

notice to employees

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries and illnesses covered include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or claims administrator if you have questions.

All work related injuries must be reported to your supervisor or employee representative immediately. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

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.

Workers' Compensation Benefits include

MEDICAL CARE - All medical treatment - without a deductible or dollar limit. Within one working day after you file a claim form, treatment must be authorized, consistent with the applicable treating guidelines, for your alleged injury up to ten thousand dollars (\$10,000) until the claim has been accepted or rejected. Costs are paid directly by the claim administrator, so you should never see a bill. For dates of injury on or after 1/1/04 there is a limit on some medical treatment.

You may be eligible to treat with your personal physician should you become injured on the job. If eligible, you must notify your employer in writing before you are injured. If you have questions please contact your employer who is required to provide written information regarding workers' compensation benefits to all new employees.

MEDICAL PROVIDER NETWORKS - Your employer may be using an MPN, which is a selected network of healthcare providers to provide treatment to workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor or medical group. If you have not predesignated and your employer is using an MPN, you are free to choose an appropriate provider from the MPN list which will be your primary treating physician. This is the doctor with overall responsibility for treating your injury or illness. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN.

PAYMENT FOR LOST WAGES - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income, subject to state limits, until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments aren't made for the first three days unless you're hospitalized as an inpatient or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving dependents.

SUPPLEMENTAL JOB DISPLACEMENT BENEFIT - You may be entitled to a Supplemental Job Displacement Voucher, if your employer is not able to return you to work within 30 days after temporary disability ends. SJDB is a non-transferrable voucher payable to a state approved school.

In the event of a work injury

1. Be sure first aid is given.
2. If emergency medical treatment is needed call 911.
3. See that the injured employee is taken to a doctor or hospital, if necessary.
4. Report all injuries immediately to your supervisor or Ruby Ayala at 619 216 6630
Employer Representative Phone Number
5. Contact your employer representative or claim administrator if you have questions about workers' compensation. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation at 1 800 736 7401 or 619 767 2083
6. Hear recorded information and a list of local offices by calling toll-free 800 736-7401 or visit www.dir.ca.gov.

Claims Administered by:

Claims Administrator: Keenan & Associates
Address: P.O. Box 2707
City, State, Zip Code: Torrance, CA 90509
Phone Number: 951 715 0190
Carrier/Self Insured: Protected Insurance Program for Schools
Policy expiration date: Yearly renewal every July 1st
MPN Toll Free Number: 1 800 626 1737
MPN Website: www.harborsys.com/keenan
MPN Effective Date: 01/01/2005
MPN Identification #: 2358
MPN's Address: P.O. Box 54770, Irvine, CA 92619

Emergency numbers:

Ambulance: 911
Fire Department: 911
Police: 911
Hospital: 911
Physician: _____

If this policy has expired contact the labor commissioner (213) 620-6630.

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years. (Insurance Code Section 1871.4)

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties