

I've Just Been Injured on the Job, What Happens Now?

Having a work-related injury or illness is an unfortunate event. You may have questions about your rights and responsibilities under the often confusing State of California Workers' Compensation system. The following information, along with the information provided in other publications can help answer your questions.

Why did I get a *Workers' Compensation Claim Form (DWC 1)* & *Notice of Potential Eligibility (e3301)*?

Your employer is responsible for providing that form to you if you suffer a work-related injury or illness. Please read this form carefully, you have up to a year from the date of your injury to file the claim form (DWC1). Once you have returned the completed claim form to your employer, it is forwarded to the State Compensation Insurance Fund (State Fund). State Fund will establish your workers' compensation claim and send you notification within fourteen days that your claim has been delayed, accepted, or denied. State Fund makes all liability determinations regarding your claim of injury or illness based on available medical documentation and relevant facts. State Fund provides all workers' compensation benefits.

What happens if your claim is delayed?

If your claim is delayed, State Fund needs additional information in order to make a liability determination. State Fund has 90 days from the date you return the claim form to your employer to make a determination. Your employer (via State Fund) will pay for up to \$10,000 in medical treatment until a liability determination has been made. If the \$10,000 cap is reached prior to a liability determination, then you or your medical insurance carrier are responsible for paying the cost of any additional medical treatment that you receive as a result of your injury or illness. Also, you will not be compensated for any lost time from work pending State Fund's liability determination.

If you miss time from work during the delay period, you should contact your personnel office to find out about other leave options that may be available to you. State Fund may send an investigator to gather more information or request that you attend a medical evaluation. You will be asked to complete and sign medical release forms so that State Fund can obtain copies of your prior medical records.

What happens if your claim is accepted?

If your claim is accepted, State Fund will pay for all approved medical treatment, hospital visits, and reasonable medical transportation. State Fund will reimburse you or your insurance carrier for approved medical treatment received prior to the acceptance of your claim. State Fund will require you to submit a receipt with any requests for reimbursement of out-of-pocket medical expenses (for example, co-payments and parking fees). State Fund will provide you with all benefits to which you are legally entitled as described on the *Notice of Potential Eligibility*.

What happens if your claim is denied?

If your claim is denied, you or your medical insurance carrier will be responsible for the costs of any medical treatment that you receive as a result of your injury or illness. You will not be provided with any type of compensation. If you have lost time from work, you should contact your personnel office to discuss other leave options that may be available to you. If you agree with the denial, your claim will be closed. If you disagree with the denial, you have a right to dispute State Fund's determination. Your options for disputing the determination are outlined in the denial letter that is sent to you by State Fund.

What are your responsibilities?

As an injured worker, you should know that your entitlement to workers' compensation benefits is based on the medical information received regarding your injury.

Your employer must rely upon medical information in order to coordinate all return to work issues that may arise. To alleviate any delays in the provision of your Workers' Compensation benefits, it may be helpful for you to remember that you are responsible for the following:

- Accept examination and treatment by the provider(s) in the Medical Provider Network, unless you have pre-designated (prior to your injury) a treating physician or medical group in writing.
- Provide State Fund and your employer with copies of medical notes or reports that you receive from your treating physician. These notes or reports contain information regarding your ability to work including any restrictions which must be considered by your employer.
- Inform both State Fund and your employer of any name or address changes.
- Submit an *Absence Request* form (STD 634 or departmental equivalent) each month that clearly notes any lost time due to your work-related injury or illness.

For more information:

Contact your department's Return to Work Coordinator:

Contact your State Fund claims adjuster:

Read the *Guide to Workers' Compensation for State of California Employees* (e13547) and the *Employee's Guide to the State Fund MPN by Harbor Health* (e3851) located on State Funds' website: [State Fund Forms for State Workers](#)

Visit the Department of Industrial Relations, Division of Workers' Compensation web site: [Industrial Relations information for Injured Workers](#)

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