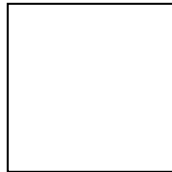


**WORKERS' COMPENSATION FRAUD
IS A FELONY**

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

TO:
UCSD
WORKERS' COMPENSATION OFFICE
9500 GILMAN DRIVE
MAIL CODE 0925
LA JOLLA, CA 92093-0925



What It Is

Since 1913, California Workers' Compensation law has guaranteed prompt, automatic benefits to workers who become injured or ill because of their jobs. It is mandatory no-fault insurance, paid for entirely by your employer, that pays your medical expenses and helps replace lost wages when you are disabled from work because of a work-related injury or illness.

Who It Covers

All UCSD employees and registered volunteers are covered for Workers' Compensation.

What It Covers

Almost any job-related injury or illness is covered. Simple first-aid incidents and serious accidents are both covered. Physical and psychological injuries incurred by victims of violent workplace crime are covered. There are a few injuries that may not be covered depending on how they occur; for instance, injuries that result from voluntary, off-duty recreational, social, or athletic activities are not covered. If you wish more information on the types of injuries not covered by workers' compensation, contact the Workers' Compensation Office at (858)534-4785 or (858) 822-2979.

How to Report an Injury

Immediately report your injury, even if minor, to the Workers' Compensation Office (WC) at (858) 534-4785 or (858) 822-2979 AND to your supervisor. If your injury is more than a simple first-aid case, WC will send you a Claim Form (DWC 1), with instructions to complete the form and return it. State law requires employers to authorize medical treatment within one working day of receiving the completed claim form from you. If you delay reporting your injury or delay completing the claim form, it may result in a delay in receiving benefits; and too long a delay may even jeopardize your right to obtain benefits altogether.

Non-Discrimination

It is illegal for your employer to fire you or in any way discriminate against you because you file a claim, intend to file a claim, settle a claim, testify or intend to testify for another injured worker. If it is found that UCSD discriminated, UCSD may be ordered to reinstate you to your job, reimburse you for lost wages and employment benefits, and pay increased workers' compensation benefits, costs and expenses up to maximum amounts set by state law.

Emergency Phone Numbers

Doctor/Hospital(s):

Thornton: (858) 657-7600
or Hillcrest (619)543-6400

Ambulance: 8-911 or 911 off campus

Fire: 8-911 or 911 off campus

Employer Representative

Workers' Compensation Office
9500 Gilman Drive, Mail Code 0925
La Jolla, CA 92093-0925
Tel: (858) 534-4785 or (858) 822-2979

Claims Administered by:

Octagon Risk Services
P.O. Box 639028
San Diego, CA 92163-9028
Tel: (619) 294-2178

DWC Information & Assistance Office

7575 Metropolitan Road, Suite 202
Tel: (619) 767-2081

If You Have Other Questions

You can visit our website at BLINK:

<http://blink.ucsd.edu/go/workerscomp>

You can also contact an information and assistance officer at the State Division of Workers' Compensation (DWC) at (619) 767-2081. Information and assistance officers provide continuing information on rights, benefits, and obligations. They assist in the prompt resolution of misunderstandings and disputes without formal proceedings to the end that full and timely benefits are furnished. Their services are available to you at no cost. You can hear recorded information and a list of local offices by calling (800) 736-7401. You can also check the local listing in the phone book under State Government Offices/Industrial Relations/Workers' Compensation. You may also go to the DWC web site at www.dir.ca.gov, and link to Workers' Compensation. There you will find informational pamphlets approved by the Division of Workers' Compensation and distributed by the information and assistance officers.



Facts about Workers' Compensation

University of California
San Diego



The content of this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.

The information in this pamphlet is available in Spanish. To obtain a copy, please call:
Workers' Compensation Office:
(858) 534-4785 or (858) 822-2979

La información en este folleto esta traducido al español. Para conseguir una copia, favor de llamar:
Workers' Compensation Office:
(858) 534-4785 or (858) 822-2979

Benefits

Medical Care

Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by your doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly, so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

How to Obtain Medical Care

FIRST AID:

Seek first-aid immediately.

EMERGENCY CARE:

Get help immediately.

See the emergency telephone numbers in this pamphlet, which should also be posted in your workplace. Call an ambulance or go to the nearest emergency room.

ACUTE AND FOLLOW-UP CARE:

- A. If you predesignated your personal M.D. or D.O. (see form in this pamphlet):

Contact your physician as soon as possible and make arrangements for treatment.

- B. If you did not predesignate your personal M.D. or D.O.:

Seek treatment at Thornton E.R. or Hillcrest Medical Center E.R. - no appointments necessary

Temporary Disability Payments

If you are disabled for more than three (3) calendar days, temporary disability payments will partially replace your lost wages. The first three calendar days are not paid unless you are disabled for more than 14 days, or are hospitalized overnight. You should receive your first payment within two weeks of reporting your injury. Every two weeks after that, you will receive another payment.

Temporary Disability pays two-thirds of your average wage, subject to minimum and maximum amounts set by state law. The payments are tax-free and there are no deductions.

TD payments stop when your doctor says you can return to work, or your condition has become Permanent and Stationary (your medical recovery has reached maximum foreseeable improvement). Also, for injuries occurring on or after April 19, 2004, TD payments stop after 104 payable weeks within two years from the date of the first TD payment; or after 240 payable weeks within five years from the date of injury for specific long-term conditions such as amputations, severe burns, and certain chronic diseases.

Benefits (continued)

Permanent Disability Payments

If a doctor says your injury or illness will always leave you somewhat limited in your ability to work, you may be eligible for permanent disability payments. The amount will depend on the type of injury, your age, occupation, date of injury, and how much of the permanent disability was caused by the work injury. There are minimum and maximum amounts set by state law. Payments are made at a regular rate and are spread out over a fixed number of weeks until the total amount has been paid. If you received temporary disability payments, the first permanent disability payment is due within 14 days after the TD payments stopped. If you did not receive TD payments (many people with permanent disability keep working), the first permanent disability payment is due within 14 days after your doctor says your condition is permanent and stationary (your medical recovery has reached maximum foreseeable improvement). Subsequent payments are made every 14 days until the total amount is paid.

Death Benefits

If the injury or illness causes death, payments may be made to relatives or household members who are financially dependent on you. The amount is set by state law and depends on the number of your financial dependents. Payments are made at the same rate as temporary disability. A burial allowance is also provided.

Supplemental Job Displacement Benefits

If you have permanent disability and you do not return to work within 60 days after your temporary disability ends, and the University does not offer modified or alternative work, you may qualify for a non-transferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

If Benefits Are Denied

You have the right to disagree with any decision affecting your claim. Call your claims administrator first to see if you can resolve any disagreement. For free assistance, you can contact an information and assistance officer at the Division of Workers' Compensation (see the section of this pamphlet captioned "If You Have Other Questions"). You can also file with the Workers' Compensation Appeals Board (WCAB). There are deadlines for filing the necessary WCAB paperwork, so you should not delay. You can also consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of your benefits. For names of W/C attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org

Your Treating Physician

Quality medical care is crucial to making the best recovery from your work injury or illness.

Primary Treating Physician (PTP)

Your primary treating physician (PTP) is the doctor with overall responsibility for treating your work injury or illness and for coordinating care with other providers. The PTP decides what type of medical care you need; whether there are temporary or permanent medical limitations or restrictions on your ability to perform work; and when you are able to return to work. If the injury results in some degree of permanent disability, the PTP will measure the disability and report the findings to your claims administrator. The PTP will also report whether you will need medical care in the future.

As part of your Workers' Compensation benefits, the University will provide you with a PTP.

Personal Physician (M.D. or D.O.)

If you have a personal M.D. or D.O. and you wish to designate this physician to be your PTP, you must do so in writing before the injury occurs. In addition, before the injury occurs, the physician must agree to treat you for a work related injury or illness.

One-Time Right to Change PTP

You have the right to change your PTP one time. You can request this change at any time.

Change of PTP: First 30 Days

If you make your request to change PTP during the first 30 days after reporting your injury, you can change to your personal chiropractor or acupuncturist if you have predesignated this physician.

Change of PTP: After 30 Days

If you have not already used your one-time change of PTP, then thirty (30) days after reporting your injury, you may change to the PTP of your own choice. This can be your personal M.D. or D.O., your personal chiropractor, personal acupuncturist, or any physician of your choice within a reasonable geographic area.

Physician Predesignation Form

You may use the Physician Predesignation Form in this pamphlet to predesignate your personal physician, chiropractor, or acupuncturist. After the form is completed, mail it to Workers' Compensation Office, Mail Code 0925, SD, CA 92093-0925. If you have questions about the form, or how to complete it, call WC at (858)534-4785 or (858) 822-2979.

Physician Predesignation Form

Your personal medical physician (M.D. or D.O.), chiropractor (D.C.), or acupuncturist (L.A.C.):

- Is your regular treatment provider;
- Has directed your treatment in the past;
- Retains your treatment records and history.

If you give your employer the name and address of your physician in writing before the injury, then:

- You can treat with your personal M.D. or D.O. immediately after the injury.
- You can change to your personal D.C. or L.A.C. if you exercise your right to one change of treating physician.

You personal M.D. or D.O. must agree to treat you for work injuries or illnesses before one occurs.

EMPLOYEE COMPLETES THIS SECTION

For a work-related injury or illness, I designate:

Doctor's Name: _____

Circle one: M.D., D.O., D.C., L.A.C.

Doctor's Address: _____

Doctor's Phone: _____

Employee Name (Print): _____

Employee Signature: _____

Date: _____

M.D. or D.O. COMPLETES THIS SECTION

I agree to treat the above individual for future work-related injuries or illnesses.

Physician Name (Print): _____

Physician Signature: _____

Date: _____