



An Insurance Planning Guide for Emergency Service Organizations

Preparing for When Bad Things Happen ... To Us

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Forward

A chief officer faces many challenges and one of the tasks that we often do not consider is preparing for disasters that happen to us. This document is intended to assist the chief officer by serving as a primer for continuity of operations plans and insurance considerations.

Much is written about continuity of operations planning (COOP) and this publication is not intended to take the place of what is already readily available. This document's intention is to raise awareness to the issue and need. For this reason, this information leans heavily to the topic of insurance issues because the subject is often misunderstood by chief officers in emergency service organizations (ESO).

The information contained herein is a compilation of information gathered with the direct assistance of Provident Insurance and VFIS. The main contributing authors were Jeff Siegrist, Vice President of Provident Insurance and Battalion Chief Christopher Slemph of Hanover County, Virginia who sold VFIS insurance products while he was a volunteer chief officer prior to changing to a full-time public safety career.

The information was then edited by a committee of the IAFC VCOS Board of Directors with multiple representatives from both Provident and VFIS.

The International Association of Fire Chiefs and the VCOS Board of Directors hopes that you find this information beneficial as you plan for *When Bad Things Happen... to Us*.

Executive Summary

Emergency service organizations (ESO), as a whole, are efficient planners. We plan for disasters that may happen in our community. We plan to replace apparatus. We even go so far as to preplan our response, strategy and tactics for major incidents in our response area. But how well do we plan for an emergency or a disaster that might happen to us? The honest answer is that we don't plan to take care of ourselves very well at all.

The development of the document, *An Insurance Planning Guide for Emergency Service Organizations: Preparing for When Bad Things Happen ... To Us* was undertaken by the Volunteer & Combination Officers Section (VCOS) of the International Association of Fire Chiefs (IAFC) to provide awareness and education to our members as well as to the fire service in general. The full 156-page document discusses the basics of continuity of operations planning, includes an introduction to risk management and has a primary focus on understanding insurance issues so that chief officers can make informed decisions to protect their own organization. In the appendices, you will find key definitions and checklists that are critical to a comprehensive understanding of what kind of insurance protection you are actually buying.

There is currently no other guide that we are aware of which prepares chief officers in the fire and emergency service for this kind of analysis and decision-making; as part of the VCOS' continuing mission to educate our peers and colleagues, we are confident that this document will be of tremendous value as you make well-reasoned preparations for an eventuality which we hope will never occur.

The Case for Continuity of Operations Planning

Planning to survive an incident to your own organization is called a continuity of operations plan (COOP), but it can also be known as an emergency operations plan, disaster plan, business recovery plan, business continuity plan, etc. Simply put, a COOP is nothing more than a preplan for an incident that occurs within the ESO. This can be a small event that affects your ability to continue operating or it can be a large event that brings devastation.

Continuity of Operations Planning – Overview

The universally accepted general components of continuity of operations planning are:

- assuring essential functions
- recovering from the event
- re-establishing normal operations
- assuring continuous business practices

Elements of a Viable Continuity Capability

The basic idea of a continuity of operations plan is to create capabilities that have been thought out prior to an event. This is the same as creating a preplan where you create capabilities through foreknowledge of facilities in your service area. Consideration needs to be given to:

- essential functions
- orders of succession
- delegations of authority
- continuity facilities
- continuity communications and record preservation
- human capital
- testing and training for the plan and reconstitution operations

Introduction to Risk Management

Risk management is a subject of its own. The basic premise behind any risk management program is to create an environment where the risk your organization faces from any possible threat is reduced to a level where it would be survivable, affordable and manageable if the event occurred. In short, the deleterious effects would be something that you could handle.

Risks that the average ESO faces in today's world come in all forms. A member could act inappropriately and hurt the ESO's public image, thereby causing the organization to lose community and financial support. Reputation management is a major initiative of the VCOS and the IAFC and should always be a high priority for every chief officer. Your ESO also faces a myriad of other threats to your survival; it could be a natural disaster that destroys the infrastructure you depend on to operate, or it could be something as simple as a major accident with one of your response units that critically injures or kills one of your members or a citizen. In short, the risks you face are almost anything imaginable.

Insurance Considerations

While much has been written about various risks that ESOs face, there is little that has been written to help fire department leaders understand insurance. Basically, you buy insurance as a way to afford a financial loss that would otherwise bankrupt your organization. This loss could range from an injury or the death of one of your members to a fire or other catastrophic loss of your infrastructure or apparatus. When you consider insurance needs, the basic and first question you must answer is, "How much can my ESO afford to lose?" Once you answer that question, you have the basis for what loss is unacceptable. You then purchase insurance against the unacceptable loss.

Insurance Basics

Generally, insurance is divided into two major categories:

Life/Health (Accident & Health or Accident & Sickness): Life/Health consists of coverage such as life, health and disability insurance. This is the insurance that protects your members' financial interests.

Property/Casualty: Property/Casualty consists of property, general liability, auto, management liability, excess/umbrella and bonds. Each of these categories has several sub-categories that will be discussed in more detail in the full document.

All insurance policies are considered legally binding contracts. They have terms, conditions and definitions, and it's important that you review them with extreme care.

This is a case where the devil is truly in the details; therefore, it is vitally important that you fully understand all definitions and terminology in the contract. General definitions are included in the full document.

Health & Life Insurance

Covering Your Most Important Asset

Experience shows that ESO's spend a significant amount of time considering coverage of buildings, vehicles and liability. What about your most important asset - your people?

When one looks at coverage for personnel, they may think of workers' compensation to protect them against injuries. This coverage varies greatly from state-to-state and can range from very good protection to almost no protection. The first thing you should do is research your state's workers' compensation program and examine how it applies to your organization and personnel. You can then use that as a basis of coverage and decide what additional coverage you wish to purchase.

A Brief History of Workers' Compensation in the United States

The American concept of workers' compensation began in the early 1900s. Maryland (1902), Massachusetts (1908), Montana (1909) and New York (1910) each introduced workers' compensation statutes. Since then, workers compensation has grown to include programs in all states. However, each has evolved on its own and the type and amount of coverage can be vastly different from state to state. Not only are the rules different, but the way they apply to volunteers vs. employees are different.

Today's Workers' Compensation Benefits

Every state pays basic medical benefits essentially uniformly. However, each state takes a different path toward the satisfaction of additional medical benefits, disability benefits and death benefits.

Injuries or illnesses established as compensable under applicable workers' compensation law require that prescribed benefits be paid to the injured employee. Benefit limits and duration vary by jurisdiction but each state provides essentially the same three *classes* of benefits:

- medical benefits
- disability/indemnity benefits
- death benefits

State-Specific Resources

- *Appendix V: Workers compensation Information by state, including*
- Address, phone number and website of each compensation division
- U.S. Bureau of Labor Statistics (BLS)

Building and Premises Insurance (Property)

The previous section discussed the things we can't really replace—your most valuable asset—your staff and members. This section discusses the things that can be replaced. One way to consider this is by walking through your facility and looking at all the items you can protect. Consider your financial situation and decide what you can afford to lose, and therefore leave uninsured. Then consider what you cannot afford to replace on your own and shop for insurance for those items. You also need to consider any state legal requirements, such as vehicle insurance.

Claim Service & Agent Considerations

The rubber meets the road after you've purchased insurance and have a claim. How will the insurance company respond to you and the other parties involved?

When you're shopping for coverage, it is important to see how each company responds to claims.

- Do they have a claim investigation staff and adjusters or do they hire independent adjusters?
- Do they allow you to take your fire truck to a shop that specializes in repairing apparatus or do they want it taken to a local repair shop?
- Does the insurance company actually visit the apparatus manufacturers and see how they are building their equipment and look at what problems may arise ahead of time?
- How quick is the insurance company's response time during a claim?

These are all questions you should ask ahead of time.

Conclusion

It is vitally important that you take the time and invest the effort to plan for the continuing operation of your organization. Failure to preplan for foreseeable events may be the death knell for your organization and, more importantly, for the service you provide for your community. By creating a continuity of operations plan, and by considering risk management and the need for appropriate insurance coverage, you, as the leader, can ensure that your organization can survive a disaster and perhaps emerge on the other side of such an event as a stronger, more vibrant public safety entity.

Ignoring the possibility is at your own and your organization's peril.

Introduction

Emergency service organizations (ESO), as a whole, are proficient and very efficient planners. We plan for disasters that may happen in our community. We plan to replace apparatus. We even go so far as to preplan our response, strategy and tactics for major incidents in our response area. But how well do we plan for an emergency or a disaster that happens to us? The honest answer is that we don't plan to take care of ourselves very well at all. The story below illustrates this point and is far too common an occurrence.



Case Study - 356 Volunteer Fire Department

Photos and text by Scott Engle, Free-Lance Videographer, as reported in Montgomery County Police Reporter, July 2011

Sunday, July 17, 2011 just after midnight, 356 Volunteer Fire Department, located near the Trinity/Polk County, Texas line was lost to a fire. The fire chief arrived on scene and was only able to sit at the street and watch as flames consumed the fire station, the tanker, two brush trucks and one rehab truck. Other fire departments responded to the fire but it was too late to save the equipment.



This morning the volunteers are watching and wondering what they will do to protect this small community. The station was uninsured, and the only insurance on the trucks was liability insurance. Unlike departments in nearby Montgomery County (TX.) that are funded by tax dollars, this department is funded by donations. There is no paid staff.

Much of the 356 Fire Department's equipment was hand-me-down equipment, obtained from other departments. As such, fuel is the department's major expense, and much of that budget was recently depleted when the department spent more than a week battling a wildfire in Trinity County.

This morning Onalaska Fire Department made their brush truck available to the 356 Fire Department for as long as needed. However, the department will still need new protective gear for its firefighters, as well as self contained breathing apparatus, fire hose, fire trucks and a new building.



As in the story above, many organizations are ill-prepared and making such a loss more tragic than it needed to be. Too often, the only time we consider the issues associated with a disaster occurring to us is after the fact. This lack of preparation brings unfortunate surprises that have long-lasting effects.

The fact of the matter is that our stations—our business—are not exempt from experiencing a disaster. Fires, floods, earthquakes, tornados, hurricanes, vehicle accidents and so on, do not spare the infrastructure that is critical to our operation.

The Case for Continuity of Operations Planning

What is continuity of operations planning?

Planning to survive such an incident is called a continuity of operations plan (COOP), but it can also be known as an emergency operations plan, disaster plan, business recovery plan, business continuity plan, etc. Simply put, a COOP is nothing more than a preplan for an incident that occurs within the ESO. This can be a small event that affects your ability to continue operating or it can be a large event that brings devastation.

A COOP is not necessarily a large or complex plan. It can be as simple or as complex as needed based on your operation. COOPs for ESO's can cover everything from what happens if a key member—such as the company treasurer—dies suddenly, to what you would do if your building and all of your equipment was destroyed.

Why plan for continuity of operations?

General Dwight Eisenhower has been quoted as saying that, “plans are nothing, but planning is everything.” The process of planning makes one think of contingencies and prepare for them. That is the real value of COOP planning. The chief thinks through the various scenarios that may face him or her as the leader, and just by taking the time to do so both the chief and the ESO are better prepared if an emergency does occur. Valuable information has been gained, relationships have been built, crucial questions have been considered and protective resources (such as insurance that allow for survival following after a horrible event) have been put in place.

Just going through a COOP process may very well mean the difference between the survival and the demise of an organization. It may be the key to rising again after an event, and more importantly, may mean the difference between being able to help those whom we exist to help or not..

How does it affect small and medium volunteer emergency services organizations?

The lack of good planning creates circumstances where a bad situation is often made worse. This is especially true in the smaller combination or volunteer ESO's where resources are so limited that even a small loss can be devastating. The example in the opening story is one; in a larger ESO with multiple stations and a large fleet, loss of one station, while difficult, is not a terminal event. Districts can be adjusted, units can be transferred, and people can be reassigned. In a smaller ESO with only one station, you are out of business.

A sound COOP can ensure that an ESO can not only survive a disaster, but flourishes despite the events. To achieve a robust recovery it is hugely important that the leadership display a never-say-die attitude. While not specifically addressed in detail in this overview, it is a mistake to underestimate the need for maintaining morale and working through the various psychological factors that surround such an event.

Continuity of Operations Planning – Overview

Assuring essential functions

Essential functions are just that, the things you have to do. What is required to stay in business? In the case of volunteer and combination emergency services organizations there are the obvious essential functions such as responding to incidents, providing public services, etc. But to properly consider essential functions, one has to consider all of the functions that are required to meet your mission.

There are financial functions that must continue; you must still pay bills, accept donations and process revenue.

There are personnel functions to maintain; you must maintain contact with your members, schedule crews and provide for your personnel.

You must be able to provide equipment, both durable and disposable and other functions that may be specific to your agency.

Recovering from the event

Recovering from the event is the first step in returning to normal operations after something bad happens to your organization. This step is doing all of the basics that you put in place and the various items you planned to support your essential functions. You know you have begun recovery by the simple fact that you are still in business after the disaster. You can function, even if it's not convenient.

Re-establishing normal operations

Re-establishing normal operations consists of the rebuilding process, such as replacing lost equipment, structures, finances or other losses. The department puts the event behind it and, hopefully, re-emerges as an organization that is at least as strong and prosperous as it was before the event.

Assuring business practices

A disaster is not an excuse to throw out sound business practices. While you will operate differently under emergency conditions, the way you conduct business still needs to be ethical, well thought out and sound in principle. Having good business practices in the emergency phase of an event has a great deal to do with whether or not you will emerge from the difficulty in a strong position. Many times, poor business practices during a time of great stress leads to a negative outcome and—combined with the incident—can lead to the death of what was a good organization.

It's for this reason that it's important to plan and produce good business practices before the event occurs. Inventing as you go often creates nightmares. It's said that, *a good plan does not keep you from repeating mistakes; it prevents the mistakes in the first place*. As you know from preparing to handle emergencies for other people, experiencing, planning and preparing is worth the effort. An emergency situation is an unforgiving environment and on-the-job learning can be a dangerous prospect.

Elements of a Viable Continuity Capability

The basic idea of building a continuity of operations plan is to create capabilities that have been thought out prior to an event. As stated previously, this is the same as creating a preplan where you create capabilities in the plan through foreknowledge.

For example, if you are creating a preplan for a facility with hazardous materials in quantity you create the capability to handle a release. You can either improve your capability or create relationships that allow you to bring in the proper resources to bear the event. In a COOP, you do the same thing. There are typical capabilities that you should consider as part of your planning process.

Essential Functions

Defining your essential functions is simply a thought process where you ask yourself, “What do I have to make sure we can still do?”

Typical items include:

- Emergency response capabilities
- Public service capabilities
- Financial and business processes
- Personnel management

Orders of Succession

Think for a moment about what problems would occur if part of your disaster included the loss of a key leader. It could be a long-time treasurer who is the only one who knows where the bank accounts are or losing your command staff in an accident. How well could your ESO survive a—relatively speaking—small disaster like the loss of an officer?

How well do your constitution and by-laws, your rules and your procedures spell out the succession process for the emergency period? If you are incorporated, do the succession orders allow the proper amount of authority to continue functioning?

Do enough of your members have the proper knowledge bases to carry-on?

Delegations of Authority

Who has the authority to act in the event of a disaster? Have you built emergency authority into your chain of command? Do your rules, by-laws, etc., allow key officers to assume authority in extreme situations?

Typically during an emergency certain normal processes are set aside, such as having increased spending limits for leaders. Leaders are often given broader authority during significant events to enter into contracts and agreements that normally would require the approval of a board, membership or another oversight committee.

This is not arguing against good business practices. Good business practices would suggest that limits are broad enough to allow the key leadership to function, but not be unlimited. The limits that your organization would be comfortable with should be considered before an event. They should be defined and the leaders should understand their authority and limits.

This is often an interesting discussion in a volunteer ESO that operates as a true democracy. A majority rule organization that is not accustomed to allowing a leader broader authority can be in for a rude awakening after an emergency. If such scenarios had not been thought out and agreed to ahead of time, this can make returning to normal operations even more traumatic,

When thinking about this, remember that an emergency scene—whether it is someone else’s emergency or yours— is not conducive to committee rule. There is a reason that we follow a paramilitary organizational model on the emergency scene and that should not be ignored when preparing for a scenario that assumes the emergency scene is your ESO.

Another important consideration for succession and delegation issues is to have the approval and support of your local governing bodies. Ideally the COOP will be endorsed by local boards or commissions that have governmental control of your jurisdiction.

Continuity Facilities

What physical facilities and equipment must you have to operate? Ask yourself:

- Do you just need bay space, or do you need restrooms as well?
- Are sleeping accommodations required?
- What amount of office space is critical?
- What vehicles and equipment are necessary to function?

Continuity Communications & Vital Records Management

What records are vital to the continued operation of the ESO? The plan should develop a system to routinely backup and store copies of vital records off-site. Most ESO’s consider financial, insurance, ownership (such as deeds and vehicle titles) and personnel records as a vital record. Additionally, some ESO’s may have historical records such as pictures and documents that are irreplaceable. In today’s world, keeping a copy of such records at another site is a fairly simple process that can be as simple as scanning the documents and keeping electronic files in a secure location. In short, every process you have in place today should be documented, and there should be a method identified to re-institute it if a disaster impacts that process.

Human Capital

How will you communicate with your personnel if you lose your main systems? Do you have backups or plans for paging systems or other methods that you use? Something as simple as having phone numbers stored off-site may prove the difference between being able to communicate effectively after an event and not being able to communicate at all. It’s the simple things that you have not thought of or prepared for that can trip you up the worst. The systems you plan to see you through these difficult periods don’t have to be complex or expensive; but, if you don’t address them, you risk paying a high price after a devastating event.

Test, Training and Exercise Program

Whatever system or program you design to address communications issues, it needs to be understood and practiced. We practice for contingencies for other people all the time yet we rarely, if ever, practice for the event to happen to us. If our personnel do not understand the plan, and if it is not practiced, it will not go well in the actual situation.

Devolution of Control and Direction

Devolution is simply the passing of command and control to lower levels. It is moving the power and responsibility to conduct the operation of the plan down through your chain of command. This is vital because an event that is catastrophic for an ESO may be as simple as unexpectedly losing a key person. We all have those kinds of individuals in our organization, the one who holds the keys to the kingdom, so to speak. So to effectively plan for communications to continue in an event, you must also consider the need to plan for passing the responsibility through your chain.

Reconstitution Operations

When you are ready to start reconstituting your normal functions, you need to be able to communicate this effectively to your personnel and to the public you serve. This part of a COOP is simply your ESO's plan on how you will approach that issue. Will you want open houses to draw the community back into your buildings? Do you have TV; radio or newspaper operations that will help you spread the message, or is this something you will have to accomplish on your own?

Introduction to Risk Management

Risk management is a subject of its own. The basic premise behind any risk management program is to create an environment where the risk your organization faces from any possible threat is reduced to a level where it would be survivable, affordable and manageable if the event occurred. In short, the deleterious effects would be something that you could handle.

Risks that the average ESO faces in today's world come in all forms. It could be a situation where a member acts inappropriately and hurts the ESO's public image thereby causing the organization to lose community and financial support. It could be a natural disaster that destroys the infrastructure you depend on to operate. In short, the risks that you face are almost anything you can imagine.

So how can you prepare for such a thing? The first things to consider are what are the common risks and what risks are most likely to occur? You then develop plans to address those risks and minimize the damage that you would experience as a result.

After you minimize the risk, you then plan how to recover from the incident, and that is why it is a foundation of a COOP.

Methods to minimize the risk may be anything from policies on how your members use social media to preplanning how you will manage public opinion in the event that one of your members is arrested.

It can also include financial considerations such as the level of insurance that your ESO carries. Since insurance is often misunderstood, and since this misunderstanding leads to bad surprises all too frequently, it is important to have a basic understanding of insurance considerations.

Insurance Considerations

While much has been written about various risks that ESO's face, there is little that has been written to help fire department leaders understand insurance. Basically, you buy insurance as a way to afford a financial loss that would otherwise bankrupt your organization. This loss could range from an injury or death of one of your members to a fire or other catastrophic loss of your infrastructure. When you consider insurance needs, the basic and first question you must answer is, "How much can my ESO afford to lose?" Once you answer that question you have the basis for what loss is unacceptable. You then purchase insurance against the unacceptable loss.

Insurance companies then assume the risk that you cannot afford to realize. They do this by having a large pool of clients and spreading the risk across the population. For example, there will be only so many buildings destroyed by fire this year—let's say 1 in a 100 for this example—and they know the average dollar loss for buildings of certain sizes. They then have 500 clients pay a share of that loss as an insurance premium. The result is that they have then spread the risk across their population. Any money that does not have to be paid out in claims is then profit for the insurance company. While this is a very simplified example, it is basically how insurance operates.

There is no way for the fire chief or other ESO leader to become an expert in insurance matters, but by understanding some of the basic concepts and nomenclature you can be in a much stronger position to discuss the needs and alternatives with your agent.

Insurance Basics

Generally insurance is divided into two major categories:

Life/Health (Accident & Health or Accident & Sickness) -- Life/Health consists of coverage such as life, health and disability insurance. This is the insurance that protects your members' financial interests.

Property/Casualty – Property/Casualty consists of property, general liability, auto, management liability, excess/umbrella and bonds. Each of these categories has several sub-categories that will be discussed in more detail later.

All insurance policies are considered legally binding contracts. They have terms, conditions and definitions, and it's important that you review them. This is where having a good agent comes into play. You must be able to depend on your agent.

When considering coverage, it is important to note that policies are either *named peril* which means they specifically name what type of events and losses are covered or they are *all risk*. All risk is *exclusion-based*, meaning that most losses or incidents are covered except those that the policy has specifically excluded (taken away). When possible, an all risk policy is normally better because it has broader coverage.

Additionally, certain policies may be *occurrence-based* or *claims made*. Occurrence-based policies cover a loss that occurs during the policy period regardless of when the claim is made. As an example, suppose

you had ABC Insurance on your autos and had an accident on July 1, 2009, and weeks later, after you switched to XYZ Insurance Company, you get a suit filed against you. ABC is still responsible for the claim because they had the coverage on the date of the loss. A claims-made policy is the opposite; it means the company responsible is the company insuring you on the date the claim is actually made regardless of when the loss occurred.. In the same scenario as above with a claims-made policy, XYZ Insurance would be the company responsible for handling the claim.

You also need to consider who is covered under your policy. When reviewing your policy it is important to note who the *insured persons* are or should be. By becoming a *named insured*, or insured person, it entitles all those named, such as members, auxiliary, board members, the medical director, employees, etc., to have all the rights and privileges of the insurance coverage. So why is that important? Consider the following example: Your fire truck has a crash while responding to a call. It is determined that your ESO is at fault. The ESO, the chief and the driver are all sued.

During the trial the ESO is thrown out because the chief and the driver acted outside the standard operating policies of the ESO. If the chief and the driver (member) are considered as insured persons under the policy, then they still receive the assistance (defense) from the insurance company with the suit. If they are not considered named insured, then they are on their own to defend themselves against the suit. It is of the upmost importance that you understand just who is covered and when they are covered under the terms of the policy.

Historically, you will find stand-alone, independent, volunteer departments, rescue squads and ambulance operations all across this country. However, over the last several years there has been a trend of more county wide, combination (volunteer/career) ESO's. It is important that you look at who is insuring what, when it comes to these types of situations. In some instances, the locality has covered itself and used a defense of sovereign immunity that has not been extended to the volunteer ESO. If you are part of this kind of system, you must protect your own interests. Either ensure that the immunity and insurance coverage that the locality or municipal authority has to protect itself extends to your organization or that you are independently insured.

Now consider the organization itself and what goes on at your ESO. When you look at an ESO, you must realize that there are two types of operations conducted: that of a business and that of emergency responses. The next issue is what do you want to cover (insure against)?

Activities to consider covering include emergency response, firefighting, emergency medical care, rescue activities, training, contests, fundraising, official functions, conferences, etc. Also, travel to and from these events is equally important.

Health & Life Insurance

Covering Your Most Important Asset

Experience shows that ESO's spend a significant amount of time considering coverage of buildings, vehicles and liability. What about your most important asset, your people?

When one looks at coverage for personnel, they may think of workers' compensation to protect them against injuries. This coverage varies greatly from state-to-state and can range from very good protection to almost no protection. The first thing you should do is understand your state's workers' compensation program and how it applies to your organization and personnel. You can then use that as a basis of coverage and decide what additional coverage you wish to purchase. Let's look at some general areas of benefits for you to consider that may, or may not, be covered by workers' compensation plans in your state.

Loss-of-Life Benefits

There are various ways to insure your personnel for loss of life. This can be accomplished through group life insurance policies which are a very common approach. You can also purchase individual policies that are the more traditional life insurance coverage, although this is routinely a very expensive route. Generally, all of these policies are now *term*, which means that there is a specific time period insured.

Accidental Death – Provides a lump-sum benefit when an insured person's death is due to an injury, as opposed to an illness.

Illness Loss of Life – Provides a lump-sum benefit should an insured person's death be the result of an illness. Usually, the illness must have resulted from a covered activity and the insured person sought immediate treatment (defined by your policy). This most often does not include infectious disease (that is routinely covered elsewhere). An example would be if on Monday morning you respond to a house fire and it is 20 degrees and snowing. Your firefighter gets sick as a result of responding in the cold weather and goes to his primary care physician the next day (Tuesday). His condition gets worse and a week later he dies from pneumonia. His condition clearly arose from his response on Monday and would be a covered death under the policy. Documentation is key for this coverage.

Dependent Benefit – Provides a separate lump-sum benefit payable to the legal guardian of the surviving dependent's children in the event of an insured person's death. The benefit may be paid for each dependent child with no maximum limit of dependents or it may be based on a premium for each dependant named.

Spousal Benefit – Provides a separate lump-sum benefit to the surviving spouse in addition to other loss-of-life benefits. This benefit would be a lump-sum payment and not based on incurred final expenses or other expenses associated with the insured person's death. Your ESO must have a process in place to make certain that your members are keeping their beneficiary forms up to date.

Bereavement Benefit – Provides a separate benefit payable to the policy holder to cover expenses related to a member’s death.

Memorial Benefit – Provides a separate lump-sum benefit payable to the policyholder/organization as a result of an insured person’s loss of life.

When considering loss-of-life benefits, avoid the trap of being lured by what appears to be easy money. The general principle is to provide for final arrangements (burial) and to ensure an income for the survivors who are dependent on that money to create a lifestyle similar to the one they had prior to the loss. A mistake many consumers make is trying to enrich the individual who suffered the loss rather than return them to a pre-loss situation. Life insurance should not be viewed as a get rich scheme for anyone because it leads to over insurance and unnecessary costs.

Lump-Sum Living Benefits or Impairment Benefits

Many group policies offer living benefits that are paid out in one lump sum; but, you may desire to purchase this benefit as separate coverage from what you already have. These benefits are in addition to disability benefits.

Permanent impairments are often the result of illnesses and/or injuries that are not covered by workers’ compensation. While workers’ compensation may (in some states) provide certain types of permanent impairment benefits, workers’ compensation is not always payable. Workers’ compensation is usually intended to cover workplace injuries. It rarely responds to illnesses such as heart attacks, strokes, etc.

Impairment Benefit -This benefit is treated differently by different companies but the basic idea is the same; it is an injury or illness that creates permanent impairment. You simply want to make sure that if a member is impaired permanently there is some coverage to aid him or her. It is important to make sure this coverage extends to both injuries and illnesses. You must fully understand the coverage and discuss it in detail with your agent because this coverage is packaged and called different things depending on the company. Take time to cover all the bases - vision, mobility, loss of limb, cosmetic disfigurement, etc.

Income Benefits – Income benefits, like other areas, may or may not be covered by your state workers’ compensation program, and may or may not apply to volunteers. When considering all of the human coverage, it is paramount that you understand what coverage you already have through your workers’ compensation program and then buy insurance that covers any gaps in what is already available.

Accident and Illness Medical Expenses – Provides for an insured person’s reasonable and customary medical expenses for covered injuries and illnesses up to the limits provided in the policy, or it could be defined as a specific benefit paid for any claim. Also, there is often coverage for post-exposure preventive medications included within this coverage.

Miscellaneous Optional Benefits (often called Riders) – You can purchase many options depending on your insurance company. Most have a menu of available options called *riders* because the option “rides” on the basic insurance policy and provides extra benefits. In the case

of insurers who market to public safety organizations some special riders are often offered to cover activities that are unique to our environment. But remember that each rider comes with a cost. Once again it is important to weigh the cost versus the risk and the benefit.

Appendix III offers a sample checklist to aid in comparing insurance benefits.

The above list explains most of the coverages you may need and should consider when it comes to protecting your members from injury and illness. It is important to look at how broad the coverage is and what is excluded in the coverage. Also, it is equally important to review how the insurance policy defines disability - both partial and full. Some coverages will define disability as not being able to perform *any* occupation. As previously stated before, decide which coverages are important to you and how important each is. This is especially important to a volunteer organization where the firefighting activity is not the primary occupation of the member.

Insurance companies offer benefits for the market they wish to insure. You will find that these can differ greatly from one company to another and you can find almost any product to fit your needs.

The general areas listed above are some of the benefits offered by some of the major market-share companies that insure public safety entities as their main line of business, but it is not inclusive nor does it argue that one benefit is better than another. It is important for you to consider what benefits you need and which company offers those benefits to you.

The most important thing from your perspective is to “right size” your coverage. That is, it should fit your needs and fit your financial situation. You can probably find insurance for almost any imaginable risk, but do you really need it? When it comes to insurance not only can you underinsure and end up with a nasty surprise, but you can also over-insure and spend a great deal of money that is unnecessary.

The key to right sizing your insurance is to educate yourself, conduct a risk assessment, and have frank conversations with your agent(s). As the consumer of this product, research, question, and shop around. You may very well find that in order to get the insurance that fits your particular situation you have to buy different coverages from different companies. You may also decide that although one provider does offer a cadillac plan that is attractive, the premium (cost) may be too high for your situation. From a business perspective, you may be better off choosing a different plan with more modest benefits.

A Brief History of Workers' Compensation in the United States

While there are many historical, even ancient references to compensation to injured workers, today's models date back to the late 1800's. Shortly before the turn of the 19th century, Chancellor Otto von Bismarck introduced workers' accident insurance in what is modern-day Germany. The program eventually became the model for workers' compensation programs in other parts of Europe and ultimately the United States.

The American concept of workers' compensation began in the early 1900s. Maryland (1902), Massachusetts (1908), Montana (1909) and New York (1910) each introduced workers' compensation statutes. However, all four laws were struck down under constitutional challenge as violating due process.

Wisconsin passed its workers' compensation law in May 1911 becoming the first state to effectuate an on-going workers' compensation program that survived legal challenges. Nearly a dozen states had adopted workers' compensation laws before the close of 1911.

A Case Study in Opposition: New York

Early programs (1911-1916) were voluntary participation laws. Employers were not compelled by the various statutes to purchase workers' compensation. Compulsory participation laws doomed earlier programs being struck down as unconstitutional. The 14th Amendment required due process before a person or entity could be compelled to part with property.

New York's 1910 act, specifically, faced fierce opposition from labor unions. Union officials feared that state control of worker benefits would reduce the need for and popularity of the union. With socialized care and compensation, the necessity of the union was compromised and long-term loyalty to the union was in question.

On March 24, 1911, the New York Court of Appeals declared the State's compulsory workers compensation law unconstitutional. The very next day, 146 workers were killed in a fire at the Triangle Shirtwaist Company in New York City. Not all were killed by the fire itself, as many died attempting to escape the flames by jumping from the ninth and tenth floors to the street below.

With no workers' compensation system, family members and dependents had to turn to the courts in an attempt to force Triangle to compensate the injured and the families of the dead. The owners were tried for manslaughter and acquitted. As a result of a subsequent civil suit against the business owners, each of the 23 families was awarded \$75 in damages. New York ultimately adopted a workers' compensation law in 1913 that would withstand constitutional challenges.

Employer Negligence

Prior to the enactment of workers' compensation laws, the only source of compensation for any injured employee was through the courts. Employees had to prove the employer was negligent in order to gain any compensation for lost wages or medical bills. Employers utilized several defenses against charges of negligence.

Assumption of Risk – Proving negligence requires evidence that a *duty of care* is owed. When an employee assumes the risk of an inherently dangerous or recognizably potentially dangerous activity the duty of care is lifted off the employer. With no required duty of care there can be no negligence. Employees in hazardous occupations were believed to have understood the hazards and assumed the risk of injury.

Contributory Negligence –This doctrine of defense states that if the injured person was even partially culpable in causing or aggravating his own injury he or she is barred from any recovery compensation from the other party.

Fellow Servant Rule – This is a defense against employer negligence asserting that an employee's injury was caused by a fellow employee not by the acts of the employer. If proven, negligence was not asserted against the employer and recovery could be severely limited or barred.

Before workers compensation laws, very few workers had the means to bring suit. Those who could afford a lawsuit had to overcome the defenses available to the employer. As a result, very few employers were held responsible for workplace injuries and required to compensate the employee. Awards for successful suits were unpredictable ranging from too little to merit the trouble to more than the employer planned.

Congress enacted two laws to limit the harshness of these defenses. The Employers' Liability Acts of 1906 and 1908 were Federal attempts to soften the contributory negligence doctrine. These legislative attempts did little to protect injured workers or provide them with any form of compensation.

Timeline of Human Capital: Federal Action to the Great Tradeoff

Human capital—the value of the employee—became a driving force behind the push for a system of protection. There are stories (although no evidence currently exists) of injured mine workers being laid at the door of their house with no compensation or admission of negligence from the mine owners, leaving the families to struggle for a means of support and help. This eventually caused the labor force to make their way through industrialized cities and states leading to demands for a better system. Recognition of the value of employees and other events between 1900 and 1911 helped spur the movement toward a social system of workers' compensation.

1908 - President William Howard Taft signed the first viable workers' compensation statute into law with the creation of the Federal Employers Liability Act designed to protect railroad workers involved in interstate commerce. The program is still in existence today.

1908-1909 - Various states set up commissions to study the merits and drawbacks of a social system of injured employee compensation based on European models. Overwhelmingly, these commissions reported that business, industry and employees supported such a system.

1910 - Crystal Eastman compiled and penned, "Work Accidents and the Law." This document presented the problems inherent in the then-current system of negligence-based compensation in light of the cost to human capital. It also highlighted the benefits of a workers' compensation program as preventative in nature (employer's would be more willing to invest in safety if the

cost of injury was ultimately on them). This work is credited with changing businesses' and labor groups' attitudes towards workers' compensation and employee safety.

March 1911 - Triangle Shirtwaist Company fire.

May 1911 - Wisconsin is the first state to adopt its workers' compensation law,

1911 - "The Great Tradeoff". As legal cases increased, industry began to seek legislative action to ensure that if the employer agreed to pay medical bills and lost wages regardless of fault, then the employee would give up the right to sue the company

1917 – The U.S. Supreme Court upheld the constitutionality of compulsory insurance requirements opening the doors for every state to require the purchase of workers' compensation coverage. Then, as now, each state instituted different threshold requirements.

By the end of 1920, 42 states plus the then-territories Alaska and Hawaii enacted workers' compensation statutes. Mississippi was the last state to implement a workers' compensation statute in 1948.

A Canadian Perspective

The history of Canadian worker's compensation law, beginning in the early 1900's, is also steeped in the same European models as well as shaped by the activities in the U.S. at the time. For more on the Canadian history of workers' compensation, see the Association of Workers' Compensation Boards of Canada.

<http://www.awcbc.org/en/historyofworkerscompensation.asp>

Today's Workers' Compensation Benefits

Every state pays basic medical benefits essentially uniformly. However, each state takes a different path toward the satisfaction of additional medical benefits, disability benefits and death benefits.

The following is a comprehensive overview of the similarities and differences of these systems, and a national context for your understanding.

Injuries or illnesses established as compensable under applicable workers' compensation law require prescribed benefits be paid to the injured employee. Benefit limits and duration vary by jurisdiction but each state provides essentially the same three *classes* of benefits:

- medical benefits
- disability/indemnity benefits
- death benefits

Medical Benefits

Medical benefits are usually unlimited with no deductible. Payments are made to the point that the injured employee is cured and/or given maximum relief. Bills for service go directly to the workers' compensation carrier and payment is made directly to the healthcare provider; the employee's only responsibility is to follow doctor's orders.

Although the medical care provided and the billing is handled exclusively by the treating physician, state statutes differ regarding physician choice.

- Twenty-one states require the employee to use the physician picked by the employer from among a list of authorized physicians.
- The 29 remaining states, plus the District of Columbia, allow the employee to choose the physician, with some requiring periodic consultation with an insurer-chosen physician
 - Of these, 19 states limit the employee's options to physicians within a managed care type network.

Basic medical benefits are treated the same in every state. All statutes require medical costs, surgical fees, nursing care expense and medication costs necessary to effect a cure and give relief be fully paid by the workers' compensation insurer. Additional medical benefits are the same in every state but with jurisdictional nuances with rehabilitative services being a prime example.

Every state provides some form of rehabilitation benefit, but not necessarily to the same extent or in the same amount. Rehabilitative service benefits can include medical rehabilitation, vocational rehabilitation and psychological rehabilitation. Some states include the cost of rehabilitation services within the auspices of the medical benefits making coverage unlimited, while other states provide a sub-limit in the

State-Specific Resources

- *Appendix V: Workers compensation Information by state, including*
- Address, phone number and website of each compensation division
- U.S. Bureau of Labor Statistics (BLS)

form of a dollar amount (as a specific benefit limit or based on the percentage of disability) or as a time limit (maximum number of weeks or visits, etc).

Qualifying for the rehabilitation services benefit requires the employee to suffer *catastrophic injury* as defined by each state. Generally, a catastrophic injury requires some form of permanence.

Rehabilitation services benefits pay for the following, subject to any applicable sub-limits.

- The cost of occupational rehabilitation necessary to return to maximum mobility and performance the injury will allow.
- Necessary modifications to the employee's home allowing for maximum self-sufficiency.
- Modifications to the employee's vehicle, such as the cost to affix a wheel chair lift, etc.
- The cost to modify the employee's work space if able to return to work at the same employer.

If the employee is unable to return to work with his previous employer due to the unavailability of an accommodating position or the inability to alter a job to accommodate the employee's limitations, vocational rehabilitation benefits are extended to cover the following costs.

- The costs of aptitude and interest tests to customize an education/training program to the employee.
- The costs necessary for the employee to learn new skills or enhance existing skills.
- The cost necessary to provide job search and interview skills.
- The cost of job placement services.

Travel expenses to and from medical treatments are also paid under the medical benefit. Some states reimburse all mileage driven in the pursuit of medical treatment for work-related injury; others require the mileage to exceed a certain threshold (e.g., North Carolina requires the round trip to be greater than 20 miles before mileage is reimbursed).

Disability/Indemnity Benefits

Injured employees may be totally unable to work or to garner the same pay as was earned prior to the injury subjecting them to either a complete loss of income or a diminished lifestyle. Medical benefits coverage pays any and all medical bills arising out of an occupational injury or illness, but loss of income is a separate benefit paid at the direction of and in the amounts mandated by workers' compensation statutes.

Disability/indemnity benefits are subject to statutory limits regarding minimum and maximum weekly payments, the maximum period of payments and/or the maximum amount of payments. Statutorily-defined limits are based on the **severity** of the injury and the expected **term** (length) of the resulting condition.

Injury severity is classified as either partial or total. The term of the injury is assigned to either temporary or permanent status. Benefit payments are based on the combination of these conditions as per the following examples.

Temporary Partial – This defines an injury from which the employee is expected to completely recover in some period of time with little to no long-term effects. A broken arm is a good example of this type of injury. Employees suffering temporary partial injuries can generally return to work under "light-duty" assignments until the temporary condition heals. Benefits for employees within this category of injury include medical benefits and potentially differential pay if income is lower due to light-duty assignment.

Temporary Total – A full recovery from the injury is expected, but for a period of time the employee is completely unable to work due to the injury. These types of injuries might require bed rest or hospitalization while the employee heals. All medical bills are paid as are lost wages subject to minimum and maximum amount limits once any required waiting period (discussed below) has been satisfied. Thirty-three states pay temporary total disability benefits for the duration of the disability; one limits payment to the point of "maximum medical improvement" and the rest cut off payment at a specified number of weeks ranging between 104 and 500 weeks.

Permanent Partial – The employee has suffered an injury from which he or she will never recover, but one that will not prevent him or her from returning to some type of work. Amputation of a finger or leg, the loss of an eye or ear are examples of this injury classification. Benefits that are paid include all medical costs, statutorily scheduled benefits based on the injury and potentially rehabilitative service benefits. Nine states pay benefits for the duration of the disability (which seems unusual since it is identified as permanent); six limit payment to 500 weeks; three base the length of benefit payments on the percentage of impairment; and the remainder limit payment to a specified number of weeks ranging between a low of 200 weeks to a high of 1,500 weeks (almost 29 years).

Permanent Total – Recovery is not predicted; the employee is not expected to ever be able to return to work. Benefits paid will include medical bills to reach the maximum cure and/or provide relief and reimburse lost wages. Although the injury is permanent and total, disability benefits are not necessarily paid for life. Many states pay for the "duration of the disability," others specify that payment is for the rest of the injured employee's life. A few states end benefits at specified ages; some end payment at "retirement age" or specifically at age 65 or 67. Two of the more restrictive states limit payment to 400 or 500 weeks, and one state limits total disability benefits to \$125,000.

Benefit payments are calculated based on the employee's *average weekly wages* (AWW) for the most recent 12-month period and are limited by a minimum benefit and a maximum benefit level. Injured employees whose AWW is below the maximum limit still do not receive 100 percent of their average weekly wage during the period of disability, rather they receive a percentage of the AWW specified by the state.

Two reasons benefits are lower than the employee's AWW are: 1) benefits are not taxable; and 2) to encourage injured employees to return to work—due to the fact that a moral hazard is created when the employee makes just as much out of work as they would while working. Most states pay two-thirds (66.7 percent) of the employee's average weekly wage, but the benefit ranges anywhere between 60 percent and 80 percent of the employee's AWW.

Disability benefits are usually adjusted annually to account for inflation and expected changes in income. Maximum disability benefits are based on a percentage of the *statewide average weekly wage* (SAWW) across all industries. For example, one state bases its maximum average weekly wage benefit on 200 percent of the state's average weekly wage, where several other states use 66.7 percent of the state's average weekly wage to limit its maximum benefit. All other states fall somewhere in this range.

Waiting periods must be satisfied before injured employees are eligible to receive disability/indemnity benefits. *Elimination periods* range between three and seven days with each state incorporating a retroactive provision allowing the elimination period to be indemnified should the period of disability exceed a specified threshold. North Carolina, for example, has a seven day waiting period before disability benefits are paid; however, if the period of disability goes beyond 21 days the policy goes back and retroactively indemnifies the employee for the first seven days effectively providing coverage from the date of injury.

Although workers' compensation is a no-fault system intended to be the sole remedy there are activities in which employees can participate that can potentially eliminate or reduce disability benefits. Employees who intentionally inflict injury on themselves or whose injury can be directly attributable to the use or abuse of alcohol or drugs may see their disability benefits eliminated. In some states, employees who fail to wear required safety equipment also risk seeing their benefits reduced by a specified percentage.

Death Benefits

The last of the three benefit classes dictated by workers compensation statutes is death benefits. Death benefits extend a limited amount toward funeral expenses plus a weekly benefit to eligible dependents. To collect death benefits from the workers' compensation policy: 1) death must occur within a certain period of time following the work-related injury to be considered a work-related death; and 2) a request for death benefits must be made within a specified period following death.

Funeral/burial expense benefits vary widely across the country. The national funeral expense benefit average is a little more than \$5,200. Mississippi provides the lowest benefit at \$2,000 and Minnesota has the highest at \$15,000.

Dependent benefits are also limited by statute. Some states pay benefits based on the employee's average weekly wages for the remainder of the surviving spouse's life, others limit payment to a specified number of weeks. Provisions in other states pay until the spouse remarries or until a certain dollar amount is paid; there is truly no standard provision regarding spouses.

Benefits paid to or for surviving children are somewhat more uniform. Most states pay some specified amount until the child is 18. Some states provide additional benefits based on the child's education or ability status.

Death benefits, like the other workers' compensation benefits, are not nationally uniform so individual state laws must be studied to completely understand the specific benefits.

Workers Compensation Summary

Every state pays basic medical benefits essentially uniformly. However, each state takes a different path toward the satisfaction of additional medical benefits, disability benefits and death benefits. Resource information can be found on each state's workers' compensation/industrial commission website and from the Bureau of Labor Statistics (BLS).

(See specific state information in Appendix V)

Building and Premises Insurance (Property)

The previous section discussed the things we can't really replace—your most valuable asset—your staff and members. This section discusses the things that can be replaced. One way to consider this is by walking through your facility and looking at all the items you can protect. Consider your financial situation and decide what you can afford to lose, and therefore leave uninsured. Then consider what you cannot afford to replace on your own and shop for insurance for those items. You also need to consider any state legal requirements, such as vehicle insurance.

Building coverage and contents (not vehicles or portable equipment)

You should insure your buildings against the obvious disasters such as fire, wind storms, lightning, theft, falling objects, glass breakage, water damage, storm damage from snowstorms or lightning strikes, earthquakes and flooding. The last two, earthquakes and flooding, are often excluded from standard policies and may have to be purchased separately. Water damage does not include floods; it covers claims for loss from broken or ruptured pipes and the like.

The broader building and contents coverage is, the better. Ensure that you consider all of the possible disasters that may befall your organization. Be careful of the exclusions for, “acts of god or acts of nature” which may limit the broadness of your coverage and make sure you understand the definition of any exclusion.

In addition to disasters, consider other less-basic coverages that may be equally important.

Debris Removal – Removes the debris after a covered loss such as a fire.

Equipment Breakdown – Covers the mechanical breakdown of equipment or the explosion of a pressure vessel on your property. This coverage would cover items such as refrigeration units, cascade systems, boilers, portable pumps and mobile generators. It would also cover the loss of income and extra expense your organization may suffer if your utilities are interrupted.

Loss of Income Coverage – Protects your ESO's loss of income if your operations are interrupted because of a covered loss to your building or contents. Let's say your ESO has a bingo game on Saturday nights and on Saturday morning you had a fire in your station preventing you from conducting that night's bingo game. This coverage would return the bingo proceeds for that night based on the returns normally averaged.

Extra Expense Coverage – Protects your organization from extra expenses you incur if your operations are interrupted because of a covered loss to your buildings or contents. In the example above, if your ESO had to temporarily rent a building while your station was being fixed from the fire damage, and it now costs you an extra \$1,500 a month for rent, this coverage would pay that extra cost.

Ordinance Coverage – This coverage would cover the additional cost to repair your building as the result of a covered claim for items such as code-required improvements due to changes in building codes or ordinances, needed improvement in water and sewer infrastructure or

improvements to make the building handicap accessible. This is a very important coverage if your building has some age to it. In addition, the cost of removal of the damaged building is also covered here.

Contents Off-Premises Coverage – Covers contents you may have stored at any location such as a storage area.

Newly Acquired Property – Covers newly acquired buildings and contents for the period of time stated in the policy.

Personal Effects – This is on-premises coverage that covers members' personal items (e.g. eye glasses, watches, clothes) should they be stolen while at the station.

Pollution Clean-up – This is an on-premises coverage that covers for any expense your station would have because of pollution caused by a covered claim.

Sirens and Antennas – Covers any towers, sirens or antennas your ESO may have both on and off premises.

Commandeered Property of Others – Covers any property your ESO may commandeer (except autos) on a replacement cost basis. It also includes *loss of use* coverage for the owner. An example would be if your ESO has a large brush fire and you commandeer a bulldozer. During the use of the dozer the heat from the fire melts the hydraulic lines and the dozer must be repaired but it takes two days. This coverage would provide replacement cost for the hoses and pay the owner for the two days they are without it.

Computer Software – Covers the cost of restoring or replacing your organization's data and the media on which it is stored. Also includes loss due to virus or breakdowns.

Money and Securities – Covers theft, disappearance or destruction on and off premises.

Valuable Papers and Records – Pays the cost of restoring or replacing any such documents following a covered loss.

Accounts Receivables – Pays the costs your ESO incurs to restore your accounts receivable records following a covered loss and also pays for the losses you cannot collect if your records can't be restored.

Recharge Cost – Will pay for the costs you incur to recharge fire extinguishers on your premises regardless if the discharge was accidental or result of a covered loss.

Other Perils – You should consider coverage for other incidents such as fungus, dry rot, bacteria, sewer and drain backup, artificially generated electrical currents and changes in temperature and humidity.

Also, it is very important that when you are insuring anything that you understand the valuation basis on which the company will settle claims. Prevalent valuation methods are *actual cash value (ACV)* or *replacement cost*.

When claims are handled on an ACV basis you get coverage to the limit of the actual cash value of the item damaged in a claim. An example would be having a fire in your station where your coverage is for ACV. All your furniture is damaged and it was 10 years old. Under an ACV type policy you would get the actual value of 10-year-old furniture; however, if you have replacement cost you would get the value of new furniture of like kind and quality. Of course the replacement cost coverage will be more expensive than a basis of replacement value. Again, the one you choose should be tailored to your need, ability to afford and the risk you face.

Portable Equipment

You've looked at your building, premises and some of the things inside the operation. But what about all the items you use to fight fire and take care of patients? That is considered portable equipment. As a general rule, any item that you can pick up and carry comes under this category. Hose, fans, SCBA, stretchers, ladders, portable radios, laptops, generators, hydraulic equipment, AEDs, small boats, trailers used to carry portable equipment and portable pumps, are all examples of the items that fall under this section. It is again important to know how these items are covered (ACV or replacement) as a cost basis. You should also consider coverage for *non-owned portable equipment* as well, to cover any items you borrow or are trying out as a demo.

Automobile Coverage

Vehicles continue to be one of the most expensive items you purchase. They also can create a huge liability so it is very important that you cover them correctly. The required coverage is different from state to state and the first thing you should consider is how to meet any mandates in your locality. Listed are some of the general coverages you may need.

Bodily Injury Liability Coverage – Provides coverage to non-members for any injury arising from use of a covered vehicle.

Property Damage Liability Coverage – Provides coverage for any property damage your organization may be responsible for as the result of operating a covered vehicle.

Medical Payments – Provides medical coverage for anyone riding in a covered vehicle should a loss occur.

Non-Owned Automobile – Covers your liability for vehicles hired, borrowed or otherwise used on your behalf on an excess basis. Also covers liability for commandeered vehicles used on a primary basis. (Excess basis means that it is secondary to any other coverage. Primary means it is just that, primary.)

Volunteers /Employees as Insured Under Non-Owned Automobile – Volunteers are covered while operating their own personal vehicle on behalf of the emergency services organization. As an

example, one of your members is responding to the station for a call and he runs a stop sign and crashes into another vehicle. Your member is at fault. This coverage would provide coverage *in excess* of his primary auto policy for any damages he is responsible for. In other words, if your member had \$100,000 liability coverage and your ESO had \$1 million, and your member is sued for \$500,000 and loses, his coverage would pay \$100,000 and your ESO coverage would pay \$400,000.

Temporary Substitute Vehicle – Coverage is provided when a replacement vehicle is loaned to you while a covered vehicle is temporarily out of service. This coverage is a primary coverage.

Uninsured/Underinsured Motorist – Covers your organization for bodily injury and/or property damage sustained by an eligible party caused by a negligent, uninsured or underinsured motorist or hit and run motorist. This coverage may differ from state to state.

Personal Injury Protection – Covers bodily injury medical expenses and certain other losses sustained by an eligible injured person caused by an accident arising out of use of a covered vehicle subject to applicable no-fault laws. This may not apply or be available in all states.

Fellow Member Liability – Covers your volunteer or employee should he or she accidentally injure a fellow member arising out of the use of a covered vehicle. This specifically covers the member who is responsible.

Incidental Garage Liability – Provides liability arising from autos used in connection with an insured organization's garage operations. Provides coverage for your organization if you service or store vehicles owned by others.

Freezing – Covers permanently attached pumps and gauges from freezing.

Volunteer or Employee Personal Automobile – Covers damage to a member's personally owned vehicle while responding to, during or returning from a call or other activity on behalf of your organization. This is usually secondary coverage to the member's personal auto coverage.

Customized Vehicle Extension – This applies to the vehicles like a chief's vehicle that is insured on an actual cash value basis, and covers such things such as lettering, light bars, sirens and radios on a replacement cost basis.

Towing and Labor – Covers the cost of towing a vehicle.

Collision Physical Damage Coverage – This covers the damage to your vehicle, usually with a deductible, from damage arising out of a collision with an object (other than an animal).

Comprehensive Physical Damage Coverage – This covers damage to your auto from things such as fire, theft, water, collision with an animal, glass breakage and falling objects.

Physical damage to your auto is usually settled by means of ACV. ACV means that your claim payment is based on the current market value of the damaged vehicle or part. In other words, if you have a 2000 Chevy Tahoe with 150,000 miles and it is deemed non-repairable from a collision that was the fault of

the ESO, you will get a claim settlement based on a 2000 Chevy Tahoe with 150,000 miles. However, there are companies that specialize in Emergency Services Insurance that will cover vehicles under a type similar to a replacement *type cost* or *agreed value* coverage. This coverage can be a benefit when covering your fire or EMS apparatus. This agreed value limit will base your claim payment on an agreed amount that you have chosen to insure each piece of your apparatus fleet. It is very important that you understand how your insurance company covers your apparatus. If they offer the agreed value basis it is often worth the cost of the coverage.

Another coverage that may be worth the extra cost of the benefit (under physical damage coverage) is coverage that will pay for any costs you incur to repair or replace an apparatus due to a covered claim associated with an NFPA (or other standard) requirement. In other words, you have a 1995 ladder truck and it's deemed non-repairable as a result of a flood. You must replace it and you have cost increases due to the current NFPA standards. How your organization will cover this additional cost must be considered when you first purchase your insurance coverage.

Liability (not automobile or management liability)

There are several types of liability coverage that you must consider when you purchase your policy. General bodily injury and property damage liability will protect your agency from claims against it because of injury to others or damage to their property (other than auto or malpractice claims).

Personal and advertising injury liability – covers claims made against your ESO because of such things as false arrest, wrongful eviction or slander.

Medical expense coverage – protects you when claims are made against you as a result of injuries suffered by the public because of your premises or operations. These expenses are payable even if the injury occurred through no fault of your agency.

Professional health care liability – protects your ESO and members from claims made as a result of handling, providing medical service or failing to provide medical service.

Additionally, there are several other items you need to consider under liability coverage.

Volunteers and Employees as Insured – Covers all members while acting on behalf of your organization (includes your officers, directors, commissioners or trustees). This coverage should be primary for members, not excess to any personal insurance. This coverage should also include your medical director for actions taken on behalf of your organization, with the exception of direct medical care provide by the medical director.

Blanket Additional Insured – Automatically covers any person or organization required by the contract to be an additional insured, but only for their liability arising out of your premises or operation. An example of this very important coverage could be related to actions taken at the scene of an event. There are cases where the ESO has been sued for improper actions even though procedures were acceptable during the dynamics of the event. Organizational risk management should include the requirement where key responders produce a log of their observations and actions during critical times at the event. Large fires/loss of life can very well

be the catalyst for various law suits attempting to place blame on the ESO. A simple documentation process can relieve the ESO of liabilities exposure. Remember, Gordon Graham states, **“If it is predictable, it is preventable”**.

Fellow Member Liability – Covers your members should they accidentally injure a fellow member while working on your behalf.

“Good Samaritan” Liability – Covers your members for liability arising from actions on their own to render services at the scene of an emergency requiring immediate action. This applies to professional healthcare or any other services. As an example, your member stops at the scene of a car accident and renders aid while out of state on vacation. The victim feels they got bad care and sues the member. This coverage would apply in protecting your member as long as the member had the credentials to provide that particular assistance.

Unlimited Defense Costs – All costs to defend you against covered claims should not decrease your liability limits, they should be additional to your limits.

Intentional Acts Coverage – Provides liability protection if, in an attempt to save lives or protect property, your member intentionally causes bodily injury or property damage. An example would be in the course of suppressing an apartment fire your member forces entry to an apartment that was not on fire in order to gain entry to the apartment that was burning. If a claim was made for forcing open and breaking the door to the apartment (even though it was not burning) this coverage would apply.

Pollution Coverage – Covers your ESO and members from injury or property damage arising out of a pollution incident resulting from emergency operations away from premises, training activities or water runoff from cleaning of equipment.

Liquor Liability – Covers you for bodily injury or property damage arising out of the serving or selling of alcoholic beverages. The IAFC has also adopted an alcohol use position available at - http://www.iafc.org/associations/4685/files/downloads/ABOUT/POLICY_STATES/IAFCpol_Alcohol_inFireEmergServ.pdf

Contractual Liability – Covers you for liability you agreed to assume of another party. For example, you hold a flea market on a local farmer’s land and your agency agrees to be responsible for any injuries sustained to the public.

Watercraft Liability – Coverage for injury or damage arising from the use of non-owned boats, boats owned but not powered by motors, owned boats powered by less than 100 hp motors and personal watercraft. Boats that are more than 100hp should be insured separately.

Fire Damage Legal Liability – Covers you for liability for fire damage to buildings your organization may rent or otherwise occupy with the permission of the owner.

Damage to Property of Persons Receiving Services – Covers you for liability for a personal property loss suffered by a member of the public receiving services from you provided the loss is

caused by theft, physical damage or disappearance. For example, you transport a patient to the hospital and during the trip his wallet is lost. This coverage would apply.

Defense for Injunction Relief – A plaintiff may sue your organization, not for money, but to require action of some type. This covers the legal cost.

Outside Directorship Liability – Covers your members who choose to serve on the board of directors of an outside organization as that organization is not-for-profit and is related to the emergency services (such as a county Fire-EMS Association).

Umbrella Liability – This is a coverage that comes over top of your underlying liability limits. For example, you have \$1 million in automobile liability and \$5 million in umbrella coverage. Your agency is sued for \$2 million as the result of an automobile accident. The judge rules in favor of the plaintiff and awards that amount. The auto policy would cover the first \$1 million and the umbrella would cover the remaining \$1 million.

Management Liability - This policy covers you for claims arising from employment practices (wrongful termination, sexual harassment, etc.), administration of employee benefit plans, wrongful acts (such as improper spending of public funds) and injunctive relief. While this policy as its name suggests is meant to cover the management of the organization, there are many exclusions in this policy and should be carefully reviewed for a better understanding of how it works.

Fidelity Bond

Another coverage your ESO needs to consider is a fidelity bond. This will protect your agency for dishonest acts such as embezzlement. When applying for this coverage, you should bond your entire ESO—not just your treasurer—via a commercial blanket bond. Your agent should be able to assist in choosing a limit depending on funds that are available and also to ensure you have adequate SOPs in place to minimize this exposure.

Risk Control

We've discussed several of the insurance coverages you should consider having for your agency, but there are several other things to consider regarding your insurance plan. One is having a company that will assist you with risk management and risk control. This will help you identify a potential risk and help reduce or eliminate the risk all together. This is a huge benefit to your ESO considering that some claims have hidden costs that insurance doesn't help with such as the public's perception after the news airs a story about a preventable collision between a fire truck and a passenger vehicle.

Claim Service & Agent Considerations

The rubber meets the road after you've purchased insurance and have a claim. How will the insurance company respond to you and the other parties involved?

When you're shopping for coverage it is important to see how each company responds to claims.

- Do they have a claim investigation staff and adjusters or do they hire independent adjusters?
- Do they allow you to take your fire truck to a shop that specializes in repairing apparatus or do they want it taken to a local repair shop?
- Does the insurance company actually visit the apparatus manufacturers and see how they are building their equipment and look at what problems may arise ahead time?
- How quick is the insurance company's service during a claim?

These are all questions you should ask ahead of time. If your company handles claims as if it were their chance to shine, then they probably handle claims fairly well. Some insurance companies state they're in the business to pay claims. The idea here is that some companies have really good claim service and some don't. Do your homework. The lowest bid may not be the best choice.

Your Agent

Your agent is the support you need to assist you with your coverage and at the time of a claim. This is the person who, while not paying a claim, mentors you through the process. Your agent should understand your business and its risks to understand the policy and what it does and does not cover. Your agent should be someone you see more than once a year and not just when they want a check for the premium.

Training and Education

One last item to consider (but one that is very important) is what support services will come with your coverage. There are insurance companies specializing in insuring emergency service organizations and they provide training and education at no extra cost to you as a policyholder. Some work really hard to support the fire and EMS community with a myriad of training programs. This is a very big benefit to your ESO and one you should look at when purchasing your insurance.

Conclusion

It is vitally important that you take the time and invest the effort to plan for the continuing operation of your organization. Failure to preplan for foreseeable events may be the death knell for your organization and, more importantly, for the service you provide for your community. By creating a continuity of operations plan, and by considering risk management and the need for appropriate insurance coverage, you, as the leader, can ensure that your organization can survive a disaster and perhaps emerge on the other side of such an event as a stronger, more vibrant public safety entity.

Ignoring the possibility is at your own and your organization's peril.

Authors and Reviewers Acknowledgement

We want to express our sincere appreciation to the following persons who contributed their time and expertise as authors or reviewers of this document. The usefulness of the information contained within cannot be over-emphasized; it will prove invaluable to all of us in the fire service.

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Appendix I. List of Potential Threats to Fire Departments

1. Ambush
2. Arson
3. Assassination
4. Biological incident - Fixed site
5. Biological incident - Transportation
6. Bombing
7. Building infrastructure - Attack
8. Chemical incident - Fixed site
9. Chemical incident - Transportation
10. Civil disorder
11. Dam failure
12. Drought
13. Earthquake
14. Ecological
15. Extortion
16. Flood
17. Hazardous material - Fixed site
18. Hazardous material - Transportation
19. International narcotics
20. Kidnapping
21. Landslide
22. Maiming
23. Nuclear incident - Fixed site
24. Nuclear incident - Transportation
25. Power failure
26. Psychological event
27. Radiological incident - Fixed site
28. Radiological incident - Transportation
29. Raids - Attacks
30. Robbery
31. Severe winter storm
32. Structure fire - Working fire
33. Structure fire - Smoke condition
34. Subsidence – sink holes, lime dissolution, etc.
35. Terrorism
36. Tornado - Windstorm

37. Transportation incident – Hijack – Accident (boat, train, plane, auto, etc.)
38. Tropical storm
39. Urban fire
40. Wildfire

Vulnerability and Threat Preparedness Self Assessment Manual for the Volunteer Fire Company, 2007, VFIS

Appendix II - COOP Checklist

Issue	Back up Process Identified Yes/no	COOP Reference	Actions Required
Emergency Response Capabilities			
Public Service Capabilities			
Financial Continuity			
Business Functions			
Personnel Management Process			
Communications Continuity			
Vehicle Replacement			
Equipment Replacement			
Facilities Continuity Building/Housing Replacement & Temporary Solutions			
Success Plan			
Delegation of Authority Plan			
Vital Records Management			
Long Term Recovery Plan			

Appendix III - General Insurance Considerations Checklist

Issue	Insurance Coverage Required (yes/no)	Current Coverage Level	Needed Coverage Level	Required Action
Workers Compensation				
Loss of Life Benefit Injury & Illness				
Lump Sum Living Benefits				
Income Benefits (Disability)				
Medical Expenses				
Optional Benefits				
Building Loss (fire, storm, water, flood, earthquake, etc.)				
Debris Removal				
Equipment Breakdown				
Loss of Income Coverage				

Extra Expense Coverage				
Ordinance Coverage				
Contents Off-Premises Coverage				
Newly Acquired Property				
Personal Effects				
Pollution Clean-Up				
Siren & Antennas				
Commandeered Property of Others				
Computer Software				
Money & Securities				
Valuable Property & Records				
Recharge Cost				
Other Perils				

Portable Equipment				
Vehicle Accident Bodily Injury Liability Coverage				
Vehicle Accident Property Damage Liability Coverage				
Vehicle Accident Medical Payments				
Non-owned Automobile				
Volunteers / Employees as insured under non-owned vehicles				
Temporary Substitute Vehicle				
Uninsured / Underinsured Motorist				
Vehicle Accident Personal Injury Protection				
Fellow Member Liability				
Incidental Garage Liability				
Vehicle Freezing Coverage				

Volunteer / Employee Personal Vehicle				
Customized Vehicle Extension				
Towing & Labor				
Collision Physical Damage				
Comprehensive Physical Damage				
Optional Coverage				

Appendix IV - Evaluating Accident & Health/Sickness Insurance/ Death Benefits

Accident and Health/Sickness Insurance policies offer a death benefit in the event of a member’s accidental death during or resulting from a covered activity. Most policies will also pay a death benefit if a member dies as a result of a covered illness. Some policies offer benefits in addition to the primary death benefit under certain conditions.

Accidental Death		
How much money can be paid to a member’s beneficiary if the member is killed during an activity of the organization?		
Will the policy pay an additional amount if the member is killed while wearing a properly fastened seat belt? If so, how much?		
Will the policy pay an additional amount for each of the member’s dependent children? If so, how much?		
Will the policy pay any additional benefits for other costs associated with a member’s death? If so, how much?		
Death due to Illness		
How much money can be paid to a member’s beneficiary if the member dies as a result of an illness? Is this amount equal to the Accidental Death Benefit?		

Impairment or Lump-Sum Benefits

Some policies will pay a lump-sum benefit to a member that suffers an injury or illness that causes a permanent physical impairment. Typically, the actual payment is based on the severity of the injury and the resulting degree of impairment.

Physical Impairment		
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If a member receives an injury which causes a 100% permanent physical impairment, what is the maximum benefit payable to that member?		
Is the Permanent Physical Impairment Benefit payable for both injuries and illness?		

Benefits for Cosmetic Disfigurement from Burns

Some policies will pay a lump-sum benefit if a member suffers a third degree or full thickness burn. Typically the actual payment is based on the effected portions of the body, the more visible the body part, the higher the benefit amount.

Burns		
Does the policy pay a benefit for cosmetic disfigurement from burns?		
If so, what is the maximum amount payable?		

Benefits for Total Disability

Most policies provide a weekly disability payment if, as a result of participation in a covered activity, a member is unable to perform the duties of his/her occupation.

Total Disability		
If a member is unable to work because of an injury or illness, what is the maximum disability benefit amount provided by the policy?		
If a member is permanently and totally disabled because of <u>an injury</u> for how long could he/she receive disability payments?		
If a member is permanently and totally disabled because of <u>an illness</u> , for how long could he/she receive weekly disability payments?		

Is there a time period after an injury/illness occurs in which the member must receive medical attention to receive benefits?		
If a member returns to work after a period of total disability and at some point in the future requires further medical attention, for what period of time may the claim be re-opened?		
If a member is disabled for an extended period of time, will annual cost of living adjustments (COLA) be made to his weekly disability payment? If so, how much?		
Are COLAs based on the member's pre-injury/illness wages?		

Benefits for Partial Disability

Most policies provide a weekly disability payment if a member is unable to perform a portion of the duties of the duties of his regular job.

Partial Disability		
If a member is partially disabled because of an injury or illness, what is the maximum benefit amount provided by the policy?		
If a member is partially disabled, for how long could the member collect this payment?		

Transition to Work Benefits

Some policies will extend the weekly disability payment if, after being given a release to return to work, the member finds that his/her position at his primary employer is no longer available.

Transition to Work		
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If a disabled member is released to return to work but through no fault of his own finds that his/her previous position is no longer available, can he/she continue to receive disability benefits? If so, for how long?		
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Medical Expenses Benefits

Most policies will pay for expenses such as medical or surgical treatment, preventative inoculations, hospital confinement, and nursing care. Some policies will pay an additional benefit for Cosmetic or Plastic Surgery due to an injury.

Medical Expenses		
What is the maximum amount the policy will pay for Medical Expenses?		
How much coverage can be purchased?		
Will the policy pay an additional amount for Cosmetic or Plastic Surgery?		
If so, what is the maximum amount the policy will pay for such surgery?		

Retraining for A Different Occupation

In the event that a member is unable to return to his/her former occupation, some policies provide a benefit that will provide funds that allow the member to acquire occupational training for another line of work.

Occupational Retraining		
If due to an injury or illness, a disabled member is unable to return to his former occupation, will the policy provide funds to train the member for another line of work? If so, what is the maximum amount payable?		

Benefits to Cover Family Expenses

Some policies offer benefits that pay for additional expenses which the member's family may incur as a result of his/her injury or illness.

Family Expenses		
Does the policy provide a Family Expense Benefit?		
What is the maximum amount of this benefit?		
What is the maximum amount of time that this benefit is payable?		
Is this benefit payable immediately?		

Mental Stress or Psychological Counseling Benefits

Some policies will pay for psychological counseling if a member requires such treatment due to his participation in a covered activity.

Psychological Counseling		
Does the policy provide a benefit for mental stress management?		
What is the maximum amount payable for this benefit?		
There is often a delayed reaction to Post-Traumatic Stress Disorder. Must a claim be submitted within a certain time period?		

Hospital Confinement Benefits

Most policies will pay a weekly or per-day benefit if a member is confined to the hospital or requires outpatient therapy.

Hospital Confinement		
Does the policy provide a Hospital Confinement Benefit?		

What is the daily or weekly amount that a member could receive?		
What is the maximum length of time that a member could collect this benefit?		

Critical Incident Stress Debriefing

As a result of a traumatic event, your organization may wish to use the services of Critical Incident Stress Debriefing professionals. Some policies offer a benefit to pay for the costs such services.

Stress Debriefing		
Does the policy provide a benefit for Critical Incident Stress Management?		
What is the maximum amount payable for this benefit?		

Who is Covered?

Some policies may apply the same coverage for all classes of membership. Other policies may restrict coverage to certain classes of membership, or provide different benefit limit amounts based on member classes. Some policies may require the purchase of "Rider(s)" to provide coverage for certain types of members.

Classes of Membership		
Does the policy provide coverage for all types or classes of membership?		
Does the policy contain provisions to limit the scope or duration of coverage based on member types or classes?		
Volunteer members?		
Part-time members?		
Full-time members?		
Auxiliary members?		
Community volunteers?		
Deputized bystanders?		

The Cost

The cost of insurance coverage is referred to as the “Premium”. It is important to review any proposal for insurance in its entirety, not only to be certain the proper coverage is provided, but also to assure that you have accounted for the total cost of the insurance.

Premium Breakdown		
Premium for the Basic Policy		
Premiums for Optional Benefits:		
Off-Duty AD&D		
24-Hour AD&D		
Additional Disability		
Hospital Confinement/Indemnity		
Other (describe)		
Riders and other costs:		
Organized League Sports Rider		
Cost to include Part-time Personnel		
Cost to include Full-time Personnel		
Policy Rider (describe)		
Policy Rider (describe)		
Other Costs (describe)		
Total Cost of Insurance:		
Additional Information:		

Appendix V - Workers Compensation Information by State

Specific State Information

Individual states create, regulate, and administer their own workers' compensation system. There are substantial differences among them in terms of coverage, exemptions, and benefits.

Most emergency service personnel are eligible for workers' compensation coverage, but every state excludes certain classes of workers. Exclusions often include unpaid volunteers. If workers' compensation coverage is provided for volunteers the provisions of the coverage are usually identical to those afforded to a traditional employee. However, this is not universally true. In many states a volunteer's workers' compensation benefits may be limited.

You are highly encouraged to research the workers' compensation system in your state to determine exactly how volunteer members are treated for the purposes of workers' compensation benefits.

The following is a state-specific overview of the Workers' Compensation program for each of the fifty states. Contact information is provided for the agency that administers the workers' compensation in each state including addresses, telephone numbers, and internet resources.

Alabama

In Alabama, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Alabama, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or employer groups. Employers with fewer than 5 employees are exempt.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$204 (27 1/2 percent of SAWW or worker's average wage, if less) and the maximum is \$740, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$204 (27 1/2 percent of SAWW or worker's average wage, if less) and the maximum is \$740, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum and the maximum is capped by statute at \$220. For non-scheduled injuries, the maximum period of payments is 300 weeks. In case a scheduled permanent partial disability follows or accompanies a period of temporary total disability resulting from the same injury, the period of TTD shall not be deducted from the maximum number of weeks set for each partial disability; in case of non-scheduled PPD, such periods shall be deducted.

Disfigurement Benefits

Alabama law covers disfigurements that are "Serious, materially affecting employability". Benefits are $66 \frac{2}{3}$ percent of employee's average weekly earnings for a maximum period of 100 weeks.

Contact Information

Department Of Industrial Relations
Workers' Compensation Division
649 Monroe Street
Montgomery, Alabama 36131

Phone: (334) 242-2868

Toll-free: 1-800-528-5166

Fax: (334) 353-8262

Internet: <http://dir.alabama.gov/wc/>

Additional Information

The Alabama Workers' Compensation Act is available online at:

<http://www.legislature.state.al.us/CodeofAlabama/1975/123309.htm>

The Alabama Workers' Compensation *Basic Claim Handling Manual* is available in PDF format online at:

http://dir.alabama.gov/docs/guides/wc_claimhandling.pdf

Alaska

Rates change annually.

Type of Law and Insurance Requirements

In Alaska, workers' compensation is compulsory, but some waivers are permitted. There is no state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, the minimum is \$110, or \$234 (22% of maximum compensation rate) if employee shows proof of wages, or worker's spendable weekly wage if less. The maximum is \$1,062, 120% of SAWW. The maximum period of payments is the duration of disability until date of medical stability. WC benefits are subject to offsets under Social Security.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, the minimum is \$110, or \$234 (22% of maximum compensation rate) if employee shows proof of wages, or worker's spendable weekly wage if less. The maximum is \$1,062, 120% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to reduction by Social Security and any previously awarded PPD benefits.

Benefits for Permanent Partial Disability (PPD)

For weekly payments, the minimum is \$110, or \$234 (22% of maximum compensation rate) if employee shows proof of wages, or worker's spendable weekly wage if less. Ratings for compensation purposes are determined as a percentage of permanent total disability. Permanent partial disability benefits are determined by multiplying \$177,000 times the employee's percentage of permanent partial impairment of the whole person and is payable in a single lump sum, unless the employee is enrolled in a vocational rehabilitation program. Compensation may not be discounted for any present value considerations.

Disfigurement Benefits

Alaska has no specific provision for payment of disfigurement benefits.

Offset Provisions in State Laws

Section 23.30.225(a)--When periodic retirement of survivors' benefits are payable under Title II of the Social Security Act (42 U.S.C., 301 et. seq.), the weekly compensation for total Disability or death shall be

reduced by an amount equal to one-half of the Federal benefits for such week. (b)--When a claim has been filed under this chapter, any weekly disability benefits payable shall be offset by benefits in accordance with 42 U.S.C., 401 et. seq., by an amount which exceeds 80 percent of the employee's average weekly wage at the time of injury.

Contact Information

Anchorage Office

P.O. Box 107019
Anchorage, AK 99510-7019
Phone: (907) 269-4980
FAX: (907) 269-4975

Fairbanks Office

675 Seventh Ave, Station H2
Fairbanks, AK 99701-4586
Phone: (907) 451-2889
Fax: (907) 451-2928

Juneau Office

P.O. Box 25512
Juneau, AK 99802-5512
Phone: (907) 465-2790
FAX: (907) 465-2797

Additional Information

Alaska Workers' Compensation Administrative Rules and Statutes are available online at:
<http://labor.state.ak.us/wc/legaldir.htm>

Compensation rate tables for current and previous years are available online at:
<http://labor.state.ak.us/wc/rate.htm>

Arizona

The Legislature amended the average monthly wage statute in 2007 (see A.R.S. § 23-1041) and added a provision that provided for an annual adjustment ("indexing") of the average monthly wage for injuries occurring on or after January 1, 2010. This provision directed the Industrial Commission to adopt an amount that reflects the annual percentage increase in the Arizona mean wage and to increase the average monthly wage by that amount by August 1 of each year to be effective for the following calendar year. For calendar year 2011, the Industrial Commission established the Average Monthly Wage Statutory Maximum at \$3,920.75, up from the 2010 figure of \$3,763.44.

Type of Law and Insurance Requirements

In Arizona, workers' compensation is compulsory, but some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$ of average monthly wage, up to the \$3,920.75 statutory maximum. For weekly payments, the minimum is payable but not statutorily prescribed and the maximum is \$603.19. The maximum period of payments is the duration of disability. An additional \$25 monthly is added to benefits of dependents residing in the U.S.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$ of average monthly wage, up to the \$3,920.75 statutory maximum. For weekly payments, the minimum is payable but not statutorily prescribed, and the maximum is \$603.19. The maximum period of payments is life or the duration of disability. An additional \$25 monthly is added to benefits for dependents.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$ of average monthly wage, up to the \$3,920.75 statutory maximum. For weekly payments, the minimum is payable but not statutorily prescribed, and the maximum is \$603.19. For a non-scheduled injury, the maximum period of payments is the duration of disability, and there is no maximum benefit amount.

Disfigurement Benefits

Arizona law covers "permanent, about head or face, including injury to, or loss of teeth". Benefits are 55 percent of average monthly wages; in addition, the Commission may allow such sum as it deems just. The maximum period of payments is 18 months.

Contact Information

Phoenix Office
The Industrial Commission of Arizona
800 W. Washington Street
Phoenix, AZ 85007

Tucson Office
The Industrial Commission of Arizona
2675 E. Broadway
Tucson, AZ 85716

Phone: (602) 542-4411

Internet: <http://www.ica.state.az.us/>

Additional Information

Arizona Workers' Compensation Laws are maintained on the Arizona Legislative website at:
<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=23>

Arkansas

In Arkansas, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In Arkansas, workers' compensation is compulsory, but some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or groups of employers. Employers with fewer than 3 employees are generally exempt. Employment in which two or more employees are employed by any person engaged in building or building repair work is covered. Also covered is employment in which one or more employees is employed by a subcontractor or by a contractor who subcontracts any part of his contract. Sole proprietors or partners who devote full time to the business are covered unless they elect not to be covered. Executive officers of corporation or self-insured employers may waive coverage but must provide coverage for employees of business even if such waiver reduces the number of employees to less than three.

Medical Benefits

Provides full medical benefits initially. Employer liability ceases six months after injury where no time is lost from work, or six months after a claimant returns to work, or a maximum of \$10,000 has been paid, unless the employer waives rights or the Commission extends time and dollar limits.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$20 and the maximum is \$575, 85% of SAWW. The maximum period of payments is 450 weeks.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$20 and the maximum is \$575, 85% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$20 and the maximum is \$431. For non-scheduled injuries, the maximum period of payments is 450 weeks and the maximum benefit payment is \$193,950. If the claimant's TTD rate for injury is \$205.35 or greater, the maximum PPD rate will be 75% of claimant's total disability rate, up to the PPD maximum. If the claimant's TTD rate for injury is less than \$205.35, PPD is $66 \frac{2}{3}$ % of the worker's average weekly wage, up to a \$154.00 maximum. The PPD rate for amputation or permanent total loss of use of a member is the same as the employee's Total Disability rate. The benefits are subject to 50% pension offset after age 65.

Disfigurement Benefits

Arkansas law covers disfigurements that are "Serious and permanent facial or head". Benefits are a maximum of \$3,500; no award for disfigurement shall be entered until 12 months after injury.

Offset Provisions in State Laws

Section 11-9-519(g)--Any permanent total disability benefits payable to an injured worker age sixty five or older shall be reduced in an amount equal to, dollar for dollar, the amount of benefits an injured worker receives or is eligible to receive from a publicly or privately funded retirement or pension plan, but shall not be reduced by employee contributions to a privately funded retirement or pension plan.

Section 11-9-522(f)--Any permanent partial disability benefits payable to an injured worker age 65 or older shall be reduced in an amount equal to, dollar for dollar, the amount of benefits an injured worker receives or is eligible to receive from a publicly or privately funded retirement or pension plan, but shall not be reduced by employee contributions to a privately funded retirement or pension plan.

Contact Information

State of Arkansas
Workers' Compensation Commission
324 Spring Street
P.O. Box 950
Little Rock, Arkansas 72203-0950

Phone: (501) 682-3930

Toll-free: 1-800-622-4472

Internet: <http://www.awcc.state.ar.us/>

Additional Information

A chart of historical compensation benefit levels is available online at:

http://www.awcc.state.ar.us/adv_new/adv2000_1.pdf

Rules of the Commission are available online at:

<http://www.awcc.state.ar.us/ruleind.html>

California

In California, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2008 to December 31, 2008, unless otherwise noted.

Type of Law and Insurance Requirements

In California, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

For weekly payments, the minimum is \$137.45, and the maximum is \$916.33. The maximum period of payments is 104 weeks of payments within a five-year period counted from the date of injury.

Benefits for Permanent Total Disability (PTD)

See the topic [CA Workers' Compensation Reform - 2002](#) for details.

Benefits for Permanent Partial Disability (PPD)

See the topic [CA Workers' Compensation Reform - 2002](#) for details.

Disfigurement Benefits

California law provides for "No set figure, but the nature of the disfigurement shall be taken into account when determining the percentages of permanent disability".

Offset Provisions in State Laws

Section 4753--Additional compensation for subsequent injuries shall be reduced by any monetary payments from any source, except for a pension or a service-connected disability which was incurred in the U.S. armed forces.

Section 4904--Permits liens to be made against temporary total disability indemnity for any unemployment compensation disability benefits being received.

Contact Information

Division of Workers' Compensation Headquarters
455 Golden Gate Ave.
9th Floor
San Francisco, CA 94102-3660

Phone: (415) 703-4600

Internet: <http://www.dir.ca.gov/dwc/>

Additional Information

Workers' Compensation regulations are available online at:

<http://www.dir.ca.gov/samples/search/querydwc.htm>

An Employer's Guide to Workers' Compensation in California, prepared by the Division of Workers' Compensation, is available in PDF format online at:

<http://www.dir.ca.gov/DWC/erguide.pdf>

Workers' Compensation in California: A Guidebook for Injured Workers was prepared for the California Commission on Health and Safety and Workers' Compensation, and gives an overview of the California workers' compensation system. It is meant to help workers with job injuries understand their basic legal rights, the steps to take to request workers' compensation benefits, and where to seek further information and help if necessary. It is available in PDF format online at:

<http://www.dir.ca.gov/CHSWC/Reports/WorkersCompGuidebook-3rdEd.pdf>

Links to a number of additional Workers' Compensation related agencies can be found at the following two web pages:

http://www.dir.ca.gov/workers'_comp.html

<http://www.dir.ca.gov/dwc/links.html>

The *Workers' Compensation Appeals Board - Policy and Procedural Manual* is available online at:

http://www.dir.ca.gov/WCAB/WCAB_Policy_ProcedureManual/WCABPolicy_ProcedureIndex.html

Updated information about recently enacted workers' compensation reforms is available online from the Division of Workers' Compensation at:

<http://www.dir.ca.gov/dwc/wcreformindex.html>

Colorado

In Colorado, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Colorado, workers' compensation is compulsory, but some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum, and the maximum is \$810.67, 91% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to Social Security benefit offsets and to reduction by benefits under an employer pension or disability plan.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum, and the maximum is \$810.67, 91% of SAWW. The maximum period of payments is life. WC benefits are subject to Social Security benefit offsets and to reduction by benefits under an employer pension or disability plan. The lump sum maximum payable is \$37,560.

Benefits for Permanent Partial Disability (PPD)

For weekly payments, the minimum is \$255.13 for a scheduled injury, and the maximum is \$445.42. For non-scheduled injuries, the maximum payment period is 208 weeks, and the maximum payment amount is \$92,647. WC payments are subject to Social Security benefit offsets and to reduction under an employer pension or disability plan. Total maximum amount payable is \$120,000. When benefits are awarded for PPD, the award of benefits shall exclude any for a previous impairment to the same body part.

Disfigurement Benefits

Colorado law covers disfigurements that are "Serious facial, head, or exposed body parts". Benefits are a maximum of \$4,304, or up to \$8,608 for extensive facial or body scars, burn scars, or stumps resulting from the loss of limbs, in addition to accident benefits provided under the law.

Offset Provisions in State Laws

Sections 8-50-103 and 8-51-101--Benefits for disability in this State shall be reduced by 50 percent and for death by 100 percent of any Federal OASDI payments, the workmen's compensation act of another State or the Federal Government, or an employer pension or disability plan.

Section 8-51-101(1)(c)(ii)--Permanent total disability benefits shall be reduced by 50 percent of any Federal OASDI payments received after the claimant reaches the age of 65, or in the case of a claimant who begins to receive employer-paid retirement payments at the age of 65, by an amount determined as a percentage of such benefits.

Section 8-51-101(1)(f)--Weekly temporary and permanent total disability benefits shall be offset by 100 percent of any unemployment compensation benefits received for the same week, with certain exceptions.

Section 8-42-112--Provides that if the claimant or dependent is receiving Social Security disability benefits (OASDI), and a reduction is made from State workers' compensation benefits as an offset, and the claimant is subject to workers' compensation benefits being further reduced because of contributory negligence, then such reduction shall be computed on the amount after, not before the OASDI offset is made.

Section 8-42-113.5--Receipt of benefit payments under Social Security or an employer-paid retirement benefit plan while receiving workers' compensation benefits constitutes an overpayment and subjects an award to re-opening and recovery of such payments.

Sec. 8-42-103--Placed limitations on the offset against permanent total disability benefits for private pension benefits. All contributions made by an employer to a private pension plan pursuant to a collective bargaining agreement shall be considered to have been made by the employee for purposes of calculating any offset against such benefits provided that such offset is limited to cases where an employer does not participate in the Federal old-age, survivors and disability insurance programs.

Contact Information

Division of Workers' Compensation
633 17th Street
Denver, CO 80202-3660

Phone: (303) 318-8700
Toll-free: 1-888-390-7936
Spanish callers: 1-800-685-0891
Fax: (303) 318-8710

Internet: <http://www.coworkforce.com/DWC/>

Additional Information

The Colorado Workers' Compensation Rules of Procedure are available online at:
<http://www.coworkforce.com/DWC/Rules/Rules%20of%20Procedure.asp>

The Colorado Workers' Compensation Act is available in PDF format online at:
http://www.coworkforce.com/DWC/WC_Act/Workers'_Compensation_Act.asp

Connecticut

In Connecticut, compensation benefits are adjusted annually, and changes become effective October 1 of each year. The rates shown below are in effect from October 1, 2010 to September 30, 2011.

Type of Law and Insurance Requirements

In Connecticut, workers' compensation is compulsory, but some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 75% of worker's spendable earnings. For weekly payments, the minimum is \$226.80 (20 percent of SAWW or an amount not to exceed 75% of worker's average wage, if less) and the maximum is \$1,134, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to Social Security benefit offset.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 75% of worker's spendable earnings. For weekly payments, the minimum is \$226.80 (20 percent of SAWW or an amount not to exceed 75% of worker's average wage, if less) and the maximum is \$1,134, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to Social Security benefit offset.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 75% of worker's spendable earnings. For weekly payments, the minimum is \$50 and the maximum is \$959, 100% of average production wage. For non-scheduled injuries, the maximum period of payments is 520 weeks and the maximum payment amount is \$498,680. WC benefits are subject to Social Security benefit offset.

Disfigurement Benefits

Connecticut law covers disfigurements which are "Permanent". Compensation shall be awarded for disfigurement not caused solely by the loss or the loss of use of a member of the body for a maximum period of 208 weeks.

Offset Provisions in State Laws

Section 31-307(e) --An employee's total incapacity shall be reduced while the employee is entitled to receive old age insurance benefits pursuant to the Federal Social Security Act. The amount of each

reduced workers' compensation payment shall equal the excess, if any, of the workers' compensation payment over the old age insurance benefits.

Contact Information

Workers' Compensation Commission
Capitol Place
21 Oak Street
Hartford, CT 06106

Phone: (860) 493-1500

Fax: (860) 247-1361

Internet: <http://wcc.state.ct.us/>

Additional Information

The Connecticut Workers' Compensation Information Packet (comprehensive "plain-English" information about Connecticut's workers' compensation system, its benefits, procedures, and more) is available online at:

<http://wcc.state.ct.us/download/acrobat/Info-Packet.pdf>

Workers' Compensation Administrative Regulations are available online at:

<http://wcc.state.ct.us/law/menus/wc-regs.htm>

Connecticut, Cont.

Workers' Compensation Laws are available online at:

<http://wcc.state.ct.us/law/menus/wc-act-2007.htm>

Delaware

Benefit rates change annually, usually in June. Rates shown below became effective June 22, 2010.

Type of Law and Insurance Requirements

In Delaware, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

All necessary medical treatment and hospitalization services are provided by the employer or the employer's insurance carrier with no time or monetary limitations. The employee has the right to choose the treating physician.

However, the Delaware General Assembly passed legislation (Senate Bill #1) in January 2007 which will change the provision of health care under Workers' Compensation. Section 11 of the Bill provides for a health care payment system intended to control health care costs in connection with Workers' Compensation. The system will be developed by a Health Care Advisory Panel and later adopted by regulation of the Department of Labor. The system will provide clear schedules of maximum acceptable charges for professional services, hospital services, independent treatment centers, laboratory and pharmaceuticals. Such schedules after adoption will be adjusted annually by reference to the consumer price index. For additional information, refer to the Delaware General Assembly website at:

<http://legis.delaware.gov/LIS/LIS144.NSF/vwLegislation/SB+1?Opendocument>

In accordance with 19 Del. C. § 2322, and effective 5/23/08, the Governor appointed Health Care Advisory Panel (HCAP) established a Workers' Compensation Health Care Payment System (HCPS) for Delaware. This new system includes health care practice guidelines; certification of health care providers; a fee schedule; health care provider and employer forms; and utilization review.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$203.27 (22 2/9 percent of SAWW or actual wage, if less) and the maximum is \$609.82, 66 2/3 percent of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$203.27 (22 2/9 percent of SAWW or actual wage, if less) and the maximum is \$609.82, 66 2/3 percent of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$203.27 (22 2/9 percent of SAWW or actual wage, if less) and the maximum is \$609.82, 66 2/3 percent of SAWW. For non-scheduled injuries, the maximum period of payments is 300 weeks and the maximum payment amount is \$182,946.

Disfigurement Benefits

Delaware law covers disfigurements that are "serious and permanent to any part of the human body, provided that such disfigurement is visible and offensive when the body is clothed normally". An employee may file a petition for disfigurement one year post accident/surgery for any scar, burn, or amputation related to the work accident. Benefits are up to 66 2/3 percent of employee's weekly wage, for a maximum period of 150 weeks, depending on the severity of the scar.

Contact Information

Mailing Address:

Office of Workers' Compensation
P.O. Box 9954
Wilmington, DE 19809-9954

Street Address:

Office of Workers' Compensation
4425 North Market Street
3rd Floor
Wilmington, DE 19802 Phone: 302-761-8200
Fax: 302-761-6601

Internet: <http://www.delawareworks.com/industrialaffairs/services/workerscomp.shtml>

Additional Information

The Delaware Workers' Compensation Law (Title 19, Chapter 23 of the Delaware Code) may be found online at:

http://delcode.delaware.gov/title19/c023/index.shtml#P-1_0

The rules of the Industrial Accident Board are available online at:

<http://www.delawareworks.com/industrialaffairs/information/BoardRules.shtml>

District of Columbia

In the District of Columbia, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In the District of Columbia, workers' compensation is compulsory, and no waivers are permitted. There is no district fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$, or 80% of spendable earnings, whichever is less. For weekly payments, the minimum is \$331 (25% of SAWW) and the maximum is \$1,323, 100% of SAWW. The maximum period of payments is the duration of disability. For injuries occurring on or after 4/16/99, temporary partial or permanent partial disability benefits will be limited to 500 weeks. Within 60 days of the expiration date, the claimant may petition for an extension of benefits up to 167 weeks beyond the 500-week cap.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$331 (25% of SAWW) and the maximum is \$1,323, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum and the maximum is \$1,323, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is the duration of disability and there is no maximum payment amount. For injuries occurring on or after 4/16/99, temporary partial or permanent partial disability benefits will be limited to 500 weeks. Within 60 days of the expiration date, the claimant may petition for an extension of benefits up to 167 weeks beyond the 500 week cap.

Disfigurement Benefits

District of Columbia law covers disfigurements that are "Serious facial, head, neck or other exposed areas likely to handicap employment". Benefits are a maximum of \$3,500.

Offset Provisions in State Laws

Section 36-308(g) --Weekly compensation benefits are offset if the sum of any Federal Old Age Survivors Insurance benefits, or any employee benefit plans subject to the Employee Retirement Income Security Act of 1974, or any other employee income maintenance plan which is funded solely by the employer plus such weekly compensation benefits exceeds 80 percent of the employee's average weekly wage.

Contact Information

DC Department of Employment Services
Labor Standards Bureau
Office of Workers' Compensation
64 New York Avenue, NE, 2nd Floor
Washington, DC 20002

Phone: (202) 671-1000

Fax: (202) 541-3595

Internet: <http://does.dc.gov/does/cwp/view.asp?a=1232&Q=537428>

Florida

In Florida, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In Florida, workers' compensation is compulsory, but some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 4 employees.

Coverage of Agricultural Workers

Agricultural workers are covered, except those performing agricultural labor on a farm in the employ of a bona fide farmer or association of farmers, employing less than 5 regular employees and less than 12 other employees at one time for seasonal employment in less than 30 days, provided such seasonal employment does not exceed 45 days in the same calendar year.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$20 or actual wage if less, and the maximum is \$782, 100% of SAWW. The maximum period of payments is 104 weeks. WC benefits are subject to Social Security and UI benefit offsets.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$20 or actual wage if less, and the maximum is \$782, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to Social Security and UI benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum and the maximum is \$782, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is 364 weeks, and the maximum payment amount is \$284,648. Benefits are paid according to a wage loss formula, rather than a statutory schedule, subject to a maximum of 364 weeks of compensation for disability greater than 24%. Wage loss benefits are based on actual wages lost and are not subject to a minimum. Wage loss is equal to 80% of the difference between 80% of the employee's average monthly wage and the wage the employee is able to earn after reaching maximum medical improvement, provided the monthly wage loss benefits shall not exceed $66 \frac{2}{3}$ percent of the employee's average monthly wage at the time of injury. WC benefits are subject to Social Security and UI benefit offsets.

Disfigurement Benefits

Florida law covers disfigurements that are "Serious facial or head". Benefits are \$250 for each percent of permanent impairment of the body as a whole from 1 to 10 percent; and \$500 for each percent in excess of 10 percent.

Offset Provisions in State Laws

Section 440.15(3)(b)(4) --Provides that if an employee is entitled to both wage-loss benefits and Social Security retirement benefits, the Social Security retirement benefits will be primary and wage-loss benefits supplementary. The sum of any combined benefits must not exceed the amount of wage-loss benefits which would otherwise be payable.

Section 440.15(9)--Weekly compensation benefits for disability are offset by the amount of any Federal OASDI payments so that the claimant's total benefits do not exceed 80 percent of his/her average weekly wage.

Section 440.15(10)(a)--No weekly compensation payments are made for temporary or permanent total disability under the workers' compensation law for any week in which unemployment compensation benefits are paid.

Section 440.15(10)(b)--Offsets wage-loss or temporary partial disability benefits by the amount of any unemployment compensation benefit payments.

Section 440.39(3)(a)--Provides that workers' compensation benefits received by a migrant worker will be offset 100 percent against any benefits recovered under the Migrant and Seasonal Agricultural Worker Protection Act.

Contact Information

Division of Workers' Compensation
Customer Service Center
200 East Gaines Street
Tallahassee, FL 32399-4227

Phone: (850) 413-1601

Internet: <http://www.fldfs.com/WC/>

Additional Information

An overview of the Workers' Compensation sections of the Florida Administrative Code (FAC) and their corresponding forms is available online at:

<http://www.fldfs.com/WC/forms.html>

The Florida Workers' Compensation Statutes, Chapter 440, are available online at:

http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0440/titl0440.htm

Georgia

In Georgia, compensation benefits are usually adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Georgia, workers' compensation is compulsory, but some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 3 employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or average wage if less, and the maximum is \$500. The maximum period of payments is 400 weeks. The maximum weekly benefit in catastrophic cases shall be paid until such time as the employee undergoes a change in condition for the better.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or average wage if less, and the maximum is \$500. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or average wage if less, and the maximum is \$500. For non-scheduled injuries, the maximum period of payments and the maximum payment amount are based on statutory schedule.

Disfigurement Benefits

Georgia has no specific provision for payment of disfigurement benefits.

Contact Information

State Board Of Workers' Compensation
Southern Company Center
270 Peachtree Street NW
Atlanta, GA 30303-1299

Phone: (404) 656-3875

Internet: <http://www.sbcw.georgia.gov/portal/site/SBWC/>

Additional Information

For additional information, see the Georgia Code online at:

http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=34-9-1

Current and historical benefit information is available in PDF format online at:

<http://www.files.georgia.gov/SBWC/Files/provisions.pdf>

Hawaii

In Hawaii, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In Hawaii, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees. Real estate salespersons and brokers whose earnings are solely commissions are exempt from workers' compensation coverage.

Medical Benefits

The frequency and extent of treatment cannot exceed the nature of the injury and the process required for recovery. Special authorization is required from the Department of Labor and Industrial Relations for more than five visits to the doctor for an injury.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$183 (25% of SAWW or worker's average wage, if less, but not lower than \$38) and the maximum is \$731, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$183 (25% of SAWW or worker's average wage, if less, but not lower than \$38) and the maximum is \$731, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$183 (25% of SAWW or worker's average wage, if less, but not lower than \$38) and the maximum is \$731, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is in proportion to scheduled injuries or a percentage of loss of the whole man, and the maximum payment amount is \$217,152. The maximum WC for a percentage of disability based on the whole man is the product of 312 times the effective maximum weekly benefit rate.

Disfigurement Benefits

Hawaii law covers "scars as a result of laceration or surgery, can include deformity and discoloration". Benefits are a maximum of \$30,000.

Contact Information

Department of Labor and Industrial Relations
Disability Compensation Division
830 Punchbowl Street #211
Honolulu, Hawaii 96813

Phone: (808) 586-9161

Fax: (808) 586-9219

Internet: <http://hawaii.gov/labor/dcd/>

Additional Information

Department Of Labor And Industrial Relations Administrative Rules covering Workers' Compensation are available online at:

<http://hawaii.gov/labor/dcd/adminrules.shtml>

Hawaii Workers' Compensation statutes are online at:

<http://hawaii.gov/labor/law/hrs/386/386.htm>

Idaho

In Idaho, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In Idaho, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 67. For weekly payments, the minimum is \$290.70, 45% of SAWW, and the maximum is \$581.40, 90% of SAWW, for the first 52 weeks and \$387.60, 60% of SAWW thereafter. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 67. For weekly payments, the minimum is \$290.70, 45% of SAWW, and the maximum is \$581.40, 90% of SAWW, for the first 52 weeks and \$387.60, 60% of SAWW thereafter. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 67. For weekly payments, there is no minimum and the maximum is \$355.30, 55% of SAWW. For non-scheduled injuries, the maximum period of payments is in proportion to losses of the whole man based on a maximum of 500 weeks, and the maximum payment amount is \$177,650.

Disfigurement Benefits

Idaho law covers disfigurements. It provides "No set figure, but effect on employment and nature of disfigurement shall be taken into account when determining the percentages of permanent disabilities less than total".

Contact Information

Idaho Industrial Commission
317 Main Street
P.O. Box 83720
Boise, Idaho 83720-0041

Phone: (208) 334-6000

Toll Free: 1-800-950-2110

Fax: (208) 334-2321

Internet: <http://www.iic.idaho.gov//>

Additional Information

Historical compensation benefit levels are available online at:

http://www.iic.idaho.gov/faqs/faqs_benefits/ba_11_comptable.pdf

The laws and rules that directly affect workers' compensation in Idaho may be accessed online at:

<http://www.iic.idaho.gov/legal/lawsandrules.htm>

Illinois

In Illinois, compensation benefits are normally adjusted twice annually, as the Illinois Department of Employment Security determines a new Statewide Average Annual Wage (SAWW). Changes usually become effective on January 15 and July 15 of each year. The rates shown below are in effect from January 15, 2011 to July 14, 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In Illinois, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees, but sole proprietors, business partners, corporate officers, and members of limited liability companies may exempt themselves.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations if treatment is reasonable and necessary to cure the injury.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is from \$220.33 to \$330.00, according to number of dependents, or worker's average wage, if less, and the maximum is \$1,243, $133 \frac{1}{3}$ percent of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$466.13 (50% of SAWW), and the maximum is \$1,243, $133 \frac{1}{3}$ percent of SAWW. The maximum period of payments is life.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 60. For weekly payments, the minimum is from \$213.33 to \$320.00, according to number of dependents, or worker's average wage if less. For non-scheduled payments, the maximum period of payments is 500 weeks if the worker is able to pursue usual work duties or the duration of disability if unable to pursue usual work duties, and there is no maximum payment amount.

The maximum weekly PPD benefit for amputation of a member or enucleation of an eye is \$1,243 ($133 \frac{1}{3}$ percent of SAWW), and the minimum is \$466.13 (50% of SAWW).

If not an amputation or enucleation, the maximum weekly PPD benefit is figured differently. The maximum payment changes annually on July 1, but is not available until December of the year it is in effect. For the period 7/1/2010 to 6/30/2011, the maximum will be \$664.72.

Disfigurement Benefits

Illinois law covers disfigurements that are "Serious and permanent to hand, head, face, neck, arm, leg, below knee, or chest above axillary line". Benefits are 60 percent of the employee's average weekly wage, except if benefits are otherwise payable for permanent disability, for a maximum period of 150 weeks.

Contact Information

Illinois Workers' Compensation Commission
100 W. Randolph St. #8-200
Chicago, IL 60601

Phone: (312) 814-6611
Toll-free: 1-866-352-3033
TDD: (312) 814-2959

Internet: <http://www.iwcc.il.gov/>

Additional Information

Compensation benefit levels for current and recent historic periods may be found at:

<http://www.iwcc.il.gov/benefits.htm>

Two versions (one for injuries occurring before February 1, 2006 and another for injuries occurring on or after that date) of the Illinois Workers' Compensation Commission's *Handbook On Workers' Compensation And Occupational Diseases* are available in both English and Spanish in PDF format online at:

<http://www.iwcc.il.gov/handbook.htm>

The Illinois Workers' Compensation Act is available online at:

<http://www.iwcc.il.gov/workers.htm>

Rules of the Illinois Workers' Compensation Commission are available in PDF format online at:

<http://www.iwcc.il.gov/pdfs/rules.pdf>

Frequently asked benefit questions and answers may be found at:

<http://www.iwcc.il.gov/faq.htm>

Frequently asked medical questions and answers may be found at:

<http://www.iwcc.il.gov/faqmed.htm>

Indiana

Benefit rates normally change annually on July 1 of each year. Rates discussed below are effective from July 1, 2009 to June 30, 2010.

Type of Law and Insurance Requirements

In Indiana, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or worker's average wage, if less, and the maximum is \$650. The maximum period of payments is 500 weeks. The total maximum amount payable is \$325,000.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or worker's average wage, if less, and the maximum is \$650. The maximum period of payments is 500 weeks. The total maximum amount payable is \$325,000. Thereafter, a claimant may receive payments indefinitely, payable from a special fund.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is payable but not statutorily prescribed, and the maximum is \$650. For non-scheduled injuries, there is no maximum period of payments and no maximum payment amount. The amount of compensation for PPD is determined by multiplying a percentage of the worker's wage by the degree of permanent impairment.

Disfigurement Benefits

Indiana law covers disfigurements that are "Permanent, which may impair the future usefulness or opportunities of the employee". Benefits are at the discretion of the Industrial Board, except where benefits are payable elsewhere, and are payable for a maximum of 200 weeks.

Contact Information

Worker's Compensation Board of Indiana
402 West Washington Street Room W-196
Indianapolis, Indiana 46204

Phone: (317) 232-3811

Toll-free: 1-800-824-COMP

Ombudsman: (317) 232-5922

Internet: <http://www.in.gov/workcomp/>

Additional Information

Indiana Worker's Compensation Statutes - Indiana Code Title 22, Article 3 is available online at:

<http://www.in.gov/legislative/ic/code/title22/ar3/>

Indiana Administrative Code - Title 631 Worker's Compensation Board Of Indiana is available online at:

<http://www.in.gov/legislative/iac/title631.html>

Iowa

Benefit rates change annually on July 1 of each year. Rates discussed below are in effect from July 1, 2010 through June 30, 2011.

Type of Law and Insurance Requirements

In Iowa, workers' compensation is compulsory, and some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, the minimum is \$249 or actual wage if less, and the maximum is \$1,420, 200% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, the minimum is \$249, and the maximum is \$1,420, 200% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, the minimum is \$249, and the maximum is \$1,306, 184% of SAWW. For non-scheduled injuries, the maximum period of payments is in proportion to scheduled injuries or in proportion to losses of the whole man based on a maximum of 500 weeks, and the maximum payment amount is \$653,000.

Disfigurement Benefits

Iowa law covers disfigurements that are "Permanent head or facial, which impairs future usefulness and earnings". Benefits are determined by the Industrial Commissioner, according to the severity of disfigurement.

Contact Information

Division of Workers' Compensation
1000 East Grand Avenue
Des Moines, IA 50319

Phone: (515) 281-5387 or (800) 562-4692

FAX: (515) 281-6501

Internet: <http://www.iowaworkforce.org/wc/>

Additional Information

Questions and Answers About Workers' Compensation Law For Injured Workers, a brochure prepared by the Division of Workers' Compensation, is available in PDF format online at:

<http://www.iowaworkforce.org/wc/2008QA.pdf>

The Division of Workers' Compensation rules are available online at:

<http://www.iowaworkforce.org/wc/rules/rules.htm>

The *Iowa Workers' Compensation Manual* is available in PDF format online at:

<http://www.iowaworkforce.org/wc/2008ratebook.pdf>

Kansas

Benefit rates change annually on July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Kansas, workers' compensation is compulsory, and some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees. Employers are exempt if they have a total gross annual payroll in the preceding year of less than \$20,000, and anticipate the same or lower payroll expenses for the current year.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$25 and the maximum is \$545, 75% of SAWW. The maximum period of payments is the duration of disability. The maximum total amount payable is \$100,000. WC benefits are subject to UI and Social Security benefit offsets.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$25 and the maximum is \$545, 75% of SAWW. The maximum period of payments is the duration of disability. The maximum total amount payable is \$125,000. WC benefits are subject to UI and Social Security benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$25 and the maximum is \$545, 75% of SAWW. For non-scheduled injuries, the maximum period of payments is 415 weeks and the maximum total amount payable is \$100,000 for a work disability and \$50,000 for a functional disability. WC benefits are subject to UI and Social Security benefit offsets.

Disfigurement Benefits

In Kansas, when a disfigurement is a handicap in obtaining or retaining employment, compensation will be paid up to a maximum of 415 weeks.

Offset Provisions in State Laws

Section 44-510g(o)--No compensation will be payable for temporary total or temporary partial disability under the workers' compensation law for any week that an employee is receiving unemployment

compensation benefits under the employment security law, under the law of another State, or under a similar Federal law.

Contact Information

Kansas Division of Workers' Compensation
Department of Labor
800 SW Jackson, Suite 600
Topeka, KS 66612-1227

Phone: (785) 296-6767
Toll-free: (800) 332-0353

Internet: <http://www.dol.ks.gov/WC/about.html>

Kentucky

In Kentucky, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In Kentucky, workers' compensation is compulsory, and some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$144.40, 20% of SAWW, and the maximum is \$721.97, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits terminate when employee qualifies for Social Security benefits.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$144.40, 20% of SAWW, and the maximum is \$721.97, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits terminate when employee qualifies for Social Security benefits.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is payable but not statutorily prescribed and the maximum is \$541.47, 75% of SAWW. For non-scheduled injuries, the maximum period of payments is 425 weeks and the maximum total amount payable is \$230,125. Ratings for compensation purposes are determined as a percentage of permanent total disability. WC benefits terminate when employee qualifies for Social Security benefits.

Disfigurement Benefits

Kentucky law covers disfigurements that are "Serious and permanent of face, head, neck or other exposed areas of the body that is likely to affect employment opportunities". Provides proper and equitable scheduled benefits. The period for which benefits are payable is decided after maximum healing and restoration of function.

Offset Provisions in State Laws

Section 342.730--If an injury or last exposure occurs before an employee's 65th birthday, any income benefits awarded must be reduced by ten percent beginning at age 65 and by 10 percent each year

thereafter until and including age 70. Income benefits shall not be reduced beyond the employee's 70th birthday.

Contact Information

Department of Workers' Claims
657 Chamberlin Avenue
Frankfort, Kentucky 40601

Phone: (502) 564-5550
Toll-free: 1-800-554-8601

Internet: <http://www.labor.ky.gov/workersclaims/>

Additional Information

Historical compensation benefit levels are available in PDF format online at:

<http://www.labor.ky.gov/workersclaims/publications/>

Kentucky Workers' Compensation Statutes are available online at:

<http://www.lrc.state.ky.us/KRS/342-00/CHAPTER.HTM>

Kentucky Workers' Compensation Regulations are available online at:

<http://www.lrc.state.ky.us/kar/TITLE803.HTM>

Louisiana

In Louisiana, compensation benefits are adjusted annually, and changes become effective September 1 of each year. The rates shown below are in effect from September 1, 2010 to August 31, 2011.

Type of Law and Insurance Requirements

In Louisiana, workers' compensation is compulsory, and some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$154 (20% of SAWW or actual wage, if less) and the maximum is \$579, 75% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to UI benefit offsets.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$154 (20% of SAWW or actual wage, if less) and the maximum is \$579, 75% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to UI benefit offsets. Volunteer firefighters are limited to 520 weeks.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum and the maximum is \$579, 75% of SAWW. For non-scheduled injuries, the maximum period of payments is 520 weeks and the maximum payment amount is \$301,080. There are additional benefits of \$30,000 for catastrophic injuries, payable one year after injury.

Disfigurement Benefits

Louisiana law covers disfigurements that are "Serious and permanent". Benefits are at the discretion of Court, not to exceed $66 \frac{2}{3}$ percent of employee's wages for a maximum period of 100 weeks.

Offset Provisions in State Laws

Section 1225--Permanent total disability benefits payable under the Act will be reduced for those recipients who are also receiving Federal OASDI benefits. This reduction is to be made only to the extent that the amount of the combined Federal and State workers' compensation benefits would otherwise cause or result in a reduction of the Federal benefits pursuant to the Social Security Act (42 U.S.C., Section 424a).

Section 1225-B--No compensation will be paid for temporary or permanent total disability or supplemental earnings benefits during any week in which the employee is receiving or entitled to receive unemployment compensation benefits.

Contact Information

Office of Workers' Compensation Administration

P.O. Box 94040

Baton Rouge, LA 70804-9040

Phone: (225) 342-7555

Fax: (225) 342-5665

Internet: http://www.laworks.net/WorkersComp/OWC_MainMenu.asp

Additional Information

Historical and current compensation benefit levels are available in PDF format online at:

http://www.laworks.net/Downloads/OWC/AvgWage_MinMaxRates.pdf

Maine

In Maine, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Maine, workers' compensation is compulsory, and some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 80% of worker's after tax earnings. For weekly payments, there is no minimum and the maximum is \$622.20, 90% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to benefit offsets, except if benefits started prior to date of injury, or if benefits are a spouse's entitlement.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 80% of worker's after tax earnings. For weekly payments, there is no minimum and the maximum is \$622.20, 90% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to benefit offsets, except if benefits started prior to date of injury, or if benefits are a spouse's entitlement.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 80% of worker's after tax earnings. For weekly payments, there is no minimum and the maximum is \$622.20, 90% of SAWW. For non-scheduled injuries, the maximum period of payments is 312 weeks or the duration of disability if impairment is in excess of 15% to the body, and the maximum payment amount is \$194,126.

Disfigurement Benefits

Maine law covers disfigurement that is "Serious facial or head; or neck if it affects earning capacity". Benefits are an amount not exceeding 2/3 of the state average weekly wage, multiplied by 50.

Offset Provisions in State Laws

Section 111-A--Offsets benefits for personal injury or disease under an insured disability or medical payments plan against payments for workers' compensation.

Section 62-A--Reduces benefit payments by the amount of any concurrent unemployment compensation benefits, excluding lump sum settlements and scheduled permanent partial disabilities.

Section 62-B--Reduces total and partial disability benefits by:

- (1) fifty percent of the amount of old age insurance benefits received under the Federal Social Security Act;
- (2) the after tax amount of the payments received under an employee benefit plan provided by the same employer, if the employee did not contribute directly to the plan; and,
- (3) the proportional amount, based upon the ratio of the employer's contributions to the total contributions, if the employee did contribute directly to the plan.

Contact Information

Maine Workers' Compensation Board

AMHI Complex
Deering Building
Augusta, Maine 04333

Mailing Address:

27 State House Station
Augusta, Maine 04333-0027

Phone: (207) 287-3751

TTY: (207) 287-6119

FAX: (207) 287-7198

Internet: <http://www.maine.gov/wcb/>

Additional Information

Workers' Comp Rules and Regulations are available in MS Word format online at:

http://www.maine.gov/wcb/rules/90_351.rtf

The Workers' Compensation Law is available online at:

<http://janus.state.me.us/legis/statutes/39-A/title39-Ach0sec0.html>

Current and historical benefit levels are available online at:

<http://www.maine.gov/wcb/departments/benefittablepublications.htm>

Maryland

Benefit rates are adjusted annually and change January 1 of each year. The rates discussed below are in effect for calendar year 2011.

Type of Law and Insurance Requirements

In Maryland, workers' compensation is compulsory, and some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or actual wage if less and the maximum is \$940, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or actual wage if less and the maximum is \$940, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

For weekly payments, the minimum is \$50 or actual wage if less. For awards for a period less than 75 weeks, compensation is to be paid at the rate of one-third of the claimant's average weekly wage, not to exceed 16.7% of the SAWW or \$157.00 per week. For awards for a period equal to or greater than 75 weeks, but less than 250 weeks, the compensation is to be paid at two-thirds of the employee's average weekly wage not to exceed one-third of the State Average Weekly Wage or \$314.00. For non-scheduled injuries, the maximum period of payments is the duration of disability and there is no maximum payment amount.

Disfigurement Benefits

Maryland covers disfigurements that are "mutilations and others not specifically covered in schedule". Benefits are determined at the discretion of the Workers' Compensation Commission, and are for a maximum of 156 weeks.

Offset Provisions in State Laws

Section 36(1)(a) --Cost-of-living increases for employees who are entitled to compensation for permanent total disability under this section and for disability under the Federal Social Security Act will be reduced to avoid a diminution of the Federal benefits.

Contact Information

Maryland Workers' Compensation Commission
10 East Baltimore Street
Baltimore, Maryland 21202-1641

Phone: (410) 864-5100

Toll Free: 1 (800) 492-0479

Internet: <http://www.wcc.state.md.us/>

Massachusetts

Benefit rates change annually on October 1 of each year. The rates shown below are in effect from October 1, 2010 to September 30, 2011.

Type of Law and Insurance Requirements

In Massachusetts, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 60. For weekly payments, the minimum is \$217.61 (20% of SAWW or worker's average wage, if less) and the maximum is \$1,088.06, 100% of SAWW. The maximum period of payments is 156 weeks. An additional \$6 will be added per dependent if weekly benefits are below \$150.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$217.61 (20% of SAWW or worker's average wage, if less) and the maximum is \$1,088.06, 100% of SAWW. The maximum period of payments is the duration of disability. An additional \$6 will be added per dependent if weekly benefits are below \$150.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 60% of the difference between the employee's AWW before injury and weekly wage earning capacity after injury. For weekly payments, the minimum is payable, but not statutorily prescribed and the maximum is 75% of the benefits the worker would receive for Temporary Total Disability. For non-scheduled injuries, the maximum period of payments is 260 weeks. The total number of weeks may be extended to 520 if it is found that the employee has suffered a permanent loss of 75% or more of bodily function or sense. Bulk sums are allowed for scheduled losses depending on the extent of loss. An additional \$6 will be added per dependent if weekly benefits are below \$150. WC benefits are subject to reduction by Unemployment Insurance and Social Security benefits.

Disfigurement Benefits

Massachusetts law covers disfigurement that is "Bodily; except that disfigurement that is purely scar-based is not payable unless the disfigurement is on the face, neck, or hands". Benefits are proper and equitable compensation not to exceed \$15,000 in addition to other compensation for disability.

Offset Provisions in State Laws

Section 36 B(1)--No benefit shall be payable for temporary total and permanent total disability for any week in which the employee has received or is receiving unemployment compensation benefits.

Section 36 B(2)--Any unemployment compensation benefits received will be credited against partial disability benefits for the same period or credited against any future partial disability benefits which are or may become payable.

Contact Information

Department of Industrial Accidents
600 Washington Street, 7th Floor
Boston, Massachusetts 02111

Phone: (617) 727-4900

Toll Free: 1-800-323-3249

Fax: (617) 727-647

Internet: <http://www.mass.gov/dia/>

Michigan

In Michigan, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In Michigan, workers' compensation is compulsory, and some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 3 employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, there is no minimum and the maximum is \$742, 90% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to reduction by UI and Social Security benefits, and by those under an employer disability, retirement, or pension plan.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, the minimum is \$207.18 (25% of SAWW) and the maximum is \$742, 90% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to reduction by UI.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 80% of worker's spendable earnings. For weekly payments, the minimum is \$205.84 (25% of SAWW), for scheduled injury only, and the maximum is \$742, 90% of SAWW. For non-scheduled injuries, the maximum period of payments is the duration of disability and there is no maximum payment amount. WC benefits are subject to reduction by UI.

Disfigurement Benefits

Michigan has no specific provision for payment of disfigurement benefits.

Offset Provisions in State Laws

Section 418.354--Temporary total disability benefits will be reduced by 50 percent of any Social Security benefits; and by amounts received after taxes under any self-insurance plan, wage continuation plan, pension or retirement plan provided by the employer to which the employee does not contribute.

Section 418.354(1)(f)--Temporary total disability benefits will be coordinated with those from employer contributions to a qualified profit sharing plan where the employer does not provide a pension plan.

Section 418.358--Offsets temporary total, permanent total, and permanent partial disability benefits under the Workers' Compensation Act dollar for dollar by unemployment compensation benefits.

Contact Information

Office Location

Workers' Compensation Agency
State Secondary Complex
General Office Building
7150 Harris Drive, 1st Floor, B-Wing
Lansing, Michigan 48913

Mailing Address

Workers' Compensation Agency
P.O. Box 30016
Lansing, Michigan 48909

Phone: 1-888-396-5041

Internet: <http://www.michigan.gov/wca/>

Additional Information

Free software, the *Workers' Comp Calculation System* from WCA, can be used to calculate and validate workers' compensation payments in Michigan. The software is updated annually to include new rate tables. You can download the software program and its Help manual from:

<http://www.michigan.gov/wca/0,1607,7-191--108224--,00.html>

Historical compensation benefit levels are available online at:

<http://www.michigan.gov/wca/0,1607,7-191--38774--,00.html>

The Workers' Disability Compensation Act of 1969, Act 317 of 1969, is available in PDF format online at:

http://www.michigan.gov/documents/cis_bwuc_act498_29374_7.pdf

Workers' Compensation Administrative Rules are available online at:

http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=40800031&Dpt=CI&RngHigh=

Minnesota

NOTE: In Minnesota, the previous minimum and maximum compensation benefit rates were in effect since 2000. The only change since then occurred on 10/1/2008, and no change has taken place since.

Type of Law and Insurance Requirements

In Minnesota, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$130 or actual wage, if less and the maximum is \$850. The maximum period of payments is 104 weeks, or 90 days after maximum medical improvement. Compensation stops if employee withdraws from the labor market, is released to work without any physical restrictions, or refuses offer to work that is consistent with a rehabilitation plan.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$130 or actual wage, if less and the maximum is \$850. The maximum period of payments is until age 67. After \$25,000 is paid, continuing payments become subject to any government of Social Security Benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$130 or actual wage, if less and the maximum is \$850. For non-scheduled injuries, there is no maximum period of payments and no maximum payment amount. Ratings for compensation purposes are determined as a percentage of permanent total disability. The percentage of disability to the body is set out in permanent partial disability schedule rules. The amount of compensation depends on whether the employee is offered or finds suitable employment by the time limit. If so smaller impairment compensation (based on percentage and wage rate) is payable. If not, larger economic recovery compensation (based on percentage and wage rate) is payable.

Disfigurement Benefits

Minnesota law covers "Disfigurement or scarring, not resulting from loss of a member or other scheduled injury affecting employability or advancement opportunity". Permanent partial disability under the schedule if resulting from burns. Benefits are $66 \frac{2}{3}$ percent of employee's daily wage at time of injury, subject to a maximum of 100 percent of the State average weekly wage, for a maximum period of 90 weeks.

Offset Provisions in State Laws

Section 176.101, Sub. 4--After \$25,000 is paid for permanent total disability, benefits paid by any government disability program, or any old age and survivors' insurance benefits program are credited against workers' compensation benefits, if such disability benefits are occasioned by the same injury.

Section 176.111, Sub. 21--Death benefits shall not exceed 100 percent of the deceased employee's weekly wage at the time of the injury causing his death, when the total weekly government survivor benefits and the State workers' compensation benefits are combined, nor be payable for any week in which the government benefits exceed such percentage.

Contact Information

Minnesota Department of Labor and Industry
Workers' Compensation Division
443 Lafayette Road North
St. Paul, MN 55155-4305

Phone: (651) 284-5005

Toll-free: 1-800-DIAL-DLI (1-800-342-5354)

TTY: (651) 297-4198

Internet: <http://www.dli.mn.gov/WorkComp.asp>

Additional Information

Historical and current data from a "Common Benefits and Expenses Chart" are available online at:
<http://www.dli.mn.gov/WC/ComBenExp.asp>

Minnesota Workers' Compensation Statutes are available online at:
<https://www.revisor.leg.state.mn.us/statutes/?id=176>

Minnesota Workers' Compensation Rules are available online at:
<https://www.revisor.leg.state.mn.us/rules/?id=5220>

Mississippi

In Mississippi, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In Mississippi, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 5 employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$25 and the maximum is \$427.20, $66 \frac{2}{3}$ percent of SAWW. The maximum period of payments is 450 weeks. The total maximum lifetime disability amount payable is \$190,039.50.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$25 and the maximum is \$427.20, $66 \frac{2}{3}$ percent of SAWW. The maximum period of payments is 450 weeks. The total maximum lifetime disability amount payable is \$190,039.50.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum and the maximum is \$427.20, $66 \frac{2}{3}$ percent of SAWW. For non-scheduled injuries, the maximum period of payments is 450 weeks, and the total maximum lifetime disability amount payable is \$192,240.

Disfigurement Benefits

Mississippi law covers disfigurement that is "Serious, facial or head". Benefits are a maximum of \$2,000.

Contact Information

Mississippi Workers' Compensation Commission
1428 Lakeland Drive
Jackson, Mississippi 39216

Mailing address:
Mississippi Workers' Compensation Commission
PO Box 5300
Jackson, MS 39296-5300
Phone: (601) 987-4200

Internet: <http://www.mwcc.state.ms.us/>

Additional Information

Historic and current maximum compensation benefit rates are available online at:

<http://www.mwcc.state.ms.us/faq/rates.html>

General and Procedural Rules of the Workers' Compensation Commission are available online at:

<http://www.mwcc.state.ms.us/law-clms/rules.html>

Missouri

In Missouri, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Missouri, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 5 employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$40 and the maximum is \$799.11, 105% of SAWW. The maximum period of payments is 400 weeks.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$40 and the maximum is \$799.11, 105% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$40 and the maximum is \$418.58, 55% of SAWW. For non-scheduled injuries, the maximum period of payments is 400 weeks and the maximum amount payable is \$167,432. If a scheduled injury is total by reason of severance or complete loss of use thereof, the number of weeks of compensation allowed in the schedule for such disability will be increased by 10%.

Disfigurement Benefits

Missouri law covers disfigurement that is "Serious and permanent about the head, neck, hands, or arms including the loss of use or the loss of a member". There is no statutory figure for benefits, but the maximum period for payment of the benefits is 40 weeks.

Contact Information

Missouri Division of Workers' Compensation (Central Office)
P.O. Box 58
Jefferson City, MO 65102-0058

Phone: (573) 751-4231
Employee Toll Free Information Line: (800) 775-2667
Employer Toll Free Information Line: (888) 837-6069

Internet: <http://www.labor.mo.gov/dwc/>

Additional Information

Missouri Workers' Compensation Statutes are available online at:

<http://www.moga.mo.gov/STATUTES/C287.HTM>

Missouri Workers' Compensation Rules and Regulations are available online at:

<http://www.sos.mo.gov/adrules/csr/current/8csr/8csr.asp#8-50>

Montana

In Montana, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Montana, workers' compensation is compulsory, but some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

A claimant copayment of 20 percent of the cost of each visit to a provider (up to \$10) and \$25 for each subsequent visit to a hospital emergency department for treatment is required, unless the employee uses the managed care or preferred provider organization requested by the insurer.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is payable, but not statutorily prescribed, and the maximum is \$633, 100% of SAWW. The maximum period of payments is the duration of disability, or until the worker is released to pre-injury job or similar employment. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is payable, but not statutorily prescribed, and the maximum is \$633, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is payable but not statutorily prescribed, and the maximum is \$316.50, 50% of SAWW. For non-scheduled injuries, the maximum period of payments is 375 weeks and the maximum payment is \$118,687. Ratings for compensation purposes are determined as a percentage of permanent total disability. Wage loss benefits are determined by multiplying the percentage of impairment by 375 weeks not to exceed a permanent partial disability rating of 100%. WC benefits are subject to Social Security benefit offsets.

Disfigurement Benefits

Montana law covers disfigurement that is "Serious; face, head, or neck". Benefits are a maximum of \$2,500.

Offset Provisions in State Laws

Sections 39-71-701(2) and 39-71-702(2)-- If periodic disability benefits are payable to the worker under the Federal OASDI, weekly temporary total and permanent total disability benefits resulting from both injury and occupational disease shall be reduced by an amount approximating one-half (but not below zero) of the Federal benefit for such week which amount is to be calculated from the date of the Social Security disability entitlement.

Contact Information

Claims Assistance Bureau
Employment Relations Division
Department of Labor and Industry
PO Box 1728
Helena, MT 59624-1728

Phone: (406) 444-6534

Internet: <http://erd.dli.mt.gov/wcca-bureau.html>

Additional Information

Montana Workers' Compensation laws are available online at:
http://data.opi.mt.gov/bills/mca_toc/39_71.htm

Nebraska

In Nebraska, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011 unless otherwise noted.

Type of Law and Insurance Requirements

In Nebraska, workers' compensation is compulsory, but some waivers are permitted. There is no state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$49 or actual wage, if less, and the maximum is \$698, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$49 or actual wage, if less, and the maximum is \$698, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$49 or actual wage if less for scheduled injuries, and the maximum is \$698, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is 300 weeks and the maximum payment amount is \$209,400. If partial disability begins after a period of total disability, the period of total disability will be deducted from the 300-week limit for PPD.

Disfigurement Benefits

Nebraska has no specific provision for payment of disfigurement benefits.

Contact Information

Nebraska Workers' Compensation Court
P.O. Box 98908
Lincoln NE 68509-8908

Phone: (402) 471-6468

Toll-free: 1-800-599-5155

Internet: <http://www.wcc.ne.gov/>

Additional Information

A table of historical minimum and maximum compensation rates in PDF format is available online at:

<http://www.wcc.ne.gov/legal/benefits.pdf>

Statutes and Rules of Procedure of the Nebraska Workers' Compensation Court are available in PDF format online at:

<http://www.wcc.ne.gov/>

Nevada

In Nevada, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Nevada, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through self-insurance, but not through private carriers or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum and the maximum is \$794.31, based on 100% of the Maximum Average Monthly Wage (150% SAWW multiplied by 4.33 weeks). The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, there is no minimum and the maximum is \$794.31, based on 100% of the Maximum Average Monthly Wage (150% SAWW multiplied by 4.33 weeks). The maximum period of payments is life.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is not specified. For weekly payments, the minimum is payable but not statutorily prescribed, and the maximum is \$794.31, based on 100% of the Maximum Average Monthly Wage (150% SAWW multiplied by 4.33 weeks). For non-scheduled injuries, the maximum period of payments is the duration of disability and there is no maximum payment amount. Ratings for compensation purposes are determined as a percentage of permanent total disability. The percentage of disability is determined by a commission using AMA guidelines. Each 1% of impairment of the whole man is compensated by a monthly payment of 0.6% of the claimant's average monthly wage for 5 years or until the 70th birthday of the claimant, whichever is later.

Disfigurement Benefits Nevada has no specific provision for payment of disfigurement benefits.

Contact Information

Northern District Office

Nevada Division of Industrial Relations
Workers' Compensation Section
400 West King Street
Suite 400
Carson City, Nevada 89703

Phone: (775) 684-7270

Fax: (775) 687-6305

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Southern District Office

Nevada Division of Industrial Relations

Workers' Compensation Section

1301 North Green Valley Parkway

Suite 200

Henderson, Nevada 89074

Phone: (702) 486-9080

Fax: (702) 990-0364

Internet: <http://dirweb.state.nv.us/WCS/wcs.htm>

Additional Information

Historical compensation benefit levels may be found in PDF format online at:

<http://dirweb.state.nv.us/WCS/maxcomp.pdf>

Nevada Revised Statutes related to Workers' Compensation (NRS 616A, NRS 616B, NRS 616C, NRS 616D, and NRS 617) are available online at:

<http://www.leg.state.nv.us/NRS/>

Nevada Administrative Codes related to Workers' Compensation (NAC 616A, NAC 616B, NAC 616C, NAC 616D, and NAC 617) are available online at:

<http://www.leg.state.nv.us/NAC/>

New Hampshire

In New Hampshire, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In New Hampshire, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 60. For weekly payments, the minimum is \$255.30 (30% of SAWW or employee's actual average weekly wage, if less; not to exceed 90% of the employee's after tax earnings) and the maximum is \$1,276.50 (60% of the employee's actual average weekly wage or \$255.30, if greater; not to exceed 100% of the employee's after tax earnings). The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 60. For weekly payments, the minimum is \$255.30 (30% of SAWW or employee's actual average weekly wage, if less; not to exceed 90% of the employee's after tax earnings) and the maximum is \$1,276.50 (60% of the employee's actual average weekly wage or \$255.30, if greater; not to exceed 100% of the employee's after tax earnings). The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 60. For weekly payments, the minimum is \$255.30 (30% of SAWW or employee's actual average weekly wage, if less; not to exceed 90% of the employee's after tax earnings) and the maximum is \$1,276.50 (60% of the employee's actual average weekly wage or \$255.30, if greater; not to exceed 100% of the employee's after tax earnings). For non-scheduled injuries, the maximum period of payments is 262 weeks and the maximum payment is \$334,443.

Disfigurement Benefits

New Hampshire has no specific provision for payment of disfigurement benefits.

Contact Information

Workers' Compensation Division
NH Department of Labor
95 Pleasant Street
Concord, NH 03301

Phone: (603) 271-3176

Toll-free: 1-800-272-4353

Internet: http://www.labor.state.nh.us/workers_compensation.asp

Additional Information

The State of New Hampshire Revised Statutes Chapter 281-A: Workers' Compensation is available online at:

<http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXIII-281-A.htm>

New Jersey

In New Jersey, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In New Jersey, workers' compensation is compulsory, and no waivers are permitted, but workers' compensation coverage may be terminated by either party upon sixty days' notice in writing prior to any accident. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of ten or more employers licensed by the state as hospitals. There is no exemption for employers with small numbers of employees.

Medical Benefits

Employer liability ceases after \$100 has been paid for medical care; employee must petition for further treatment.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 70. For weekly payments, the minimum is \$211 (20% of SAWW) and the maximum is \$792, 75% of SAWW. The maximum period of payments is 400 weeks.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 70. For weekly payments, the minimum is \$211 (20% of SAWW) and the maximum is \$792, 75% of SAWW. The maximum period of payments is 450 weeks; in some cases benefits are payable for life. After 450 weeks, if the worker has accepted prescribed rehabilitation, benefits may continue conditionally. Supplemental benefits for PTD are subject to Social Security, black lung, or disability pension benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 70. For weekly payments, the minimum is \$35 and the maximum is \$792, 75% of SAWW. For non-scheduled injuries, the maximum period of payments is 600 weeks, and the maximum payment is \$475,200. Benefits are set in accordance with a wage and compensation schedule. When members are amputated, an additional 30% is added to the award.

Disfigurement Benefits

New Jersey has no specific provision for payment of disfigurement benefits.

Offset Provisions in State Laws

Section 34:15-29--Workers' compensation benefits may be offset against disability pension benefits or payments.

Section 34:15-95.4--Supplemental benefits for permanent total disability and death shall be offset by Federal survivor or disability benefits, black lung, or disability pension benefits.

Section 34:15-95.5--Reduces permanent total disability or subsequent injury benefits of individuals under age 62 by Social Security benefits where the period of disability began after December 31, 1979.

Contact Information

NJ Department of Labor
Division of Workers' Compensation
P.O. Box 381
Trenton, New Jersey 08625-0381

Phone: (609) 292-2515

Fax: (609) 984-2515

Internet: http://lwd.dol.state.nj.us/labor/wc/wc_index.html

Additional Information

The New Jersey Workers' Compensation Law -- Title 34, Chapter 15, Articles 1 to 10, Inclusive (R.S. 34:15-1 to R.S. 34:15-142) as amended and supplemented with additional legislation is available at: http://lwd.dol.state.nj.us/labor/forms_pdfs/wc/pdf/wc_law.pdf

Rules of the Division Of Workers' Compensation are available in PDF format online at: http://lwd.dol.state.nj.us/labor/forms_pdfs/wc/pdf/rules.pdf

Current and historical benefit rate tables are available at: <http://lwd.dol.state.nj.us/labor/wc/content/stats.html>

New Mexico

In New Mexico, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In New Mexico, workers' compensation is compulsory, but some waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 3 employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$36 or actual wage if less, and the maximum is \$699.01, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$36 or actual wage if less, and the maximum is \$699.01, 100% of SAWW. The maximum period of payments is the lifetime of the injured worker.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$36 or actual wage if less for scheduled injuries, and the maximum is \$699.01, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is 500 weeks if the disability is less than 80%, 700 weeks if it is greater than 80%, or 100 weeks if it is a primary or secondary mental impairment. The maximum payment amount is \$489,307. If partial disability begins after a period of total disability, the period of total disability will be deducted from the maximum period.

Disfigurement Benefits

New Mexico law covers disfigurement that is "Serious and permanent about the face or head". Benefits are a maximum of \$2,500.

Offset Provisions in State Laws

Section 52-1-70 A&B--Offsets unemployment compensation benefits against total disability benefits. If a worker is concurrently entitled to both types of benefits, the unemployment compensation benefits shall be primary and total disability benefits shall be supplemental only, and the sum of the two benefits shall not exceed the amount of total disability benefits otherwise payable.

Contact Information

New Mexico Workers' Compensation Administration
2410 Centre Ave SE
PO Box 27198
Albuquerque, NM 87125-7965

Phone: (505) 841-6000
Toll-free: 1-800-255-7965

Internet: <http://www.workerscomp.state.nm.us/>

Additional Information

Historical compensation benefit levels are available in PDF format online at:
http://www.workerscomp.state.nm.us/pdf/aww_table.pdf

New Mexico Workers' Compensation Statutes and Rules are available in PDF format online at:
<http://www.workerscomp.state.nm.us/rules/index.php>

New York

Type of Law and Insurance Requirements

In New York, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$100 or actual wage if less, and the maximum is \$739.83. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$100 or actual wage if less, and the maximum is \$739.83. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$100 or actual wage if less, and the maximum is \$739.83. The maximum number of weeks that claimants can receive indemnity payment varies based on disability percentage, and ranges in 12 steps from 225 weeks for 15% to 525 weeks for 99%.

Disfigurement Benefits

New York law covers disfigurement that is "Serious facial, head, neck, or chest". Benefits are a maximum of \$20,000.

Offset Provisions in State Laws

Section 16(1-c) and (7) --Applies a statutory offset of a sole surviving spouse's compensation by up to 50 percent of his or her Social Security benefits, if any. Further, provides that in computing the offsets, any increase in benefits under the Social Security Act that occurs after the date of death shall not be considered; and any such offset shall be equally applicable to payments under the Social Security Act which are received retroactively, but shall not apply to increases for such benefits received retroactively.

Contact Information

New York State Workers' Compensation Board
Executive Offices
20 Park Street
Albany, NY 12207

Phone: (518) 474-6670

Internet: <http://www.wcb.state.ny.us/>

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The Advocate for Injured Workers accepts complaints concerning matters related to workers' compensation, and investigates and attempts to resolve them. In addition, the Advocate provides information to injured workers to enable them to protect their rights in the workers' compensation system. For more information about your workers' compensation claim, contact the Advocate:

Advocate for Injured Workers
20 Park Street
Albany, NY 12207

Phone: 1-800-580-6665

Internet: <http://www.wcb.state.ny.us/content/main/Workers/WhatIsAdvocateInjuredWkrs.jsp>

Additional Information

New York Workers' Compensation Laws, Rules, and Regulations are available online at:
<http://www.wcb.state.ny.us/content/main/wclaws/newlaws.jsp>

The complete text of the 2007 Workers' Compensation Reform Act is available from the legislative website below. Enter Bill No., A6163, 2007, and select Text to view at:
<http://public.leginfo.state.ny.us/menuf.cgi>

North Carolina

Maximum benefit rates are adjusted annually, and become effective each January 1. Minimum benefit rates are set by statute. The rates discussed below are in effect during calendar year 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In North Carolina, workers' compensation is compulsory, but some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 3 employees. The Act exempts individual sawmill and logging operators with less than 10 employees, operating less than 60 days in six consecutive months and whose principal business is unrelated to sawmills.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$30 and the maximum is \$836, 110% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$30 and the maximum is \$836, 110% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$30 for scheduled injuries, and the maximum is \$836, 110% of SAWW. For non-scheduled injuries, the maximum period of payments is 300 weeks, and the maximum payment amount is \$250,800.

Disfigurement Benefits

North Carolina law covers disfigurement that is "Serious facial or head, and body when no compensation is payable under schedule of injuries". Benefits are a maximum of \$20,000.

Offset Provisions in State Laws

Section 97-42.1--Provides that compensation for temporary total or permanent total disability benefits may be reduced by the amount of any unemployment insurance benefits received for the same period.

Contact Information

North Carolina Industrial Commission
430 N Salisbury St.
Raleigh, NC 27603-5926

Phone: (919) 807-2500

Fax: (919) 715-0282

Ombudsmen: (800) 688-8349, (919) 807-2501

Internet: <http://www.ic.nc.gov/>

Additional Information

Historical compensation benefit levels are available online at:

<http://www.ic.nc.gov/ncic/pages/maxrates.htm>

The *Workers' Compensation Rules Of The North Carolina Industrial Commission* are available online at:

<http://www.ic.nc.gov/ncic/pages/comprule.htm>

The text of *Chapter 97, Workers' Compensation Act*, is available online at:

<http://www.ic.nc.gov/ncic/pages/statute.htm>

North Dakota

Benefit rates change annually on July 1 of each year. Rates discussed below are in effect from July 1, 2010 through June 30, 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In North Dakota, workers' compensation is compulsory, and no waivers are permitted. There is an exclusive state fund. Employers may not insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$410 (60% of SAWW or employee's actual net wages, if less) and the maximum is \$853, 125% of SAWW. The maximum period of payments may not exceed a cumulative total of one hundred four weeks or the date the employee reaches maximum medical improvement or maximum medical recovery, whichever occurs first. There is an additional \$15 per week for each dependent child, not to exceed worker's net wage. Benefits are reduced by 50% of Social Security Disability Insurance (SSDI) benefits.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$410 (60% of SAWW or employee's actual net wages, if less, unless the claimant has received PTD payments for more than 10 years) and the maximum is \$853, 125% of SAWW. The maximum period of payments is the duration of disability, or until claimant is age 65 and eligible for Social Security retirement benefits. There is an additional \$15 per week for each dependent child, not to exceed worker's net wage. Benefits are reduced by 50% of Social Security Disability Insurance (SSDI) benefits.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is not specified. For weekly payments, the amount is \$228, $33 \frac{1}{3}$ % of SAWW. For non-scheduled injuries, the maximum payment period is 1,500 weeks. Benefits are increased by 25% if loss is to master arm or hand. Compensation for TTD and PPD may be paid concurrently.

Disfigurement Benefits

North Dakota law covers disfigurement whose "Effect diminishes the ability of the employee to obtain employment". Benefits have no set figure, but such disfigurement shall be included as a permanent partial disability.

Offset Provisions in State Laws

Section 65-05-08--Offsets partial or total disability benefits of any worker who fails to report wages received from any part-time or full-time employment.

Section 65-05-09.1--(Reverse SSDI Offset). The aggregate benefits payable for temporary total or permanent total disability shall be reduced, but not below zero, by an amount equal as nearly as practical to one-half of the benefits payable under Title II of the Social Security Act (42 U.S.C.423) and will not be affected by any increase or decrease in Federal benefits. Any escalation of temporary or permanent total disability benefits, which would adversely affect the bureau's right to offset workers' compensation benefits against Social Security benefits, shall not be applicable to persons whose benefits are offset, as provided for in this chapter.

Section 65-05-09.2--Retirement Offset. If a claimant is entitled to permanent total disability benefits and Social Security retirement benefits under 42 U.S.C. sections 402 and 405, the aggregate wage-loss benefits payable under this title must be determined in accordance with this section. The employee's Social Security retirement offset must equal 40 percent of the calculated ratio of the employee's average weekly wages, as calculated on the commencement of the first, or recurrent, disability to the current State's average weekly wage. Any offset calculated cannot exceed 40 percent of the employee's weekly Social Security retirement benefit. If a claim has been accepted on an aggravation basis and the worker is eligible for Social Security benefits, the bureau's offset must be proportionally calculated.

Contact Information

Workforce Safety & Insurance
1600 E Century Ave Ste 1
PO Box 5585
Bismarck ND 58506-5585

Phone: (701) 328-3800
Toll-free: 1-800-777-5033
Hearing impaired: (701) 328-3786
Fax: (701) 328-3820

Internet: <http://www.workforcesafety.com/>

Additional Information

A table of current and historical benefit levels and the SAWW is available online in PDF format at:
<http://www.workforcesafety.com/library/Documents/other/SAWW.pdf>

Ohio

Benefit rates are adjusted annually, and become effective each January 1. The rates discussed below are in effect during calendar year 2011.

Type of Law and Insurance Requirements

In Ohio, workers' compensation is compulsory, but some waivers are permitted (only for employer sponsored recreational activities). There is an exclusive state fund. Employers may self-insure, but may not insure through private carriers or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Provides full medical benefits initially. After the employee has received temporary total disability compensation for 90 days, the employee must be examined by the Bureau of Workers' Compensation Medical Section to determine eligibility for continuation of compensation and the appropriateness of medical treatment being provided.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 72 for the first 12 weeks and 66 2/3 thereafter. For weekly payments, the minimum is \$261.00 (33 1/3 percent of SAWW or actual wage, if less) and the maximum is \$783.00, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to Social Security benefit offsets and, if concurrent and/or duplicate, with those under employer non-occupational benefit plan.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$391.50 (50% of SAWW or actual wage, if less) and the maximum is \$783.00, 100% of SAWW. The maximum period of payments is life. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is not specified. For weekly payments, the minimum is not specified and the maximum is \$783.00, 100% of SAWW. For non-scheduled injuries (based on a percentage of PPD), weekly benefits are limited to one-third of the state average weekly wage, for a portion of 200 weeks.

Disfigurement Benefits

Ohio law covers disfigurement that is "serious facial or head which handicaps employment". Benefits are a maximum of \$5,000.

Offset Provisions in State Laws

Section 4123.56--Applies an offset against temporary total disability payments in the event of concurrent and duplicative benefits under an employer funded non-occupational benefits plan.

Contact Information

Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256

Phone Number: 1-800-644-6292
Fax: 1-877-520-6446

Office of the Ombudsperson: 1-800-335-0996 (toll-free, nationwide)

Internet: <http://www.ohiobwc.com/>

The Industrial Commission of Ohio
30 W. Spring Street
Columbus, OH 43215-2233

Phone: (614) 466-6136 (Columbus area)
1-800-521-2691 (toll-free nationwide)

1-800-686-1589 (toll-free TDD)
Fax: (614) 728-7004

Internet: <http://www.ic.state.oh.us/>

Additional Information

BWC provides many resource materials to help both employees and employers become more familiar with Ohio's workers' compensation system such as brochures, fact sheets, and manuals. The listing of resource materials is available online at:

<https://www.ohiobwc.com/bwccommon/forms/publications/nlbwc/default.asp>

There are a variety of brochures available from the Industrial Commission to help customers through the disputed claims process. Each brochure contains general information, a question and answer page and contact information tailored to each area of the State of Ohio. Select from the list available online at:

<http://www.ic.state.oh.us/news/brochures.html>

Ohio State Code related to Workers' Compensation is available online at:

<http://www.ohiobwc.com/basics/InfoStation/InfoStationContent.asp?Item=3.4.4121>

A table of current and historical benefit levels is available at:

<http://www.ohiobwc.com/downloads/blankpdf/CompRates.pdf>

Oklahoma

Benefit rates *do not* change annually.

The rates shown below are in effect from November 1, 2008 to October 31, 2011.

Type of Law and Insurance Requirements

In Oklahoma, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 70. For weekly payments, the minimum is \$30 or actual wage, if less and the maximum is \$683, 100% of SAWW. The maximum period of payments is 156 weeks, but the period of disability can be extended to 300 weeks by the WC court for good cause.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 70. For weekly payments, the minimum is \$30 or actual wage, if less and the maximum is \$683, 100% of SAWW. The maximum period of payments is duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 50. For weekly payments, the minimum is \$30 or actual wage if less, and the maximum is \$342, 50% of SAWW. For non-scheduled injuries, the maximum period of payments is 500 weeks and the maximum payment amount is \$171,000.

Disfigurement Benefits

Oklahoma law covers disfigurement that is "Serious and permanent". Benefits are a maximum of \$20,000.

Contact Information

Oklahoma Workers' Compensation Court
1915 N. Stiles Ave.
Oklahoma City, OK 73105

Telephone: (405) 522-8600 or (800) 522-8210

Internet: <http://www.owcc.state.ok.us/>

Additional Information

The full text of Oklahoma Statute *Title 85 Workers' Compensation* may be found online at:
<http://www.oscn.net/applications/oscn/index.asp?ftdb=STOKST85&level=1>

Oregon

In Oregon, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In Oregon, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or 90% of actual wage if less, and the maximum is \$1,089.78, 133% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$50 or 90% of actual wage if less, and the maximum is \$819.38, 100% of SAWW. The maximum period of payments is the duration of disability. If the date of injury was on or after July 1, 1973, but prior to October 23, 1999 there is an additional \$5 weekly benefit, not to exceed a specified time period as stated in the law, for each dependent up to five people. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Partial Disability (PPD)

NOTE: This paragraph applies only to claims with dates of injury before 1/1/2005. For non-scheduled injuries, the maximum period of payments is in proportion to scheduled injuries, and the maximum payment amount is \$162,272. Scheduled PPD is compensated at \$559 per degree of disability. From 1/1/2002, thru 12/31/2004, non-scheduled PPD is computed based on a 3-tier additive rate: the initial 64 degrees at \$184 times the number of degrees; the next 96 degrees at \$321 times the number of degrees; and above 160 degrees at \$748 times the number of degrees.

NOTE: Claims with dates of injury on or after 1/1/2005 that result in permanent partial disability must be calculated under ORS 656.214 as revised by enrolled Senate Bill 757. The terms "scheduled," "unscheduled," and "degrees" no longer apply. Impairment means the loss of use or function of a body part or system expressed as a percentage of the whole person. Impairment benefits are determined by multiplying the impairment value times 100 times the SAWW. Workers who cannot return to regular work are eligible for work disability. Work disability is determined by multiplying the impairment value, as modified by the factors of age, education, and adaptability to perform a given job, times 150 times

the worker's weekly wage for the job at injury. However, the factor for the worker's weekly wage may not be more than 133 percent (\$1,092.23) or less than 50 percent (\$409.69) of the SAWW.

Disfigurement Benefits

Oregon law covers some disfigurement. There is no set dollar amount; however, compensation is payable only if disfigurement results in certain psychological adjustment problems.

Offset Provisions in State Laws

Section 656.209--Provides for a Social Security offset against permanent total disability benefits determined and authorized by the Department in each case. Such offsets must not result in a reduction of benefits to an amount less than the greater of the workers' compensation benefit, the total family benefit under Social Security, or 80 percent of the average current earnings as determined by Social Security.

Contact Information

Workers' Compensation Division
Department of Consumer and Business Services
350 Winter St. NE, Rm. 27
PO Box 14480
Salem, OR 97309-0405

Oregon, Cont.

Phone: (503) 947-7810
TTY: (503) 947-7993
Fax: (503) 947-7514

Internet: <http://www.wcd.oregon.gov/>

Additional Information

Oregon Workers' Compensation Laws and Rules are available online at:

<http://www.wcd.oregon.gov/policy/rules/oarors.html>

Many Workers' Compensation publications for various audiences, prepared by the DWC, are available online at:

http://www.wcd.oregon.gov/communications/publications/pub_indx.html

The Workers' Compensation Division publishes Bulletin 111 each May or June to provide updated benefit rates based on the annual increase or decrease in the Oregon average weekly wage. Bulletin 111 is available in PDF format (requires [Adobe Acrobat Reader](#)) online at:

http://www.wcd.oregon.gov/policy/bulletins/docconv_12819/bul_111.pdf

Pennsylvania

In Pennsylvania, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011.

Type of Law and Insurance Requirements

In Pennsylvania, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The maximum weekly compensation rate is \$858, 100% of SAWW. The weekly compensation rate is 66 2/3 of the employee's average weekly wage if it falls between \$1,287.00 and \$643.51. The weekly compensation rate is \$429.00 if the employee's average weekly wage is between \$643.50 and \$476.67. The weekly compensation rate is 90% of the employee's average weekly wage if it is \$476.66 or less. The maximum period of payments is 90 days. WC benefits are subject to Social Security benefit offsets, and by those under an employer-funded pension plan as well as for severance pay.

Benefits for Permanent Total Disability (PTD)

The maximum weekly compensation rate is \$858, 100% of SAWW. The weekly compensation rate is 66 2/3 of the employee's average weekly wage if it falls between \$1,287.00 and \$643.51. The weekly compensation rate is \$429.00 if the employee's average weekly wage is between \$643.50 and \$476.67. The weekly compensation rate is 90% of the employee's average weekly wage if it is \$476.66 or less. The maximum period of payments is duration of disability. WC benefits are subject to Social Security benefit offsets, and by those under an employer-funded pension plan as well as for severance pay.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, there is no minimum and the maximum is \$858, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is 500 weeks and the maximum payment is \$429,000. WC for non-scheduled awards is determined at 66 2/3 percent of the difference between the wages of the injured employee and the earning power of the employee, thereafter up to the SAWW. WC benefits are subject to Social Security benefit offsets, and by those under an employer-funded pension plan as well as for severance pay.

Disfigurement Benefits

Pennsylvania law covers disfigurement that is "Serious and permanent of head, face, or neck". Benefits are 66-2/3 percent of employee's average weekly wage for a maximum period of 275 weeks.

Offset Provisions in State Laws

Section 204(A)--Provides that 50 percent of Social Security old age or retirement benefits, and 100 percent of severance benefits and the benefits from an employer-funded pension plan shall be offset against workers' compensation benefits.

Contact Information

PA Department of Labor and Industry
Room 1700
7th and Forster Streets
Harrisburg, PA 17120

General Information: (717) 787-5279

Internet: http://www.dli.state.pa.us/portal/server.pt/community/li_home/5278

Additional Information

Current and historical benefit rates may be found at:

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=552650&mode=2>

The Pennsylvania Workers' Compensation Act is available in PDF format online at:

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=553004&mode=2>

Rhode Island

In Rhode Island, compensation benefits are adjusted annually, and changes become effective September 1 of each year. The rates shown below are in effect from September 1, 2010 to August 31, 2011 unless otherwise noted.

Type of Law and Insurance Requirements

In Rhode Island, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 4 employees. Licensed real estate brokers or salespersons, or licensed or certified real estate appraisers are exempt if substantially all remuneration for services performed is directly related to sales or other output rather than the number of hours worked.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 75% of worker's spendable earnings. For weekly payments, there is no minimum, and the maximum is \$946, 110% of SAWW. The maximum period of payments is the duration of disability. There is an additional \$15 benefit for each dependent, including a non-working spouse; with the aggregate benefit not to exceed 80% of worker's average weekly wage.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 75% of worker's spendable earnings. For weekly payments, there is no minimum, and the maximum is \$946, 110% of SAWW. The maximum period of payments is the duration of disability. There is an additional \$15 benefit for each dependent, including a non-working spouse; with the aggregate benefit not to exceed 80% of worker's average weekly wage.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 75% of worker's spendable earnings. For weekly payments, there is no minimum; the maximum for a scheduled injury is \$90, and the maximum for a non-scheduled injury is \$946, 110% of SAWW. For non-scheduled injuries, the maximum period of payments is 312 weeks, and the maximum payment amount is \$295,152. If employee cannot obtain suitable work and employer cannot provide such work or show that it is available elsewhere, benefits are paid as for total incapacity.

Disfigurement Benefits

Rhode Island law covers disfigurement that is "Permanent bodily". Benefits are proper and equitable compensation determined by the Workers' Compensation Commission, for a maximum period of 500 weeks.

Contact Information

RI Department of Labor and Training
Division of Workers' Compensation
1511 Pontiac Avenue, Building 69, Second Floor
PO Box 20190
Cranston, RI 02920-0942

Main Phone: (401) 462-8100
Information Line: (401) 462-8125
TDD: (401) 462-8006

Internet: <http://www.dlt.ri.gov/wc/>

Additional Information

Historical maximum compensation benefit rates are available in PDF format online at:
<http://www.dlt.ri.gov/wc/maxcomprates.htm>

Rhode Island Workers' Compensation Laws and Workers' Compensation Rules and Regulations may be accessed online at:
<http://www.dlt.ri.gov/wc/lawsrules.htm>

South Carolina

In South Carolina, compensation benefits are adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect for calendar year 2011.

Type of Law and Insurance Requirements

In South Carolina, workers' compensation is compulsory, and some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 4 employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$75 or average wage, if less, and the maximum is \$704.92, 100% of SAWW. The maximum period of payments is 500 weeks.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$75 or average wage, if less, and the maximum is \$704.92, 100% of SAWW. The maximum period of payments is 500 weeks, except lifetime if paraplegic, quadriplegic, or brain damaged.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$75 or average wage if less, and the maximum is \$704.92, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is 340 weeks, and the maximum payment amount is \$239,672, except lifetime if paraplegic, quadriplegic, or brain damaged.

Disfigurement Benefits

South Carolina law covers disfigurement that is "Serious and permanent of face, head, neck, or other area normally exposed in employment". Benefits are proper and equitable benefits, unless benefits are otherwise payable for the loss, except that benefits shall be paid for serious burn and keloid scars in addition to other benefits. The maximum payment period is 50 weeks.

Offset Provisions in State Laws

Section 42-7-67(A)&(C)--Compensation for an injury or death of a member of the State National Guard will be reduced by the amount of any Federal benefit payments; however, if the State benefits are greater than the Federal benefits due, the member may elect to receive the State benefits and thereby not be subject to any offset of benefit payments.

Contact Information

South Carolina Workers' Compensation Commission
P.O. Box 1715
1612 Marion Street
Columbia, SC 29202-1715

Phone: (803) 737-5700

Fax: (803) 737-5768

Internet: <http://www.wcc.state.sc.us/>

Additional Information

The text of *Title 42 - Workers Compensation* may be found online in the South Carolina Code of Laws at:
<http://www.scstatehouse.net/code/titl42.htm>

The text of *Section 67 - Workers' Compensation Regulations* may be found online in the South Carolina Code of Regulations at:
<http://www.scstatehouse.net/coderegs/c067.htm>

South Dakota

In South Dakota, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In South Dakota, workers' compensation is compulsory, and some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$315 (50% of SAWW or worker's average wage, if less) and the maximum is \$630, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$315 (50% of SAWW or worker's average wage, if less) and the maximum is \$630, 100% of SAWW. The maximum period of payments is the duration of disability. PTD benefits are offset by Social Security retirement to the extent that combined benefits received are greater than 150% of PTD benefits.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$ for scheduled injuries and 50 for non-scheduled injuries. For weekly payments, the minimum is \$315 or worker's average wage if less, and the maximum is \$630, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is the duration of disability and there is no maximum payment amount.

Disfigurement Benefits

South Dakota laws provide compensation for permanent disfigurement, payable for a portion of 312 weeks which is represented by the percentage of permanent disfigurement that bears to the body as a whole.

Contact Information

Division of Labor and Management
Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

Phone: (605) 773-3681

Fax: (605) 773-4211

Internet: <http://dol.sd.gov/workerscomp/default.aspx>

Additional Information

Workers' Compensation Rules are available online at:

<http://dol.sd.gov/workerscomp/rulesfees.aspx>

The text of the Workers' Compensation statutes may be found online in Title 62 of the South Dakota Codified Laws at:

<http://dol.sd.gov/workerscomp/statutes.aspx>

The Division of Labor and Management has prepared two sets of information about Worker's Compensation, one for employees and another for employers. These are available at:

(Employees): http://dol.sd.gov/workerscomp/employeerights_responsibilities.aspx

(Employers): http://dol.sd.gov/workerscomp/employerrights_responsibilities.aspx

Tennessee

In Tennessee, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Tennessee, workers' compensation is compulsory, and some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 5 employees, but all subcontractors and anyone engaged in the construction industry is required to carry workers' compensation insurance, even if they have five employees or less.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations. Medical benefits include psychological treatment if rendered by a psychologist and upon the referral by a physician. Medical treatment required for a back injury shall include a chiropractor.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$114.75 and the maximum is \$841.50, 110% of SAWW. The maximum period of payments is 400 weeks. The maximum total amount payable is \$300,800 (determined by PTD max).

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$114.75 and the maximum is \$765, 100% of SAWW. The maximum period of payments is 400 weeks. The maximum total amount payable is \$300,800. If a worker is 100% disabled, maximum weekly payment can be received until age 65, and may be offset by OASDI.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 66 2/3. For weekly payments, the minimum is \$114.75 and the maximum is \$765, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is 400 weeks, and the maximum amount payable is \$306,000.

Disfigurement Benefits

Tennessee laws cover disfigurement that is "Serious of the head, face, or hands, so altering the personal appearance as to materially affect employability". Benefits are 66-2/3 percent of employee's average weekly earnings for a maximum of 200 weeks; not to be awarded if compensated under any other provisions.

Contact Information

Tennessee Department of Labor & Workforce Development
Workers' Compensation Division
710 James Robertson Pkwy 2nd Floor
Nashville, Tennessee 37243-0661

Phone: (615) 532-4812

Toll Free: 1-800-332-2667

TDD: 1-800-848-0299

Internet: <http://www.state.tn.us/labor-wfd/wcomp.html>

Additional Information

The administrative rules of workers' compensation in Tennessee are available online from the Secretary of State's Web site at:

<http://www.state.tn.us/sos/rules/0800/0800-02/0800-02.htm>

Historical and current benefit rate information is available in PDF format online at:

<http://www.state.tn.us/labor-wfd/WCRATETB.pdf>

Texas

In Texas, compensation benefits are adjusted annually, and changes normally become effective October 1 of each year. The rates shown below are in effect from October 1, 2010 to September 30, 2011.

Type of Law and Insurance Requirements

In Texas, workers' compensation is elective, and no waivers are permitted. The law provides for mandatory workers' compensation coverage under Title 25 of State statutes regarding rules and regulations for "Carriers" (Article 911- A, Sec. II, Motor Bus Transportation and Regulations by the Railroad Commission). There is a competitive state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is 70% of worker's earnings over \$8.50/hour and 75% for all others. For weekly payments, the minimum is \$115 (15% of SAWW) and the maximum is \$766, 100% of SAWW. The maximum period of payments is 104 weeks, or upon reaching medical improvement, whichever is sooner. The 104 week limit may be extended if spinal surgery is involved.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is 75. For weekly payments, the minimum is \$115 (15% of SAWW) and the maximum is \$766, 100% of SAWW. The maximum period of payments is life for injuries listed in statute as constituting PTD; otherwise it is 401 weeks.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is 70% of worker's earnings over \$8.50/hour and 75% for all others. For weekly payments, the minimum is \$115 (15% of SAWW) and the maximum is \$536, 70% of SAWW. For non-scheduled injuries, the maximum period of payments is 401 weeks and the maximum total payment amount is \$214,936.

Disfigurement Benefits

Texas laws cover "Any disfigurement that will impair the future usefulness or occupational opportunities of the injured employee". Benefits are 66-2/3 percent of employee's average weekly wages not to exceed the maximum weekly benefit, multiplied by the percentage of incapacity, for a maximum period of 300 weeks.

Contact Information

Division of Workers' Compensation Central Office
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

Phone: (512) 804-4000

Fax: (512) 804-4001

Internet: <http://www.tdi.state.tx.us/wc/>

Additional Information

A table of historical compensation benefit levels is available at:

<http://www.tdi.state.tx.us/wc/employee/maxminbens.html>

Texas Workers' Compensation Rules are available online at:

<http://www.tdi.state.tx.us/wc/rules/tableofcontents/rulesoptions.html>

Utah

In Utah, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Utah, workers' compensation is compulsory, and no waivers are permitted. There is a competitive state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$45 and the maximum is \$732, 100% of SAWW. The maximum period of payments is 312 weeks, over a period of 12 years from date of injury. There is an additional \$5 for a dependent spouse and each dependent child up to 4 under age 18, but total may not exceed 100% of SAWW.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$45 and the maximum is \$622.00, 85% of SAWW. The maximum period of payments is 312 weeks, or life if claimant cannot be rehabilitated. After the initial 312 weeks, the minimum weekly compensation rate shall be 36% of the current state average weekly wage, rounded to the nearest dollar. There is an additional \$5 for a dependent spouse and each dependent child up to 4 under age 18, but total may not exceed 85% of SAWW.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$45 to \$70 according to number of dependents (\$5 extra each for a spouse and up to 4 children) but not more than the employee's AWW, and the maximum is \$488, $66 \frac{2}{3}$ percent of SAWW. For non-scheduled injuries, the maximum period of payments is 312 weeks, and the maximum total amount is \$152,256. In case partial disability begins after a period of total disability, the period of total disability will be deducted from the maximum.

Disfigurement Benefits

Utah laws cover disfigurement for "Areas of the body not specifically covered in schedule". The benefits provide for such period of compensation as the Commission shall deem equitable and in proportion as

near as may be to compensation for specific loss as set forth in the schedule, for a maximum period of 312 weeks.

Offset Provisions in State Laws

Section 35-1-67(4)--After the first 312 weeks of permanent total disability payments have been made, future payments will be reduced by the dollar amount of 50 percent of the Social Security retirement benefits received by the employee during the same period.

Section 35-1-68(2)(A)(ii)--Reduces weekly death benefits to wholly dependent spouses after the first six-year period following an employee's death by 50 percent of any Federal Social Security death benefits.

Contact Information

Labor Commission of Utah
Division of Industrial Accidents
160 East 300 South, 3rd Floor
Salt Lake City, UT 84111

Mailing Address:

P.O. Box 146610
Salt Lake City, UT 84114-6610

Phone: (801) 530-6800

Internet: <http://laborcommission.utah.gov/IndustrialAccidents/index.html>

Additional Information

The Division of Industrial Accidents Rules are available online at:

<http://www.rules.utah.gov/publicat/code/r612/r612.htm>

Utah Workers' Compensation Law - Title 34A, Chapters 2 and 3 is available online at:

<http://www.le.state.ut.us/~code/code.htm>

The Labor Commission of Utah produces an *Employee's Guide to Workers' Compensation*, available online at:

http://laborcommission.utah.gov/IndustrialAccidents/Publications/pdfs/wc_employee_guide_2009_1.pdf

The corresponding *Employer's Guide to Workers' Compensation* is available online at:

<http://laborcommission.utah.gov/IndustrialAccidents/Publications/pdfs/Employers%20Guide.pdf>

Vermont

In Vermont, compensation benefits are adjusted annually, and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Vermont, workers' compensation is compulsory, and some waivers are permitted. There is no state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$373 (50% of SAWW or worker's average wage, if less) and the maximum is \$1,119, 150% of SAWW. The maximum period of payments is the duration of disability. An additional \$10 will be paid for each dependent under 21 years of age.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$373 (50% of SAWW or worker's average wage, if less) and the maximum is \$1,119, 150% of SAWW. The maximum period of payments is the duration of disability, with a minimum of 330 weeks.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$373 (50% of SAWW or worker's average wage, if less) and the maximum is \$1,119, 150% of SAWW. For non-scheduled injuries, the maximum period of payments is 330 weeks, and the maximum total amount payable is \$369,270.

Disfigurement Benefits

Vermont laws provide that compensation and percentage of loss for permanent impairment of any physical function not specifically mentioned will be determined by the Commissioner of Labor and Industry.

Contact Information

Vermont Department of Labor
Division of Workers' Compensation and Safety
National Life Building
Drawer 20
Montpelier, Vermont 05620-3401

Phone: (802) 828-2286

Fax: (802) 828-4248

TDD: (802) 828-4203

Internet: <http://www.labor.vermont.gov/Businesses/WorkersCompensation/tabid/114/Default.aspx>

Additional Information

Historical compensation benefit levels are available at:

<http://labor.vermont.gov/Rule16HistoricalWageRates/tabid/362/Default.aspx>

Vermont Workers' Compensation Laws are available online at:

<http://www.leg.state.vt.us/statutes/sections.cfm?Title=21&Chapter=009>

Vermont Workers' Compensation Rules are available online at:

<http://labor.vermont.gov/?TabId=311>

Virginia

In Virginia, compensation benefits are subject to an annual cost of living adjustment (COLA), and changes become effective July 1 of each year. The rates shown below are in effect from July 1, 2010 to June 30, 2011.

Type of Law and Insurance Requirements

In Virginia, workers' compensation is compulsory, and some waivers are permitted. There is no state fund. Employers may insure through private carriers, self-insurance, or through groups of employers. There is an exemption for employers with fewer than 3 employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$221.25 (25% of SAWW or employee's actual wage, if less) and the maximum is \$885, 100% of SAWW. The maximum period of payments is 500 weeks.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$221.25 (25% of SAWW or employee's actual wage, if less) and the maximum is \$885, 100% of SAWW. The maximum period of payments is the duration of disability.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$221.25 (25% of SAWW or employee's actual wage, if less) and the maximum is \$885, 100% of SAWW. For non-scheduled injuries, the maximum period of payments is 500 weeks, and the maximum total payable amount is \$442,500. The period of payment may be extended if the employee is still disabled within 1 year of final payment.

Disfigurement Benefits

Virginia statutes cover disfigurement described as "Severely marked of head, face, hands, arms or legs". Benefits are $66 \frac{2}{3}$ percent of employee's average weekly wages, for a maximum period of 60 weeks.

Contact Information

Virginia Workers' Compensation Commission
1000 DMV Drive
Richmond, Virginia 23220

Phone: 1-877-664-2566 (Toll-free)

Fax: (804) 367-9740

Internet: <http://www.vwc.state.va.us/>

Additional Information

The Commission has prepared informational pamphlets that summarize important points about Workers' Compensation for both employees and employers. These are available online at:

(Employees) - <http://www.vwc.state.va.us/portal/vwc-website/ComServices/ComSrcvForInjuredWorkers/ComSrcvForInjuredWorkersGuide>

(Employers) - <http://www.vwc.state.va.us/portal/vwc-website/ComServices/ComSrcvForEmployers/ComSrcvEmployersGuide>

Rules of the Virginia Workers' Compensation Commission are available online at:

<http://www.vwc.state.va.us/portal/vwc-website/HelpfulResources/RulesRegulations>

Commission Regulations may be found in the Virginia Administrative Code and are available online at:

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+16VAC30-30-10>

The text of the entire Virginia Workers' Compensation Act is also available from this site. Follow the links in the site to Title 65.2 of the Code of Virginia, and then to the specific section you are trying to find at:

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+TOC6502000>

Washington

Benefit rates change annually on July 1 of each year. Rates discussed below are in effect from July 1, 2010 through June 30, 2011.

Type of Law and Insurance Requirements

In Washington, workers' compensation is compulsory, and no waivers are permitted. There is an exclusive state fund. Employers may not insure through private carriers, but may self-insure, or insure through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is from 60 to 75. For monthly payments, the minimum is \$185 or more, according to marital status and number of dependents, and the maximum is \$4,715, 120% of the state's average monthly wage. The maximum period of payments is the duration of temporary disability. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is from 60 to 75. For monthly payments, the minimum is \$185 or more, according to marital status and number of dependents, and the maximum is \$4,715, 120% of the state's average monthly wage. The maximum period of payments is life. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is not specified. For monthly payments, the minimum is payable but not statutorily prescribed, and the maximum is not specified. For non-scheduled injuries, the maximum period of payments is not specified, and the maximum total amount payable is \$149,116. Payments are based on the percentage of permanent physical impairment. In the event an award exceeds three times the state's average monthly wage, the employee receives a first payment equal to three times the state's average monthly wage with the balance in monthly payments per temporary disability schedule, plus eight percent interest per annum on the unpaid balance. The law provides for payment of fixed sums based on the percentage of disability, or combination thereof, at the time of injury. The sums are adjusted each July to reflect changes in the consumer price index; however, adjusted sums only apply to new claims on or after date of adjustment.

Disfigurement Benefits

Washington has no specific provision for payment of disfigurement benefits.

Offset Provisions in State Laws

Section 51.32--Reduces temporary and permanent total disability benefits to allow an offset for Social Security retirement benefits under the Federal OASDI, in a manner similar to Section 51.32.220.

Section 51.32.220--Reduces temporary and permanent total disability benefits for persons under age 65 by an amount equal to the benefits payable under the Federal OASDI, under certain conditions.

Contact Information

Washington Department of Labor and Industries (L&I Headquarters)
7273 Linderson Way SW
Tumwater, WA 98501-5414

Mailing address:

Washington Department of Labor and Industries
PO Box 44850
Olympia, WA 98504-4850

Phone: (360) 902-5799

Fax: (360) 902-5792

TDD: (360) 902-4637

Washington, Cont.

Internet: <http://www.lni.wa.gov/ClaimsIns/claims/>

Additional Information

Washington Workers' Compensation Laws and Rules are available online at:
<http://www.lni.wa.gov/LawRule/default.asp>

West Virginia

On January 1, 2006 West Virginia abolished the former Workers' Compensation Commission and replaced it with a new employers' mutual insurance company called BrickStreet Mutual Insurance Company. This marked a historical transition from a near-bankrupt state agency less than three years earlier to a private enterprise offering workers' compensation coverage to West Virginia's 42,000 employers.

From Jan. 1, 2006 to July 1, 2008, BrickStreet Insurance was the sole source of legally required workers' compensation coverage for all employers doing business in West Virginia.

On July 1, 2008 West Virginia's insurance market opened to all private carriers licensed to do business in West Virginia. BrickStreet will continue to be the sole source of workers' compensation coverage for all state agencies, boards, commissions and higher education through 2012. Starting in 2013, these state agencies can purchase coverage from any insurance carrier.

Benefit levels for injured workers remain in WV Code and under exclusive state control. Claim decisions will be reviewable by the Office of Judges, the Board of Review and the Supreme Court of Appeals as mandated in WV Code.

The West Virginia Insurance Commissioner regulates the state's insurance industry and publishes Workers' Compensation benefit level tables annually.

Benefit rates may change annually on a state fiscal year schedule (beginning July 1 and ending the following June 30). The benefit rates shown below are in effect during state fiscal year 2011 (July 1, 2010 through June 30, 2011) and are believed current as of January 2011.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$, not to exceed the maximum rate. The maximum weekly rate is \$692.93, 100% of the State Average Weekly Wage (SAWW). The minimum weekly rate is \$230.98, $33 \frac{1}{3}$ % of SAWW, not to exceed the Federal Minimum of \$193.33 weekly or actual wages, if less.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$, not to exceed the maximum rate. The maximum weekly rate is \$692.93, 100% of the State Average Weekly Wage (SAWW). The minimum weekly rate is \$230.98, $33 \frac{1}{3}$ % of SAWW, not to exceed the Federal Minimum of \$193.33 weekly or actual wages, if less.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$, not to exceed the maximum rate. The maximum weekly rate is \$485.05, 70% of the State Average Weekly Wage (SAWW). The minimum weekly rate is \$230.98, $33 \frac{1}{3}$ % of SAWW, not to exceed the Federal Minimum of \$193.33 weekly or actual wages, if less.

Contact Information

BrickStreet Mutual Insurance Company
400 Quarrier St.
Charleston, West Virginia 25301

304-941-1000 Phone
866-452-7425 Toll Free

<http://www.brickstreet.com/>

West Virginia Offices of the Insurance Commissioner
Consumer Service Division
1124 Smith Street
Charleston, West Virginia 25301

888-879-9842 Toll Free
800-435-7381 TTY

<http://www.wvinsurance.gov/>

Wisconsin

In Wisconsin, compensation benefits are usually adjusted annually, and changes become effective January 1 of each year. The rates shown below are in effect from January 1, 2011 to December 31, 2011, unless otherwise noted.

Type of Law and Insurance Requirements

In Wisconsin, workers' compensation is compulsory, and no waivers are permitted. There is no state fund. Employers may insure through private carriers or self-insurance, but not through groups of employers. There is an exemption for employers with fewer than 3 employees. Employers, other than farmers, who usually have less than three employees but who have paid wages of \$500 or more in any calendar quarter for work performed within the State are covered the first day of the next calendar year.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$30 or actual wage if less, and the maximum is \$820, 100% of SAWW. The maximum period of payments is the duration of disability. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Total Disability (PTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$30 or actual wage if less, and the maximum is \$820, 100% of SAWW. The maximum period of payments is life. WC benefits are subject to Social Security benefit offsets.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments, the minimum is \$30 or actual wage if less, and the maximum is \$302. For non-scheduled injuries, the maximum period of payments is 1000 weeks, and the maximum total payable amount is \$302,000. WC benefits are subject to Social Security benefit offsets.

Disfigurement Benefits

Wisconsin statutes cover disfigurement of "Areas of the body that are exposed in the normal course of employment". Benefits, at the discretion of the Department of Workforce Development, are a sum not to exceed the employee's average annual earnings.

Offset Provisions in State Laws

Section 102.44(5)--Reduces disability benefits under this section when the employee also receives Social Security disability benefits. Combined workers' compensation and Social Security disability benefits are

limited to 80 percent of the employee's average current earnings. However, such benefits may not be reduced to an amount less than the benefits payable under this chapter.

Contact Information

Department of Workforce Development
Workers' Compensation Division
Room C100
201 E. Washington Avenue
Madison, WI 53703

Mailing Address:

P.O. Box 7901
Madison, WI 53707-7946

Phone: (608) 266-1340

Fax: (608) 267-0394

Internet: <http://www.dwd.state.wi.us/wc/>

Additional Information

The Wisconsin Worker's Compensation Act is available in PDF format online at:

<http://www.dwd.state.wi.us/dwd/publications/wc/WKC-1-P.pdf>

Scroll down to "Workforce Development" for the DWD rules in the composite table of contents of the Wisconsin Administrative Code, available online at:

<http://www.legis.state.wi.us/rsb/code/codtoc.html>

Historical compensation benefit levels are available in PDF format online at:

<http://www.dwd.state.wi.us/dwd/publications/wc/WKC-9572-P.pdf>

Wyoming

Benefit levels are based on the Statewide Average Monthly Wage (SAMW) at the time of injury. The Statewide Average Monthly Wage is established quarterly by Unemployment Insurance Commission information, and as a result, may vary from quarter to quarter.

Figures shown below are in effect during Quarter 2 of 2011.

Type of Law and Insurance Requirements

In Wyoming, workers' compensation is compulsory, and no waivers are permitted. The law is compulsory for all employers engaged in extra-hazardous occupations and elective for all other occupations. There is an exclusive state fund. Employers may not insure through private carriers, self-insurance, or through groups of employers. There is no exemption for employers with small numbers of employees.

Medical Benefits

Full medical benefits are provided with no time or monetary limitations.

Benefits for Temporary Total Disability (TTD)

The percentage of worker's wage paid is $66 \frac{2}{3}$ of actual monthly earnings. For weekly payments, there is no minimum. The maximum is \$793, based on 100% of statewide average monthly wage. You may qualify for Temporary Total Disability Benefits if you are unable to work as a result of your work-related injury or condition. TTD Benefits will continue while you are totally disabled and unable to work in any capacity, but will not continue beyond 24 months. An injured worker receiving out-of-state health care at the instruction of the Workers' Safety and Compensation Division may be entitled to the same benefits.

Benefits for Permanent Total Disability (PTD)

There is no set percentage of worker's wage paid. For weekly payments, there is no minimum. The maximum is \$793, based on 100% of statewide average monthly wage. The maximum period of payments is 80 months; benefits may be extended by the Workers' Safety and Compensation Division. Children receive a lump sum of \$100 per month until age of majority, or until age 21 if incapacitated.

Benefits for Permanent Partial Disability (PPD)

The percentage of worker's wage paid is $66 \frac{2}{3}$. For weekly payments there is no minimum, and the maximum is \$529, based on $66 \frac{2}{3}$ percent of statewide average monthly wage. For non-scheduled injuries, the maximum period of payments is in proportion to scheduled injuries, and there is no maximum total payable amount. Ratings for compensation purposes are determined by the degree of impairment assigned by a physician, times $\frac{2}{3}$ of the State Average Monthly Wage times 44 months.

Disfigurement Benefits

Wyoming statutes cover disfigurement that is "Permanent of the face or head that affects earning capacity". Benefits are in proportion to the extent of the disfigurement plus an award based on 2/3 of the state average weekly wage, for a maximum period of 26 weeks.

Offset Provisions in State Laws

Section 27-14-401(iii)--Prohibits an employee who is receiving unemployment compensation to receive disability benefits under the Workers' Compensation Act.

Contact Information

Wyoming Workers' Safety and Compensation Division
1510 E. Pershing Blvd.
Cheyenne, WY 82002

Phone: (307) 777-7441

FAX: (307) 777-6552

Internet: <http://doe.wyo.gov/workers/compensation/Pages/default.aspx>

Additional Information

Statewide Average Monthly Wage levels may be used to compute the maximum weekly benefits by dividing the individual monthly amounts by 4 1/3. Statewide Average Monthly Wage levels, updated quarterly, are available online at:

<http://doe.wyo.gov/workers/compensation/Pages/StatewideAverageWage.aspx>

The Workers' Safety and Compensation Rules and Regulations are available online at:

http://soswy.state.wy.us/Rules/Rule_Search_Main.asp