Questions about this form?
Contact Risk Management
Email: WCclaim@uchicago.edu

WORKERS' COMPENSATION RIGHTS AND RESPONSIBILITIES

As required by Illinois state law, the University provides employees with Workers' Compensation insurance. Employees may not waive their rights to workers' compensation coverage except with the approval of the Illinois Workers' Compensation Commission.

An employee, who is injured or becomes ill while on the job, may be entitled to workers' compensation coverage. The term *injury* in workers' compensation means "… due to a specific incident and includes disability from chronic harmful exposures or repetitive trauma." In order to determine whether an injury or illness qualifies, an investigation of how the injury or illness occurred is necessary. The employee and supervisor, along with any witnesses submit written information. Together with any other investigative reports and reports from treating physicians, a determination of the case is made by PMA, the third-party administrator for University of Chicago's Workers' Compensation Program.

To receive benefits summarized below, an employee is required to submit a written statement of the injury. Forms are provided and available from your department's HR administrator or the HRS website - Absence Management/WC. An employee's supervisor is responsible for completing an investigative report upon notice of the accident, injury or illness. If necessary, the injured employee will be seen at the Occupational Health Clinic or emergency room for immediate medical attention.

An injured employee will be required to submit regular medical/rehabilitation progress reports during the disability period. An authorization to release this information is required for the treating providers. An employee may also be required to attend an appointment at the Occupational Health Clinic to assess readiness to return to work. The AMC will provide necessary information and forms.

Injured employees have the right to select and obtain any medical, surgical, and hospital treatment required for the injury; to recover during the period of disability; and, to return to work as soon as possible. An employee has a limited right to choose his/her own doctor. His/her choice is limited to two (2) doctors for initial treatment and a total of two (2) as referrals from the first two (2) doctors.

If an employee is unable to work due to the injury or illness, workers' compensation provides weekly payments calculated as a percentage (66-2/3%) of the employees average weekly wages[1]. These benefits are not payable for the first three (3) days of disability unless the disability lasts more than 14 days in which case the first three days are paid retroactively. Because the absence is medically related, the period of absence also qualifies as Family and Medical Leave, which runs concurrently with the WC lost time period.

Employees are entitled to vocational, physical and mental rehabilitation; reimbursement for maintenance costs; and, payment of incidental expenses for qualified case. The purpose is to ensure the employee recovers sufficiently and returns to work as soon as possible.

In addition to obtaining medical care, rehabilitation and wage compensation, an employee has the right to file a legal claim for other compensation within three years of the injury.

If there has been some compensation, a request for additional compensation must be made within two years.

[1] Maximum is adjusted every six months as established by the Illinois Workers' Compensation Commission. http://www.iwcc.il.gov/benefits.htm

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THE UNIVERSITY OF CHICAGO | Finance and Administration Division
Office of Risk Management

These claims are filed with the:

Illinois Workers' Compensation Commission
100 West Randolph Street
Suite 200
Chicago, IL 60601 (312) 8146555

It is important for the injured employee to comply with all treatment and rehabilitation and submit all requested materials to Leave Administration. If sufficient information is not obtained, receipt of benefits may be delayed or denied.

Filing a false claim or misrepresentation of the injury is subject to disciplinary action and penalties including, but not limited to, immediate termination and further legal action to collect benefits wrongly obtained.

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I, ______________________________, have read and understand my rights and responsibilities under the Workers' Compensation Program. Further, I agree to comply with all requirements and to ensure my benefits and rights are protected.

______________________________ ______________________________
SIGNATURE DATE

____
PRINT NAME

____
HOME ADDRESS

____
CITY, STATE, ZIP CODE

____
(AREA CODE) PHONE NUMBER