergency, the employer may arrange for your treatment until you are able to choose your own practitioner. Your employer or the insurance company has the right to have you examined by a practitioner of its choice. Your compensation may be delayed if you do not agree to have these examinations.

You have the right to every type of treatment which is reasonable and necessary to cure you, as ordered by your practitioner. This includes hospitalization, therapy, tests and prosthetic devices. Medicine is paid for, as is any reasonable travel expense necessary to receive treatment.

Who Pays the Medical Bills?

The insurance carrier or self-insured employer is required to pay your medical expenses and mileage. Send any bills you receive to your employer or its insurer. If you paid any of your medical expenses, send itemized receipts to your employer (if self-insured) or its insurer for reimbursement.

An insurer or self-insured employer may challenge a health care provider's fee as unreasonable or treatment as unnecessary. If so, it may refuse to pay the charge in question and must notify the provider of the dispute. Once a provider receives notice of a dispute about fees or treatment, the provider may not ask you to pay the bill. If you receive a bill for treatment when such a dispute exists, please contact your insurance carrier or, if self-insured, your employer.

How Is Compensation Paid?

During the time you are healing from your injury, you will get two-thirds of your weekly wage up to the maximum rate for the year of injury.

Payment is made on the basis of a six-day workweek, Monday through Saturday, regardless of the number of days per week you actually work. This means that your daily payment is one-sixth of your weekly payment. For example, if you are

eligible for just three days of compensation, you will receive three-sixths of your weekly rate.

The Division reviews all benefit payments to make sure they are accurate. If you doubt that you are receiving the correct amount of compensation, please contact the Division.

When Will I Get My First Check?

In most cases, the first payment will be made by the insurance company within 14 days of your last day worked. If payment takes longer, contact your employer or its compensation insurer.

If your payments later stop, or if you have any other problem, contact your employer or the insurer to find out the reason. If you need more help, contact the Division. You may cash compensation checks and sign receipts without any fear of losing any of your legal rights.

What Compensation Is Paid for Permanent Disability?

After you have healed as much as possible from your injury, your practitioner will determine if you have any permanent disability.

For a permanent disability, you will receive additional compensation. Benefits are paid monthly, not in one lump sum.

A specific number of weeks of compensation is paid for the loss of a finger, hand, arm, leg, foot, eye, etc. This compensation is paid in addition to the compensation paid during the healing period. Different amounts of compensation are due for the loss of different parts of the body.

If there is no amputation, but there is pain or loss of motion or strength in a limb, then fewer weeks of compensation are paid. For example, 10 percent disability at the shoulder would equal 10 percent of 500 weeks of compensation, or 50 weeks.

Some other kinds of permanent injuries are compensated in a different manner that involves a determination of future wage loss.

What if My Claim is Disputed?

If there is a dispute over your claim between you and the employer or insurer that cannot be settled by talking it over, you may request the Division to resolve it by holding a hearing before an Administrative Law Judge and issuing an order.

You may file an application for a hearing if your employer does not report your accident, or if you believe you can prove that you did not receive all your benefits. You must have medical proof of your claim. This proof is the written opinion of a physician, chiropractor, psychologist, physician assistant, advanced practice nurse prescriber, podiatrist, or surgeon. A dentist, physician assistant, or advanced practice nurse prescriber can give opinions on diagnosis and necessity of treatment but not on whether your injury is work-related or how disabled you are from the injury. Send the medical report with the application.

You should contact your employer and the insurer before applying for a hearing to find out exactly what is disputed.

You may request the forms to apply for a hearing by contacting any of the Division offices. You will also receive additional written information explaining the hearing process.

What if I Get a Lawyer?

If you hire an attorney in a disputed case, you can be charged only up to 20 percent of the amount of compensation the attorney obtains for you. You will also have to pay for your attorney's costs. The fees and costs will be deducted from your payments. Your county bar association may be able to recommend an attorney who is experienced in worker's compensation.

What Is a Compromise?

Your employer or the insurance company may ask you to settle. Settlements can be reached by signing a written agreement or put on the record at a hearing. This is called a compromise.

If there is a valid dispute over the amount of disability or whether an injury is work-related, you and the insurance company may decide to settle your claim. All compromises must be approved by the Division to make sure they are reasonable. Before signing a compromise it is important that you understand what future benefits you may be giving up. After you agree to a compromise, it is legally very difficult to change it. Normally, you will not receive additional compensation beyond the amount of the compromise.

What if My Employer Won't Rehire Me?

The law does not guarantee a job after an injury, and the employer is not required to hold one open or create one. However, up to one year's back pay may be due if an employer "unreasonably refuses" to rehire an injured worker. Employees who believe they have been unreasonably refused employment may request a hearing.

What if I Can't Return to My Job?

Some workers may not be able to return to the same type of work they did before injury or illness. Keep in contact with your employer and your practitioner to see if you can return to work early on a restricted basis, perhaps in a modified job if necessary. This could help ease you back into working again.

If your practitioner or employer indicates that you cannot return to your former job, you may contact the insurer to request assistance from either public or private vocational rehabilitation services. One resource is the State Division of Vocational Rehabilitation (DVR), which has offices throughout the state (see your local telephone directory under State of Wisconsin, Department of Workforce Development). General questions about your claim should be addressed to your employer, its insurer, or the Worker's Compensation Division. For further information, call the WC Division at (608) 266-1340.

If you do not have a job at the end of your healing period (temporary total or partial disability), you may apply for Unemployment Insurance benefits by calling 1-800-822-5246. You can also request a copy of a brochure called "Getting Back to Work" (WKC-7762-P) from your employer or your employer's insurance carrier or the Worker's Compensation Division, which will provide you with information on vocational rehabilitation.

When Is Increased or Decreased Compensation Paid?

If an employer has not followed a state or federal safety order and an injury results, the employer must pay 15 percent increased compensation, up to a maximum of \$15,000. This is in addition to any other compensation. Payment is due even if the employee's carelessness caused the injury.

If you believe that you should be paid increased compensation because your employer did not observe a safety rule, you may apply for a hearing and must prove that your employer was at fault.

If a worker fails to follow published and enforced safety rules, compensation may be decreased by 15 percent, but not by more than \$15,000.

Double or treble compensation may be due for injuries to minors who do not have valid work permits. It is the employer's responsibility to make sure that minors have valid working permits and are not working at prohibited employment.

How Long Is My Claim Open?

You must report the injury to your employer within two years to qualify for worker's compensation. If the injury is reported or a payment is made within two years, the claim is usually held open by law for 12 years from the date of the

injury or the date of last payment to you, whichever is later. This can be important if your condition changes during this time. In the case of an occupational disease, such as an occupational hearing loss, carpal tunnel syndrome, etc., there is no time limit for filing a claim. For some serious traumatic injuries such as total loss of a hand, arm, vision loss, permanent brain injury, or partial or total hip or knee replacement there is no time limit for filing a claim. It is important to save your records of the last payment for 12 years.

KEY STEPS IN WORKER'S COMPENSATION

1. If you are hurt at work or become ill because of what you think is work-related exposure:
 - **Immediately** report your accident or ailment to your supervisor. Continue to keep your employer informed about any changes in your injury.
 - Seek first aid and medical attention.
 - Remember that delays can affect not only your health, but also possible compensation benefits.
2. Your employer reports the injury to its insurance company (or internal claims office if self-insured), who will report it to the Worker's Compensation Division. You do **not** have to file a claim yourself if you reported the injury.
3. The costs for your reasonable and necessary medical treatment will be paid. If you miss more than three days of work due to the injury, you will receive compensation for lost wages. Worker's Compensation also provides benefits to dependents of workers who die after work-related accidents.
 - If your injury or illness is payable under the law:
 - You will get a check from the insurance company or from your own self-insured employer - usually within 14 days after your injury. In some cases, it may take longer.
 - There is a 3-day waiting period. The first 3 days following an injury are not compensable unless you miss work beyond the 7th calendar day following the injury or sustain permanent disability.
 - Any additional compensation for a permanent disability, such as an amputated limb, will be determined after you return to work or the healing period ends. (See "*How Is Compensation Paid?*" and "*What Compensation Is Paid For Permanent Disability?*").
4. It is important that you make every effort to return to work, within medical restrictions, as soon as possible after an injury. Your employer and your practitioner must agree to your returning to some form of work; it is important that you talk to them about returning. If you cannot return at all because of your injury, other options may be available. (See "*What If I Can't Return To My Job?*").

DWD is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 266-1340 voice or (866) 265-3142, TTY

**WORKER'S COMPENSATION DIVISION
WISCONSIN DEPARTMENT OF WORKFORCE
DEVELOPMENT**

Main Office, Claim Files:	Milwaukee Office:	Appleton Office:
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Madison, WI 53707	Milwaukee, WI 53203	Appleton, WI 54913-8220
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*Copias en español estan disponibles y se pueden solicitar por escrito.
Copies of this booklet are available in Spanish upon request.*

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