

Iowa Workers' Compensation – FIRST REPORT OF INJURY OR ILLNESS				Jurisdiction Code		Jurisdiction Claim Number	
CLAIM ADMIN	Claim Administrator Name:			Claim Representative Business Phone Number:		Insurer Name (if different than claim administrator):	
	Mailing Address, City, State, & Postal Code: Po Box 89453 Cleveland OH 44101			Claim Administrator Claim Number:		Insurer FEIN:	
				Claim Administrator FEIN:		Claim Type Code:	
EMPLOYER	Employer Name:			Employer FEIN:		Insured Report Number:	
	Physical Address, City, State, & Postal Code:			Mailing Address, City, State, & Postal Code: same		Industry Code:	
	Nature of Business:			Employer Contact Name and Business Phone Number:		Employer Type Code: ___ Employer (E) ___ Lessor (L) Employee UI Number: 00306907	
POLICY	Insured Name (parent company if different than employer):		Insured FEIN:	Insured Postal Code:	Policy/Contract Number: WWC3382372	Coverage Effective Date: 10/19/2018 Coverage Expiration Date: 10/19/2019	Self Insurance License/ Certificate Number: n/a
EMPLOYEE	Employee Name (First, Middle, Last, & Suffix):			Date of Birth:	Gender:	Tax Filing Status (check one):	
	Mailing Address, City, State, & Postal Code:			Date of Hire:	Male (M) Female (F)	Single (A) Married/Filing Joint (C) Single/Head of Household (B) Married/Filing Separate (D)	
	Phone Number (include area code):			Educational Level (grade completed):		Marital Status: (check one)	
	Occupation Description:			Employment Status (check one):		Employee ID Number (check one):	
	Manual Classification Code:			ID #		___ Unmarried (U) ___ Married (M) ___ Separated (S)	
	Department Where Regularly Worked:			Social Security Number		Employee's Authorization to Release the Following:	
				Employment Status (check one): ___ Piece Worker ___ Volunteer ___ Seasonal ___ Apprenticeship/Full-Time ___ Apprenticeship/Part-Time ___ Regular Employee/Full-Time ___ Part-Time ___ Other part-time on call		Medical Records ___ yes ___ no Social Security Number ___ yes ___ no	
WAGE	Average Wage \$ (check one): ___ hourly ___ daily ___ semi-monthly ___ monthly ___ bi-weekly ___ annual ___ weekly			Salary Continued In Lieu of Compensation: ___ yes ___ no		Employee Number of Dependents: _____	
	Number of Days Regularly Worked Per Week: _____			Full Wages Paid for Date of Injury: ___ yes ___ no		Employee Number of Exemptions: _____ (check one) ___ Entitled ___ Withholding	
				Discontinued Fringe Benefits: \$ _____			
ACCIDENT/INJURY	Date of Injury			Describe the nature of the injury. (ex. amputation, burn, cut, fracture):			
	Date Employer Had Knowledge of the Injury						
	Date Claim Administrator Had Knowledge of the Injury						
	Initial Date Last Day Worked						
	Initial Return to Work Date (if applicable)			Part(s) of body directly affected by the injury or illness. (ex. hand, arm, circulatory system):			
	Employee Date of Death (if applicable)						
	Time of Injury						
	Time Employee Began Work						
	Pre-Existing Disability Code: ___ Yes ___ No ___ Unknown			Describe the events that caused the injury. (ex. fell, operating machinery, chemical exposure):			
	Accident Premises Code: ___ Employer (E) ___ Lessee (L) ___ Other (X)			Name the object or substance that directly injured the employee. (ex. knife, floor, acid, oil):			
Accident Site Organization Name:							
Accident Site Street, City, State, & Postal Code:			Specify activity the employee was engaged in when the event occurred. (ex. cutting metal plate for flooring). Indicate if activity was part of normal duties:				
Accident Location Narrative (if no street address):							
Accident Site County/Parish:			Witness Name & Business Phone Number:				
MEDICAL	Initial Treatment Code (check one): ___ no medical treatment (0) ___ minor/on-site treatment (1) ___ clinic/hospital visit (2) ___ emergency care (3) ___ hospitalization > 24 hours (4) ___ future medical treatment/lost time anticipated (5)			Initial Medical Provider Name:		Managed Care Organization Name or ID Number:	
				Initial Medical Provider Physical Address, City, State, & Postal Code:		ICD Primary Diagnostic Code (if known):	
Preparer's Name & Title:			Preparer's Company Name:			Phone Number:	Date:

**This section is to provide information valuable in handling this claim.
The Iowa Occupational Safety and Health Act**

The following is a summary of the recordkeeping, reporting and posting responsibilities of employers under Iowa's Occupational Safety and Health Act.

RECORDKEEPING REQUIREMENTS

Regulations issued under the Iowa Occupational Safety and Health Act of 1972 require establishments subject to the Act to maintain records of recordable occupational injuries and illness. Such records must consist of: (a) a log and summary of occupational injuries and illnesses and (b) a supplementary record of each occupational injury and illness.

LOG AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES.

Each recordable occupational injury and occupational illness must be entered on a log and summary of cases (OSHA Form No. 200) as early as practicable but no later than six working days after receiving information that a recordable case has occurred. A multi-unit employer may maintain the log and summary of occupational injuries and illnesses at a place other than the establishment if there is a copy of the log and summary available in the establishment complete and current to a date within 45 calendar days. If an equivalent of OSHA Form No. 200 is used, such as a printout from data-processing equipment, the information shall be as readable and comprehensible to a person not familiar with the data-processing equipment as the OSHA Form No. 200 itself. Logs must be kept current and retained for 5 years following the end of the calendar year to which they relate.

SUPPLEMENTARY RECORD OF OCCUPATIONAL INJURIES AND ILLNESSES.

To supplement the Log and Summary of Occupational Injuries and Illnesses, each employer must have available a record for each occupational injury or illness at each establishment within six working days after receiving information that a recordable case has occurred, OSHA Form No. 101 may be used for this purpose. State of Iowa Form No. 14-0001 [(IAIABC Form 1.2 (12/98))], workers' compensation or other reports are acceptable as records if they contain the information required on OSHA Form No 101. These records must be available in the establishment without delay and at reasonable times for examination by representatives of the Iowa Division of Labor Services, the U.S. Department of Labor and the U.S. Department of Health, Education and Welfare. The records must be maintained for a period of not less than 5 years following the end of the calendar year to which they relate.

ANNUAL SUMMARY. Each employer subject to the recordkeeping requirements must prepare a summary of the occupational injury and illness experience of the employees in each of the employer's establishments at the end of each year based on the information contained in the log and summary of occupational injuries and illnesses for the particular establishment. OSHA Form No. 200 shall be used for this purpose. The summary shall be signed and posted in a place accessible to the employees no later than February 1 and shall remain in place until March 1. For employees who do not report to work at a single establishment, or who do not report to any fixed establishment on a regular basis, employers shall satisfy the posting requirement by presenting or mailing a copy of the annual summary during the month of February to all such employees who receive pay during that month. Summaries must be retained for 5 years following the end of the calendar year to which they relate.

EMPLOYEES NOT IN FIXED ESTABLISHMENTS. Employers of employees engaged in physically dispersed operations such as occur in construction, installation, repair or service activities who do not report to any fixed establishment on a regular basis but are subject to common supervision may satisfy the recordkeeping provisions with respect to such employees by:

- (a) Maintaining the required records for each operation or group of operations which is subject to common supervision (field superintendent, field supervision, etc.) in an established central place;
- (b) Having the address and telephone number of the central place available at each worksite; and
- (c) Having personnel available at the central place during normal business hours to provide information from the records maintained there by telephone and by mail.

(Note: This regulation does not automatically apply to all construction, installation, repair or service activities. If in doubt about applicability to your operations, contact the Iowa Division of Labor Services.)

Records for personnel who do not primarily report or work at a single establishment, and who are generally not supervised in their daily work, such as traveling salespersons, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

REPORTING REQUIREMENTS

Regulations issued under the Iowa Occupational Safety and Health Act require all employers subject to the Act to report to the Iowa Workers' Compensation Commissioner any occupational injury or illness which temporarily disables an employee for more than three days or which results in permanent total disability, permanent partial disability, or death. The report must be filed electronically in conformity with EDI requirements with the Iowa Division of Workers' Compensation within four days from such event when the injury or illness is alleged by the employee to have been sustained in the course of the employee's employment. A report to the Iowa Division of Workers' Compensation is considered to be a report to the Iowa Division of Labor Services. The Iowa Division of Workers' Compensation shall forward all such reports to the Iowa Division of Labor Services.

In addition, employers must report to the Iowa Labor Commissioner within 8 hours each accident or health hazard that results in one or more fatalities or hospitalization of three or more employees.

Those establishments selected to participate in the annual Occupational Injuries and Illnesses Survey will be required to prepare a report (OSHA Form No 200-S) based on entries contained on the Log and Summary of Occupational Injuries and Illnesses.

POSTING REQUIREMENTS

The Iowa Occupational Safety and Health Act requires that employees be informed of the job safety and health protection provided under the Act. The poster, "Safety and Health Protection on the Job," is to be used for this purpose, and must be posted in a prominent place in the establishment to which the employees usually report to work. The poster briefly states the intent and coverage of the Act and the responsibilities of employers and employees to maintain safe and healthful working conditions.

EMPLOYERS WHO MUST KEEP OSHA RECORDS

Employers with 11 or more employees (at any one time in the previous calendar year) in the following industries must keep OSHA records. The industries are identified by name and by the appropriate Standard Industrial Classification (SIC) code:

- Agriculture, forestry, and fishing (SIC's 01-02 and 07-09)
- Oil and gas extraction (SIC 13 and 1477)
- Construction (SIC's 15-17)
- Manufacturing (SIC's 20-39)
- Transportation and public utilities (SIC's 41-42 and 44-49)
- Wholesale trade (SIC's 50-51)
- Building materials and garden supplies (SIC 52)
- General merchandise and food stores (SIC's 53 and 54)
- Hotels and other lodging places (SIC 70)
- Repair services (SIC's 75 and 76)
- Amusement and recreation services (SIC 79)
- Health services (SIC 80), and
- State and local government (Above SIC 's plus 91-97).

If employers in any of the industries listed above have more than one establishment with combined employment of 11 or more employees, records must be kept for each individual establishment.

All employers, including small employers and those in exempted SIC's, must continue to meet the requirement to report fatalities or multiple (3 or more) hospitalizations and all occupational injuries or occupational illnesses that result in a workers' compensation case.

If an employer is notified in writing by the Bureau of Labor Statistics about having been selected to participate in a statistical survey, such employer, including small employers, and those in exempted SIC's, must maintain a log and summary of all occupational injuries and illnesses for that year. The notification will contain the necessary form and instructions to comply with the survey requirements.

The Iowa Workers' Compensation Act

The following is a summary of the recordkeeping and reporting responsibilities of employers under the Iowa Workers' Compensation Act.

RECORDS AND REPORTS

Every employer shall keep a record of all injuries sustained by employees in the course of their employment resulting in incapacity for longer than one day. An employer with notice or knowledge of an injury which temporarily disables an employee for more than three (3) days or results in permanent total disability, permanent partial disability or death is required to electronically file a report with the Workers' Compensation Commissioner within four (4) days from such event when such injury is alleged by the employee to have been sustained in the course of employment.

All books, records, and payrolls of an employer are required to be open for inspection by the Workers' Compensation Commissioner for purposes of administration of the Iowa Workers' Compensation Act.

The Workers' Compensation Commissioner may require an employer to appear and show cause why the employer should not be subject to a civil penalty of \$1,000.00 per occurrence for failure to comply with the reporting or inspection requirements. Upon hearing, if the facts indicate, the commissioner may enter an order requiring payment of such penalty. Unless voluntarily paid, the commissioner may petition the district court for entry of judgment on the order. The employer's insurance carrier shall be responsible in the same manner and to the same extent as the employer when a report of injury has been submitted to the employer's insurance carrier and not filed by them with the Workers' Compensation Commissioner.

The employer is required to furnish to an employee, on request, one statement of earnings, wages, or salary for the year preceding the injury. An employer may be subject to a civil penalty of \$1000.00 per offense for refusal to furnish such wage statement.

INSTRUCTIONS

An employer with notice or knowledge of an injury which temporarily disables an employee for more than THREE (3) days or results in permanent total disability, permanent partial disability or death is required to electronically file a first report of injury with the Iowa DIVISION OF WORKERS' COMPENSATION within FOUR (4) days from such event when such injury is alleged by the employee to have been sustained in the course of the employee's employment. A report to the Iowa DIVISION OF WORKERS' COMPENSATION is considered to also be a report to the Iowa DIVISION OF LABOR SERVICES. The Iowa DIVISION OF WORKERS' COMPENSATION forwards the report to the Iowa Division of Labor Services. Employers should report ALL injuries to their insurance carrier or third party administrator. ALL REPORTS MUST BE FILLED IN COMPLETELY AND SIGNED. PLEASE TYPE OR PRINT LEGIBLY.

This form contains all items requested on OSHA form No 101, "Supplementary Record of Occupational Injuries and Illness."

THE INFORMATION PROVIDED WILL BE OPEN FOR PUBLIC INSPECTION UNDER Iowa Code § 22.11.





OPTUM®

AmTrust North America
An AmTrust Financial Company

Optum
PO Box 152539
Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust North America

CARRIER/TPA _____ EMPLOYER _____

INJURED WORKER NAME _____

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER _____ DATE OF INJURY (YYMMDD) _____

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	FF		

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

tmesys®

IMP14-1614-109-FFWG

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.




La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

**¿Tiene alguna pregunta?
¿Necesita ayuda?**



1-866-599-5426


OPTUM®

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

PORTADORA

EMPLEADOR

NOMBRE DEL TRABAJADOR LESIONADO

Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL

FECHA DE ALA LESION (AAMMDD)

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP, Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	<u>NDC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>FF</u>		

NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

RETURN-TO-WORK; A GREAT IDEA

We at the AmTrust Group, are convinced that an employer who provides light, or restricted work for injured employees, enjoys numerous benefits. This is not just an opinion, it's something we see day in and day out. Consider:

- Unless an injured worker returns to the workplace within 60 days, chances of him/her ever returning drop dramatically. (resulting in a very expensive permanent disability situation.)
- After 6 months away from the workplace, only 50% chance of return.
- After 12 months, only a 10% chance of return.

Some Return-to Work Benefits Include:

- "Test" of malingering potential. Injured employees who refuse light duty are more prone to being malingerers.
- Opportunity for employer to demonstrate true concern for workers' well-being.
- Promotion of rehabilitation and recovery.
- Lower medical and rehabilitation costs.
- Productivity.
- Morale improvement for the injured worker.
- Ability for the employer to monitor the injured employee's recovery progress.
- Decrease of WC claims costs, with resultant downstream WC premium savings.

(Notice we're not just talking about 'feel-good' issues, but also hard dollars !)

Some common misconceptions (and truths) about Return-to-Work / Light Duty:

Misconception: *We've already got too many "programs" around here, and don't need any more paper.*

Truth: While it is true a written, planned program works best, in many cases a Light Duty "program" can be nothing more than a management understanding of the benefits and principles of Return-to-Work, how it works, and the commitment to 'just do it', when light-duty recommendations are made by WC physicians.

Misconception: *It will get me into an Americans With Disabilities (ADA) "situation".*

Truth: Light-duty and ADA "reasonable accommodation" are two entirely separate issues. Generally, light duty is a temporary assignment, for a relatively short period. ADA accommodations are made for serious, permanent disabilities that impair major life activities.

Misconception: *I'll have to devise a whole new job each time an employee needs light duty.*

Truth: The vast majority of light-duty restrictions require accommodating only one or two factors, such as "no lifting over 10 pounds", or the like. In many cases, if you break the jobs down into individual **tasks**, you'll see that only one or two tasks within the employee's normal job are affected, and can be handled in some other way.

Misconception: *Once an employee gets into a "cushy" light-duty job, s/he'll never leave it, and I'll be stuck with it.*

Truth: Light duty is always defined by, and monitored by the attending physician. An employee on light duty is periodically monitored by the physician for improvement, and is released for full-duty as soon as medically indicated.

Misconception: *We're a union company. Our union won't allow us to pay lower rates, or move employees between classifications, or between bargaining groups.*

Truth: Any Local that objects to a Return-to-Work program should be referred to its national body for guidance. Return to Work is universally recognized as a very positive influence on an injured worker (as well as benefiting the employer). Labor unions, whose major purpose for existence is the benefit of the workers they represent, should not only "tolerate" Return-to-Work programs, but enthusiastically promote, and assist in such programs' implementation and operation. It is strongly suggested that management approach labor representatives to solicit their input, and assistance in making Return to Work a positive force in your workplace.

Misconception: *I might be willing to place a worker in a light-duty position, but I can't afford pay them their full pay, for the decreased productivity.*

Truth: Talk to your WC insurer's claims professional. In many cases, states' WC plans provide for "make-up" pay to replace some, or all of the injured employees' decreased earnings. The goal of getting them back to the workplace, and doing some productive work is that important!

First Report of Injury or Illness Requirement

A First Report of Injury or Illness (First Report) must be filed by an employer or the employer's insurance carrier in case of occupational

- fatality,
- permanent disability; or,
- temporary disability lasting more than three days.

A First Report must be electronically filed within four days of the incident. An employer or insurance carrier must file a First Report if the employee says the disability is caused by work even if the employer disagrees.

For more information on these and other requirements, please call 515-281-5387 or visit <http://www.iowaworkforce.org/wc/>.

The Iowa Workers' Compensation Act RECORDS AND REPORTS

Every employer shall keep a record of all injuries sustained by employees in the course of their employment resulting in incapacity for longer than one day. An employer with notice or knowledge of an injury which temporarily disables an employee for more than three days or results in permanent total disability, permanent partial disability or death is required to electronically file a report with the Workers' Compensation Commissioner within four days from such event when such injury is alleged by the employee to have been sustained in the course of employment.

All books, records, and payrolls of an employer are required to be open for inspection by the Workers' Compensation Commissioner for purposes of administration of the Iowa Workers' Compensation Act.

The Workers' Compensation Commissioner may require an employer to appear and show why the employer should not be subject to a civil penalty of \$1,000.00 per occurrence for failure to comply with the reporting or inspection requirements. Upon hearing, if the facts indicate, the commissioner may enter an order requiring payment of such penalty. Unless voluntarily paid, the commissioner may petition the district court for entry of judgment on the order. The employer's insurance carrier shall be responsible in the same manner and to the same extent as the employer when a report of injury has been submitted to the employer's insurance carrier and not filed by them with the Workers' Compensation Commissioner.

The employer is required to furnish to an employee, on request, one statement of earnings, wages, or salary for the year preceding the injury. An employer may be subject to a civil penalty of \$1000.00 per offense for refusal to furnish such wage statement.

Additional Iowa OSHA Reporting Requirements

Additional reporting and recordkeeping requirements may apply to the incident described on the First Report. An employer must:

- Report a workplace fatality to Iowa OSHA within 8 hours. You may report by calling 877-242-6742 or visit www.iowaosha.gov for a form and instructions.
- Report a hospitalization, the loss of any eye, or an amputation to Iowa OSHA within 24 hours. You may report by calling 877-242-6742 or visit www.iowaosha.gov for a form and instructions.
- Complete an OSHA Form 301 or equivalent for recordable, work-related incidents within seven days and retain the completed form on site. The First Report is equivalent to the OSHA Form 301 if the case number from the OSHA 300 log is added. Visit www.osha.gov/recordkeeping for more information.
- Make an entry in your Log of Work-Related Injuries and Illnesses, OSHA Form 300, for recordable cases within seven days and retain the completed form on site. Some industries are exempt from this requirement. Visit www.osha.gov/recordkeeping for more information.

For more information on these and other OSHA requirements, please visit www.iowaosha.gov or call 515-242-5870.



TYPES OF BENEFITS

Medical Benefits

Your employer must pay for all reasonable and necessary medical care required to treat your injury. This includes reasonable and necessary travel expenses for treatment. Mileage for use of a private car is reimbursed at 56 cents per mile. (85.27)

Under certain circumstances, if you are required to leave work for medical treatment, you may receive payment of lost wages. (85.27)

A medical care provider cannot seek payment of charges for treatment from you while a contested case proceeding or a dispute as to the reasonableness of a medical treatment fee is pending before the Workers' Compensation Commissioner. (85.27)

Disability Benefits

Your total weekly compensation benefit may not be greater than 80 percent of your spendable earnings. The law defines "spendable earnings" as the amount remaining after payroll taxes are deducted from gross weekly earnings.

Your average gross weekly earnings, number of income tax exemptions and marital status determine your weekly disability benefit amount.

- The weekly benefit amount is based on a seven day calendar week
- The maximum weekly disability benefit rate for PPD is \$1447.00
- The maximum weekly disability benefit rate of TTD, HP, PTD, and death benefits is \$1572.00

Types of Disability Benefits

Temporary Total Disability (TTD) [85.32, 85.33(1)]

When you are off work more than three calendar days on account of injury, you may be entitled to TTD benefits beginning on the fourth day and continuing until you return to work or are medically recovered enough to return to similar work, whichever happens first. If you are off work for more than 14 calendar days, you may be entitled to payment for the three-day waiting period

Temporary Partial Disability (TPD) [85.33(2-5)]

If you return to work at a lesser paying job because of the injury, you may be entitled to benefits. The benefit amount is 66 2/3 percent of the difference between your average gross weekly earnings when injured and your actual earnings while temporarily working at the lesser paying job. The three-day waiting period (explained above) also applies to temporary partial disability.



Healing Period (HP) [85.34(1)]

You may be entitled to HP benefits while recovering from an injury which produces a permanent impairment. No waiting period applies to HP benefits. These benefits begin on the first calendar day after the date of injury and continue until the first of the following occurs:

- You return to work
- You have recovered as much as anticipated from the injury
- You are medically capable of returning to the same kind of work you did when injured

Permanent Partial Disability (PPD) [85.34(2)]

When your work injury results in either permanent functional impairment to your body or in your inability to earn wages similar to those you earned before your injury, you may be entitled to PPD benefits. PPD benefits are in addition to healing period benefits and begin when the healing period ends.



Scheduled Member Disabilities

If your injury is to a scheduled member your PPD benefits are based on functional impairment. Appendix A gives a list of the scheduled body members (i.e. arm, leg, etc.) along with the number of weeks of benefits you would receive for the full loss of each member. If your impairment is less than a full loss, the number of weeks of PPD benefits you may receive is a percentage of loss or loss of use multiplied by the full number of weeks for the member

Body As A Whole Disabilities

When your work injury results in permanent disability to a part of the body not included as a scheduled member, the disability is considered industrial and is determined by assessing the difference between what you were able to earn prior to the injury and what you are able to earn after the injury. A variety of factors influence the assessment of lost earning capacity. These include the medical condition before the injury, immediately after the injury and now; the part of the body injured; how long you needed to recover from the injury; your work experience and your qualifications intellectually, emotionally, and physically to learn to perform other work; your earnings before and after the injury; your age; education; motivation; functional impairment related to the injury, and loss of ability to do your old job; or loss of earnings because of the injury

No specific guidelines advise how any factor is to be considered in a particular case. Each industrial disability case must be decided on its facts. Industrial disability is calculated on a 500 week basis with the percentage rating multiplied by 500 weeks.

Permanent Total Disability (PTD) [85.34(3)]

If your work related injury leaves you incapable of returning to any type of wage earning employment, you may be entitled to permanent total disability benefits during that time when you cannot return to any gainful work

Other Benefits

Second Injury Fund Benefits

If you have had a permanent partial disability to one leg or eye and then have a second permanent partial disability to another leg or eye, you may be entitled to these benefits. These benefits are paid for the period of disability if the disability is greater than the first disability from both the first and second injuries. These benefits are only paid if your insurance carrier has paid partial disability benefits.

If you believe you are entitled to these benefits, contact the State of Iowa for more information and form.

Vocational Rehabilitation

You may be entitled to payment for up to 13 weeks if you are accepted into a vocational rehabilitation program in order to return to gainful employment. If you continue in vocational rehabilitation, your compensation commission may award additional 13 weeks.

Iowa Vocational Rehabilitation Services provides services with disabilities to prepare you for the workforce.

Iowa Vocational Rehabilitation Services
510 East 12th Street
1-800-532-1343

Death Benefits (85.28, 85.34)

If you were dependent on your earnings from an on the job injury, you may be entitled to death benefits. A surviving spouse may be entitled to death benefits until age 18 or until remarriage. Other persons may qualify if they were actually dependent upon your earnings. A surviving spouse remarries and the children at the time of the death are entitled to a two-year lump sum payment of weekly death benefits, then a lump sum payment of its insurance carrier) must be paid. The effect at the time of death is to exceed twelve times the weekly death benefits.

TYPES OF SETTLEMENTS

The Workers' Compensation Act provides for settlements involving work-related injuries. There are three types of settlements:

Full Commutation (85.34(4))

A full commutation pays a lump sum. Because an employee gives up all rights to additional weekly benefits, it is important that you have a specific number in mind such that the lump sum payment is sufficient.

Partial Commutation

A partial commutation pays a lump sum for a portion of the benefits in a lump sum. A partial commutation contains you and your employer's agreement to



WORKERS' COMPENSATION LAW FOR INJURED WORKERS

- QUESTIONS AND ANSWERS -

EFFECTIVE JULY 1, 2014 - JUNE 30, 2015

Appendix A contains the number of weeks of benefits payable for 100% loss, or loss of use, of the body member. If the PPD rating is less than 100%, the percentage rating is multiplied by the number of weeks shown. For example, a 20% loss, or loss of use, of a thumb would be computed as 20% of 60 weeks, or 12 weeks of PPD benefits.

APPENDIX A

	Weeks
Loss of thumb	60
Loss of first finger	35
Loss of second finger	30
Loss of third finger	25
Loss of fourth finger	20
Loss of hand	190
Loss of arm	250
Loss of great toe	40
Loss of any other toe	15
Loss of foot	150
Loss of leg	220
Loss of eye	140
Loss of hearing in one ear	50
Loss of hearing in both ears	175
Permanent disfigurement, face or head	150
Body as a whole/industrial disability	500

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Iowa Workforce Development
Division of Workers' Compensation
1000 East Grand Avenue · Des Moines, IA 50319
515-281-5387 or 800-562-4692
www.iowaworkforce.org/wc
Monday - Friday 8:00 AM - 4:30 PM

This brochure answers questions about workers' compensation chapters 85 through 87 and 17A, as well as chapter 876, for detailed information see sections and Iowa Administrative Code.

WHAT IS WORKERS' COMPENSATION?

The Iowa Workers' Compensation Act is designed to provide wage loss and medical benefits to injured workers while working. [85.1]

TYPES OF INJURIES COVERED

In Iowa, an injury may include any work activities other than the ordinary course of body tissues. Disfigurement includes work activities or exposure to hazardous conditions.

Preexisting health conditions that are aggravated or worsened by work activities are also covered.

ELIGIBILITY FOR WORKERS' COMPENSATION

Most employees who are injured while working are eligible for benefits. Employment is principally in Iowa, even if they are injured out of state.

The law exempts a few types of workers from workers' compensation. It is uncertain as to whether employees are eligible for benefits, consult the Compliance Administrator for more information on Compensation.

Proprietors (independent contractors) and partners are not eligible for workers' compensation insurance. [85.1A, 85.61(13)]

CHOOSING THE MEDICAL CARE

The employer has the right to choose the medical care to provide medical care reasonably necessary. If you are dissatisfied with the medical care, you may request alternate care, and if the employer does not allow that care, you may file a claim before the Iowa Workers' Compensation Review Board. (85.27)

If an employer-retained physician determines that you have a permanent impairment that you feel is not being properly examined by a doctor of your choice, you may file a claim before the Iowa Workers' Compensation Review Board. (85.39)

HOW ARE DISPUTES HANDLED?

When you and your employer disagree about a workers' compensation claim dispute, you should try to resolve the dispute together and openly communicate. To know why your employer is denying the claim and the relevant evidence, you may file a claim before the Iowa Workers' Compensation Review Board.

When a dispute cannot be resolved, you are encouraged to contact the Compliance Administrator or the Commissioner's Office to determine if a dispute cannot then be resolved. A case proceeding before the Iowa Workers' Compensation Review Board. While the case is pending, the employer must continue to pay the worker's wages.