

Notice of Predesignation of Personal Physician:

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- Your employer offers group health coverage;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your “personal physician” may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor’s name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

Employee: Complete this Section. To: University of the Pacific, Human Resource Office

If I have a work-related injury or illness, I choose to be treated by:

Name of Doctor (M.D., D.O., or medical group)

Doctor’s Street Address

Doctor’s City, State, ZIP

Doctor’s Telephone Number

Employee Name (**Please print**)

Employee’s Address

Employee’s City, State, ZIP

Employee’s Signature

Date

Physician: I agree to this Predesignation:

Signature
(Physician or Designated Employee of the Physician or Medical Group)

Date

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician’s agreement to be predesignate will be required pursuant to Title 8, California Code of Regulations, section 9780. 1(a)(3). Title 8, California Code of Regulations, section 9783. (Optional DWC Form 9783 March 1, 2007)

- Why is the choice of doctor important?**

Your treating doctor will:

- Decide what type of medical care you’ll get.
- Help identify the kinds of work you can do safely while recovering.
- Determine when you can return to work.
- Write medical reports that will affect the benefits you receive.

Penalties for Fraud

Any person that engages in false or fraudulent conduct in connection with worker’s compensation may be subject to significant penalty. This includes making a false or fraudulent material statement or material representation for the purpose of obtaining or denying any of the benefits. These violations may be punished by imprisonment for up to 5 years, or by a fine not exceeding \$150,000 or double the value of the fraud, whichever is greater, or by both imprisonment and fine.

ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS’ COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY.

Contact an Information & Assistance officer

State I & A officers answer questions and help injured workers. They may provide information and provide forms and help resolve problem with your claim. They hold workshops for injured workers. Find the local Information and Assistance office noted on the back panel of this pamphlet and on the Workers’ Compensation poster that is posted in the employer’s workplace.

Claims Administrator:
Matrix Absence Management
181 Metro Drive, Suite 300
San Jose, CA 95110 800-980-1006, 408-360-8370

Policy Expiration Date: **None**
The University of the Pacific is **Self Insured**

The nearest Information and Assistance Officer is located-Phone 1-800-736-7401

(To find a local office, refer to *Workers’ Compensation Information and Assistance Offices* found at <http://www.dir.ca.gov/dwc/ianda.html>) The information in the pamphlet is true in most situations. However, some rules, exceptions, and deadlines not covered here may apply to you and affect your case. To learn more, see the fact sheet on the Web site of The Division of Workers’ Compensation for more information. This information applies to most private, state, and local government employees whose “date of injury” is 1994 or later.

Worker’s Compensation Temporary Disability Benefits

FOR DATES OF INJURY ON OR AFTER:	2006	2007	2008	2009	2010-2011
Maximum Weekly Benefit	\$840.00	\$881.66	\$916.33	\$958.01	\$986.69
Maximum Weekly Benefit	\$126.00	\$132.25	\$137.45	\$143.70	\$148.00

Worker’s Compensation Maximum Permanent Disability Benefits

Disability Rating	2004	2005	2006-2010
Up to 14-3/4%	\$200	\$220	\$230
15 - 24-3/4%	\$200	\$220	\$230
25 – 69-3/4%	\$200	\$220	\$230
70- -99-3/4%	\$250	\$270	\$270

Death Benefits*

Maximum Aggregate Death Benefit	7/1/96-12/31/05	After 1/1/2006
Single Total Dependent	\$125,000	\$250,000
No Total dependents and one or more partial dependent	\$145,000	\$250,000
Two total dependents	\$145,000	\$290,000
Three or more total dependents	\$160,000	\$320,000

Burial Expenses Paid to a Maximum of \$5000

**Benefits Paid to a totally dependent minor will be continued until age of 18 regardless of the maximum benefit*

UNIVERSITY OF THE
PACIFIC

Your Rights to Worker’s Compensation Benefits And How to Obtain Them

Department of Human Resources benefits@pacific.edu

<i>Stockton 3601 Pacific Ave Stockton, CA 95211</i>	<i>Art Dugoni School of Dentistry 2155 Webster Street San Francisco, California 94115</i>	<i>McGeorge School of Law 3200 Fifth Avenue Sacramento, California 95817</i>
<i>209-946-2124</i>		

If you are Hurt on the Job, You Should:

Report the injury to your employer and get emergency medical treatment if needed. If it’s a medical emergency, call 9-1-1 for help immediately, or go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job related. If you need first aid, contact your employer.

Workers’ Compensation benefits cover injuries or illnesses arising out of employment. If your injury or illness results from your work, your employer is required by law to provide workers’ compensation benefits. In some cases, the benefits may include treatment for a psychiatric illness.

A workers’ compensation claim may result from a one-time injury such as a fall and injuring your back, a chemical that splashes on your skin and causes a burn, being hurt in a car accident while making deliveries, a workplace crime that results in a physical or psychiatric injury.

A workers’ compensation claim may be the result of a repeated exposure at work, such as hurting your wrist from repeated motion, or losing your hearing because of constant loud noise.

- Get emergency treatment if needed.** If it’s a medical emergency, go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job related.
- Fill out a claim form.** Your employer must give you a claim form within one working day after learning about your injury or illness. You use it to request workers’ compensation benefits. Fill out and sign the employee portion of the claim form.

Describe your injury completely. Include every part of your body affected by the injury. Give the form to your employer, which is called filing the claim form.

- **Get good medical care.** Get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also, describe your job and your work environment.

What happens after I file the claim form? Your employer must fill out and sign the “employer” portion of the claim form and give the completed form to a claims administrator. (This person handles claims for your employer and usually works for your employer’s insurance company.) Your employer must give you a copy of the completed form and authorize medical treatment within one working day after you file it. Keep this copy.

Benefits through Worker’s Compensation include:

- **Medical care** is included in workers’ compensation benefits and may include doctor visits, hospital services, physical therapy, tests and medicines. It is important that you see your Primary Treating Physician – the doctor with overall responsibility for treating your injury or illness. Your employer has the right to select the physician who will treat you for the first 30 days, and you may be able to switch to a doctor of your choice after 30 days. If you have a personal physician or medical group and wish to be treated by your own doctor or medical group, you may choose to do so, but only if you complete a written designation before you have a work-related injury or illness. A tear-off form is provided on this pamphlet for your use in pre-designating your own physician or medical group. Once you have filed a claim for workers’ compensation, you are entitled to up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. If your claim is accepted, you will receive medical care paid by your employer, to help you recover from an injury or illness caused by work. You should never receive a medical bill. For injuries occurring on or after January 1, 2004, there is a limit on some medical services.
- **Temporary Disability Benefits.** Payments if you lose wages because you can’t do your usual job while recovering. As a general rule, you are paid two-thirds of the gross (pre-tax) wages you lose after your third day off work while recovering from an injury. However, you cannot receive more than the maximum weekly amount set by law. (See Table for maximum benefit rates). Temporary disability payments begin after 3 days of inability to perform your job. If your temporary disability continues for more than 14 days or if you are hospitalized as an inpatient for treatment required by your injury, temporary disability will be paid from the date of the disability. Payments must be made every two weeks, for as long as you are eligible. Temporary disability benefits may not extend for more than 104 compensable weeks within 5 years from the date of injury for most injuries. The timely filing of a claim for the State Disability Benefits with the Employment Development Department may provide additional wage replacement should you run out of Workers’ Compensation Temporary Disability

Benefits. You will find the telephone number of your local office of the Employment Development Department in your telephone book.

- **Permanent Disability Benefits.** Payments if your treating doctor says you will never recover completely and will always be somewhat limited in your ability to work. These payments are limited, and may not cover all your lost income. The number of weekly payments you will receive is determined by a permanent disability rating, based on (a) your medical condition, (b) your date of injury, (c) your age when injured, and (d) your occupation. Permanent disability benefit amounts are set by law. (See Table for maximum benefit rates.) After the first payment, permanent disability benefits must be paid every 14 days. They end when you reach the maximum amount allowed by law or when you settle your case and receive a lump sum.
- **Supplemental Job Displacement Benefit:** If you are injured on or after January 1, 2004, the injury results in a permanent disability, your employer does not offer modified or alternative work and you don’t return to work within 60 days after temporary disability ends, you may receive a nontransferable voucher payable to a state-approved school to provide you with skills and education to help you return to active employment.
- **Death Benefits.** Payments to the spouse, children, or other dependents of a worker who dies from a job injury or illness. (See Table for maximum benefit rates.) Death benefits must be paid every 14 days. Death benefits are paid in installments at the decedent’s temporary disability rate. However, the rate must be no less than \$224 per week. A burial allowance is also paid.

Reporting Requirements

- **Report the injury to your employer.** Tell your supervisor right away. If your injury or illness developed gradually (like tendonitis or hearing loss), report it as soon as you learn it was caused by your job. Reporting promptly helps prevent problems and delays in receiving benefits, including medical care you may need to avoid further injury. If your employer does not learn of your injury within 30 days, you could lose your right to receive workers’ compensation benefits.
- **You must file a claim within one year** from the date of the work-related injury or illness, or within one year after you know or reasonably should know that you have suffered a work-related injury or illness, whichever is later.

Discrimination Prohibited

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person’s workers’ compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state. The California Labor Code (section 132a) prohibits this kind of discrimination.

It’s also illegal for your employer to discriminate against you because of a serious disability. The federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA) prohibit this. More information about ADA is available by calling the Equal Employment Opportunity Commission at 800-669-4000. Information about the state FEHA is available by calling 800-884-1684.

An Employer’s failure to post an approved notice of your rights to Workers’ Compensation Benefits is a misdemeanor and such failure, or the failure to provide you with a copy of this pamphlet, gives you the right to be treated by a doctor of your choice for any injury that occurs during that failure.

What Should I Do if There Is a Dispute?

If you have a concern, speak up. See whether your employer or claims administrator can agree to resolve the problem. If this doesn’t work, don’t delay getting help. Try the following:

- **Consult an Attorney.** Lawyers who specialize in helping injured workers with their workers’ compensation claims are called applicants’ attorneys. Their job is to plan a strategy for your case, gather information to support your claim, keep track of deadlines, and represent you in hearings before a worker’s compensation judge of the Worker’s Compensation Appeals Boards. Most attorneys offer one free consultation. If you hire an attorney, the attorney’s fees will be taken out of benefits that you receive later. A worker’s compensation judge must approve the fee.

If you have a serious dispute that may require a decision by a workers’ compensation judge, an Application for Adjudication must be timely filed, normally within one year from the date of your injury or the last date you were paid benefits.

More about Medical Care

- **Can I choose the doctor who will treat me?** If you don’t predesignate, your employer usually will have the right to choose the doctor who treats you during at least the first 30 days after your employer learns about your injury or illness.

How can I predesignate my chiropractor or acupuncturist? A predesignation form must be filled out and returned to your employer before you experience a work-related injury or illness.

Personal Chiropractor or Acupuncturist Predesignation Form

If your employer or your employer’s insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Name of Chiropractor or Acupuncturist

Chiropractor’s or Acupuncturist’s Street Address

Chiropractor’s or Acupuncturist’s City, State, ZIP

Chiropractor’s or Acupuncturist’s Telephone Number

Employee Name (**please print**)

Employee’s Address

Employee’s City, State, ZIP

Employee’s Signature Date