RIGHTS AND RESPONSIBILITIES FOR EMPLOYEES AND EMPLOYERS-

WHAT IS WORKERS’ COMPENSATION?

Workers’ compensation is a legal remedy whereby an employee who is injured on the job is automatically entitled to certain benefits. The benefits can include medical care for the injury, indemnity wage benefits, vocational rehabilitation services, and/or death benefits. These benefits are the obligation of the employer and are paid directly to the employee by the employer or its workers’ compensation insurer. Every employer, unless statutorily exempted, is responsible for the medical care and the payment of indemnity wage benefits to any employee who is injured while in the course and scope of his or her employment.

WHO IS COVERED BY THE WORKERS’ COMPENSATION LAW?

Most employees in Louisiana are covered from the day they start employment. Employees may be full-time, part-time, seasonal, or minors. Subcontractors and certain independent contractors may be considered employees if they are involved in the pursuit of the employer’s trade, business or occupation or if they are performing substantial manual labor. The law does contain some limited exemptions. Domestic employees, most real estate salespersons, uncompensated officers and directors of certain non-profit organizations, and public officials are specifically exempted. Most volunteer workers would not be entitled to benefits.

Employers are required to have workers’ compensation insurance or to be approved to self-insure. If any employee has reason to believe that his or her employer is not covered or if the employer requires an employee to pay for or purchase a workers’ compensation insurance policy, this violation should be reported to the Office of Workers’ Compensation Administration (OWCA) Fraud & Compliance section at toll free 1-800-201-3362.

Within 10 days of actual knowledge of an on the job injury resulting in death or lost time in excess of one week, the employer must report the injury to their insurer on a Form LWC-WC IA-1 (First Report of Injury or Illness). The insurer will then submit the report to the OWCA. Any employer that fails to report such an injury to its workers’ compensation insurer or to the OWCA is subject to a penalty for failure to do so.

THE OFFICE OF WORKERS’ COMPENSATION ADMINISTRATION

The Office of Workers’ Compensation Administration (OWCA) was created in 1983 within the Louisiana Department of Labor (now the Louisiana Workforce Commission) to administer the provisions of the Louisiana Workers’ Compensation Act. The OWCA investigates allegations of fraud; monitors compliance with the requirement that employers insure their workers’ compensation obligation; compiles information regarding workers’ compensation claims; resolves disputes over the necessity, advisability, and cost of hospital care or services, as well as conflicts concerning medical, surgical and non-medical treatment; provides Occupational Safety & Health Administration (OSHA) consultation services; and assists Louisiana employers in the development and implementation of a safety
management plan in their workplace. The OWCA, however, does not pay any benefits to employees as a result of a covered on the job injury.

The OWCA has exclusive original jurisdiction to resolve disputes in workers’ compensation matters. There are ten district offices located throughout the state (see attached list) where disputed claims for compensation are filed and which provide the framework for the resolution of disputes regarding claims for benefits, the entitlement to benefits, or other relief under the Louisiana Workers’ Compensation Act.

WHAT INJURIES ARE COVERED BY THE WORKERS’ COMPENSATION LAW?

The law covers both mental and physical injuries from either accidents or occupational diseases. However, a mental injury must be the result of a physical injury or of a sudden, unexpected and extraordinary stress related to the employment and in either case must be proved by clear and convincing evidence. An accident is defined by the Louisiana Workers’ Compensation Act as an unexpected or unforeseen actual, identifiable, precipitous event happening suddenly or violently, with or without human fault, and directly producing at the time objective findings of an injury which is more than simply a gradual deterioration or progressive degeneration. An occupational disease is defined by the Louisiana Workers’ Compensation Act as only that disease or illness which is due to causes and conditions characteristic of and peculiar to the particular trade, occupation, process, or employment in which the employee is exposed to such disease.

The event causing the injury must arise out of and be within the course and scope of the employee’s employment. Generally, the fault of the employer or employees does not affect the compensability of an injury. However, no compensation may be allowed if the injury was caused by the employee’s willful intention to injure himself/herself or others; or by the injured employee’s intoxication at the time of the injury, unless resulting from activities in pursuit of the employer’s interests or from activities in which the employer procured and encouraged the use of the beverage or substance. An employee may not be entitled to benefits if he is the aggressor in an unprovoked physical altercation. The employee may not be entitled to benefits if it is determined that he/she was a participant in “horseplay” at the time that the injury occurred.

HOW ARE INDEMNITY BENEFITS PAID?

An employee who suffers a covered injury may be entitled to weekly/monthly indemnity benefits if the injury prevents the employee from returning to work for more than seven calendar days. The first installment of benefits payable for Temporary Total Disability (TTD), Permanent Total Disability (PTD) or death shall become due on the fourteenth day after the employer or insurer has knowledge of the injury or death. No compensation shall be paid for the first week after the injury occurs unless the disability from the injury continues for two weeks or longer after the date of the accident. This “waiting period” indemnity payment shall be paid after the first two weeks have elapsed.

During the period of Temporary Total Disability (TTD), the employer or its workers’ compensation insurer is responsible for the payment of indemnity benefits to the employee in an amount equal to sixty-six and two-thirds percent of the employee’s average weekly wage, subject to a maximum/minimum benefit amount set by the OWCA. Maximum/minimum indemnity benefits are
determined according to the date of the accident causing the injury and are not adjusted annually for increases or decreases in the maximum/minimum benefit amount set by the OWCA. (See attached list).

An employee who suffers a covered injury may be entitled to Supplemental Earnings Benefits (SEB) if that employee is able to return to work, but is unable to earn at least ninety percent of the pre-injury wage. Supplemental Earnings Benefits are calculated as sixty-six and two-thirds percent of the difference between the pre-injury average monthly wages and the average monthly wage the employee is capable of earning, subject to the maximum/minimum benefit amount set by the OWCA. Supplemental Earnings Benefits are payable on a monthly basis unless the employee is not receiving any income from employment or self-employment and the employer has not established earning capacity. In that case, the employee may be paid weekly SEB. In either case, SEB is payable for a maximum of 520 weeks including the time for which other indemnity benefits were paid.

If the employee dies within two years of the last treatment as the result of any job-related accident, his or her surviving spouse and/or dependent child(ren) (or other dependents) may be entitled to weekly indemnity benefits pursuant to the Louisiana Workers’ Compensation Act. If there are no surviving dependents, the employee’s surviving parents are entitled to a one-time benefit of $75,000 each. The employer or its workers’ compensation insurer shall also pay, in addition to any other benefits, reasonable expenses of the burial of the employee, not to exceed $8,500.

An employee is entitled to a one-time payment of $50,000 if the injury is determined to be catastrophic. Only the following injuries shall be considered injuries which are catastrophic: Paraplegia or quadriplegia or the total anatomical loss of both hands, both arms, both feet, both legs, both eyes, or one hand and one foot, or any two thereof. Functional loss or loss of use shall not constitute anatomical loss.

If the employee applies for and subsequently receives Social Security disability benefits, employer-provided disability plan benefits, or Social Security Old Age Retirement benefits, his or her workers’ compensation indemnity benefits may be reduced in accordance with the Louisiana Workers’ Compensation Act. This is not a simple dollar for dollar reduction and must be calculated individually according to the employee’s circumstance. In addition, an employee is not entitled to receive workers’ compensation indemnity benefits and unemployment insurance benefits at the same time.

On the same day as the first payment of indemnity is made to the employee or on or before the effective date of any modification (which may include a change from TTD to SEB benefits), suspension, termination, or controversy of indemnity/medical benefits, a Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversy of Compensation or Medical Benefits/Notice of Disagreement) shall be completed by the employer/payor and sent to the injured employee by certified mail, and to the employee’s attorney, if applicable, by facsimile. The employer/payor shall also send a copy of the Form LWC-WC 1002 to the OWCA within 10 days from the date the original Form LWC-WC 1002 was sent to the injured employee. Any subsequently completed Form LWC-WC 1002 shall be sent to the OWCA on the same day as the original notice was sent to the injured employee and/or employee’s representative.

Any injured employee or employee’s representative who disagrees with any information provided on the Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversy of Compensation or Medical Benefits) shall notify the employer/payor of the basis for disagreement by
completing the Notice of Disagreement portion of the Form LWC-WC 1002 and returning it with the original Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits) attached thereto, to the employer/payor via mail or facsimile, or by a letter of amicable demand, stating the nature of benefits and amounts of compensation asserted to be correct.

If the employer/payor does not provide the benefit that the employee and/or employee’s representative claims is due within seven days, the employee may file a new Form LWC-WC 1008 (Disputed Claim for Compensation) or amend a pending disputed claim. Once the Form LWC-WC 1008 is filed, the employer/payor may in its answer request a preliminary determination hearing with the Workers’ Compensation Judge. Failure to request a preliminary determination will result in the disputed claim being set for a trial on the merits.

The Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits/Notice of Disagreement) does not apply to issues concerning the necessity of recommended medical treatment under La. R.S. 23:1203.1 and the Medical Treatment Schedule. A copy of the Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits/Notice of Disagreement) is attached and also is available at http://www.laworks.net/Downloads/OWC/1002form.pdf.

HOW ARE MEDICAL BENEFITS PAID?

An employee has the right to select one doctor of his or her choice in each specialty field for treatment of the job-related injury. The employer or its workers’ compensation insurer is required to pay all approved necessary expenses for medical treatment and all reasonably and necessarily incurred travel to obtain treatment. Medical benefits payable under the Louisiana Workers’ Compensation Act shall be paid within 30 days after the employer or its workers’ compensation insurer receives written notice thereof, or within 60 days if the provider of medical services is not utilizing the electronic billing rules and regulations provided for in R.S. 23:1203.2. An itemized list of out of pocket medical expenses and receipts paid by the employee should be sent to the employer or its workers’ compensation insurer for reimbursement.

Any non-emergency medical services over $750 and any non-emergency hospitalization must be pre-approved by the employer or its workers’ compensation insurer. The health care provider seeking authorization to exceed the $750 statutory limit for medical services must submit a request for such authorization to the employer or its workers’ compensation insurer on an Form LWC-WC 1010 (Request of Authorization/Carrier or Self Insured Employer Response). The Form LWC-WC 1010 and all supporting medical documentation are to be faxed to the employer or its workers’ compensation insurer and/or the designated utilization review representative. Within five business days of receipt of the Form LWC-WC 1010 and the supporting documentation from the health care provider, the employer or its workers’ compensation insurer will issue a response of either approval, denial, or approval with modification of the requested treatment on the Form LWC-WC-1010 and return the form to the requesting health care provider. Failure to act on behalf of the employer or its workers’ compensation insurer within five business days of receipt of the Form LWC-WC 1010 will be deemed a tacit denial of the request for treatment and this denial may be reviewed by the OWCA Medical Director.
The employer or its workers’ compensation insurer and/or utilization review representative may initiate the Form LWC-WC-1010A (First Request) when the medical documentation submitted with the Form LWC-WC-1010 does not sufficiently provide the necessary information to complete the review of the requested medical services. The health care provider must then respond to the request for additional information within 10 business days from receipt of the Form LWC-WC-1010A. Failure to act on behalf of the health care provider within the 10 business days of receipt of the Form LWC-WC 1010A will be deemed a tacit withdrawal of the request for authorization of treatment.

Any request for review by the OWCA Medical Director shall be filed on a Form LWC-WC 1009 (Disputed Claim for Medical Treatment). The Form LWC-WC 1009 must be filed within 15 calendar days of the date of denial by the employer or its workers’ compensation insurer or the date the denial is received. A copy of the completed Form LWC-WC 1009 must be mailed to all involved parties.

The Form LWC-WC 1009 must be accompanied by a copy of the Form LWC-WC 1010 (and Form LWC-WC 1010A, if applicable), a copy of the peer review denial from the employer and/or its workers’ compensation insurer, and a copy of the medical records substantiating the medical necessity of the requested treatment. Any incomplete Form LWC-WC 1009 or a completed Form LWC-WC 1009 that is not submitted with the supporting documentation will be rejected and returned to the requesting party.

Within 30 days after receipt of the Form LWC-WC 1009 and supporting documentation, the OWCA Medical Director will determine whether the treatment prescribed by the health care provider is in accordance with the Louisiana Workers’ Compensation Medical Treatment Guidelines. Any party feeling aggrieved by the determination of the OWCA Medical Director shall seek a judicial review by filing a Form LWC-WC 1008 (Disputed Claim for Compensation) with the appropriate OWCA district office within 15 days of the date of said determination is mailed to the parties. The filed Form LWC-WC 1008 shall include a copy of the Form LWC-WC 1009, and a copy of the determination of the OWCA Medical Director. A party filing such appeal must simultaneously notify the other party that an appeal of the medical director’s decision has been filed. The determination of the OWCA Medical Director may be overturned if it is shown by clear and convincing evidence that the determination was not in accordance with the provisions of the Louisiana Workers’ Compensation Medical Treatment Guidelines.

WHAT IS AN INDEPENDENT MEDICAL EXAMINATION (IME)?

In the event that there are opposing medical opinions regarding claimant's condition or capacity to work, the Office of Workers' Compensation Administration will appoint an independent medical examiner of the appropriate licensure class to examine the claimant, or review the medical records at issue. The expense of this examination will be set by the director and will be borne by the carrier/self-insured employer.

WHAT IF A PROBLEM DEVELOPS WITH A CLAIM?

An employee, who has a problem with his or her claim, should first contact the employer or its workers’ compensation insurer. If the employee and the employer (or the employer’s workers’ compensation insurer) are unable to resolve the problem, either party has the right to request a mediation conference with an Office of Workers’ Compensation mediator who is a licensed attorney specially trained in the mediation process with knowledge of resolution techniques and experienced in Louisiana workers’
compensation law. For more information on the right to a mediation conference, please refer to the Mediation Rights form which is attached and also is available at http://www.laworks.net/downloads/owc/MediationRightsForm.pdf.

If the problem does not resolve at the mediation conference, an employee should contact the nearest OWCA district office to file a Form LWC-WC 1008 (Disputed Claim for Compensation). The district office can provide the employee with a Form LWC-WC 1008 or that form is also available for download at http://www.laworks.net/Downloads/OWC/1008form.pdf. A filing fee of $30 is charged at the time of filing. There may also be charged a $25 fee if the employer or its workers’ compensation insurer is required to be served by the Secretary of State’s office. If the employee is unable to afford these fees, a request may be made for approval by the Workers’ Compensation Judge to proceed without paying costs in advance. If the Workers’ Compensation Judge approves the request, the $30 filing fee or the $25 service fee will not be charged.

An employee may consult an attorney if he or she wishes, but it is not required. If an employee hires an attorney, the employee can be charged up to twenty percent of the amount recovered plus the attorney’s expenses. These fees and expenses may be deducted from the employee’s indemnity payments. The local bar association may be able to recommend an attorney who is experienced in workers’ compensation.

The employer (or its workers’ compensation insurer) also shall be permitted the right to file a Form LWC-WC 1008 (Disputed Claim for Compensation) to controvert benefits or concerning any other dispute arising under the Act.

WHEN SHOULD THE FORM LWC-WC 1008 (DISPUTED CLAIM FOR COMPENSATION) BE FILED?

There are separate time limits for filing claims for medical and indemnity benefits. Filing a claim for one type of benefit usually does not stop the clock from running on any other type of benefit.

Claims for medical benefits generally must be filed within one year of the date of the accident causing the injury. If the employer or its workers’ compensation insurer has paid medical expenses, the period for asserting a claim is extended for three years from the last payment of a medical benefit.

Claims for indemnity benefits, often called weekly benefits, generally must be filed within one year of the date of the accident causing the injury. If the employer or insurer has paid indemnity benefits, the employee may still assert a claim for Temporary Total Disability (TTD), Permanent Total Disability (PTD), or Permanent Partial Disability (PPD) benefits if done within one year after the last payment of indemnity benefits.

Claims for Supplemental Earnings Benefits (SEB) may be made for up to three years after the last payment of any claim of indemnity benefits.

Claims for occupational diseases, including carpal tunnel, may be filed up to one year from the date of knowledge of the disease, related disability, or a reasonable belief that the disease is work related, whichever occurs last.
MAY I SETTLE MY CLAIM?

You may enter into a lump sum or compromise settlement upon agreement of all of the parties and with the approval of the Workers’ Compensation Judge, provided that, (a) the settlement is clearly in the best interest of all of the parties, and (b) six months have passed since the end of Total Temporary Disability (TTD). However, the six months waiting period may be waived by the consent of the parties.

AM I ENTITLED TO MY OLD JOB?

An employer may not be required to hold a job open for you while you are unable to perform the duties of your job or to create a new job for you when you are able to return to work. However, your employer cannot terminate your employment solely because you filed a workers’ compensation claim.

WHAT IF I CANNOT RETURN TO MY OLD JOB?

Under certain circumstances, you may qualify for vocational rehabilitation. Rehabilitation services are intended to return a disabled employee to work, with a minimum of retraining, as soon as possible after an injury occurs.
### You Have a Right to a Mediation Conference

- A mediation conference is an informal meeting of the parties with a neutral person, called a mediator, who attempts to resolve the issues in dispute.

- The Office of Workers’ Compensation mediators are licensed attorneys who are specially trained in the mediation process with knowledge of resolution techniques and experienced in workers’ compensation law.

- The Office of Workers’ Compensation mediators assist the parties in a workers’ compensation dispute in settling claims before they are heard by a workers’ compensation judge.

- Your right to a mediation conference exists both prior to as well as after a Disputed Claim for Compensation (LWC-WC 1008) is filed. A mediation conference requested prior to the filing of a Disputed Claim for Compensation (LWC-WC 1008) is referred to as a “pre-1008” mediation conference and a mediation conference requested after the filing of a Disputed Claim for Compensation (LWC-WC 1008) is referred to as a “post-1008” mediation conference.

- Parties who agree to a mediation conference may make a request, in writing, to any of the Office of Workers’ Compensation mediators listed on this page.

- Upon receipt of a written request, your selected mediator will contact the parties to schedule the mediation conference at a time that is convenient to all parties. The mediation conference will take place in the district where the selected mediator is located.

- If the claim is not resolved by mediation, one of two things can happen: (1) if the mediation conference was held prior to filing a Disputed Claim for Compensation (LWC-WC 1008), the injured worker then must file a Disputed Claim for Compensation (LWC-WC 1008) to preserve any rights he may have to receive workers’ compensation benefits; or (2) if the mediation conference was held after the filing of a Disputed Claim for Compensation (LWC-WC 1008), the disputed claim then will proceed to a trial on the merits before a workers’ compensation judge.

- Any party may request additional mediation conferences at any time in the process, but all parties must agree to the mediation conference, unless it is ordered by a workers’ compensation judge.

- Your right to a mediation conference is in accordance with Revised Statute 23:1310.3(D).

- Please feel free to contact any Office of Workers’ Compensation mediator if you have questions regarding your right to a mediation conference.
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<tr>
<th>District Office</th>
<th>Key Staff</th>
<th>Address</th>
<th>Telephone Numbers</th>
<th>Facsimile Number</th>
<th>Parishes Served</th>
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<tbody>
<tr>
<td>OWCA</td>
<td>Chief Judge Sheral C. Kellar Judy S. Franklin, Mediator</td>
<td>P.O. Box 94040 1001 N. 23&lt;sup&gt;rd&lt;/sup&gt; St, 4&lt;sup&gt;th&lt;/sup&gt; Fl. Annex Baton Rouge, LA 70804</td>
<td>Tel- (225) 342-7970 (800) 201-2499 Fax- (225) 342-4790</td>
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<tr>
<td>District 1-East</td>
<td>Judge Brenza Irving-Jones Tikisha Smith, Mediator Camelia Antie, DRS</td>
<td>1401 Hudson Lane, Ste. 301 Monroe, LA 71201</td>
<td>Tel- (318) 362-3078 (800) 209-7321 Fax- (318) 362-3083</td>
<td></td>
<td>Caldwell, Catahoula, Concordia, East Carroll, Franklin, Jackson, LaSalle, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll</td>
</tr>
<tr>
<td>District 1-West</td>
<td>Judge Patrick Robinson Rosa Whitlock, Mediator Heather Aymami, DRS</td>
<td>9234 Linwood Shreveport, LA 71106</td>
<td>Tel- (318) 676-5331 (800) 209-7173 Fax- (318) 676-5332</td>
<td></td>
<td>Bossier, Bienville, Caddo, DeSoto, Red River, Webster, Claiborne</td>
</tr>
<tr>
<td>District 2</td>
<td>Judge James Braddock Amy Brown, Mediator Brandi Mason-Iles, DRS</td>
<td>3724 Government St Alexandria, LA 71302</td>
<td>Tel- (318) 487-5966 (800) 209-7329 Fax- (318) 487-5967</td>
<td></td>
<td>Avoyelles, Grant, Natchitoches, Rapides, Vernon, Winn, Sabine</td>
</tr>
<tr>
<td>District 3</td>
<td>Judge Charlotte Bushnell Chantell Smith, Mediator Deborah Garriet, DRS</td>
<td>120 West Pujo St., Ste. 200 Lake Charles, LA 70601</td>
<td>Tel- (337) 214-6800 (888) 768-8745 Fax- (337) 491-2808</td>
<td></td>
<td>Allen, Beauregard, Calsieu, Cameron, Jefferson Davis</td>
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<tr>
<td>District 4</td>
<td>Judge Sharon Morrow Dianne Mayo, Mediator Jennifer Meche, DRS</td>
<td>556 Jefferson St., First Floor Lafayette, LA 70501</td>
<td>Tel- (337) 262-1057 (800) 209-7174 Fax- (337) 262-1106</td>
<td></td>
<td>Acadia, Evangeline, Lafayette, St. Landry, Vermillion</td>
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<tr>
<td>District 5</td>
<td>Judge Pam Moses-Laramore Denise Lee, Mediator Audrey Scott, DRS</td>
<td>224 Florida Blvd, Ste. 100 Baton Rouge, LA 70801</td>
<td>Tel- (225) 219-4378 (800) 209-7175 Fax- (225) 219-4377</td>
<td></td>
<td>East Baton Rouge, East Feliciana, Pointe Coupee, West Feliciana, West Baton Rouge, Iberville</td>
</tr>
<tr>
<td>District 6</td>
<td>Judge Gwendolyn Thompson Myles Donahue, Mediator Shirley Kinlaw, DRS</td>
<td>112 Innwood, Stes. D &amp; E Covington, LA 70433</td>
<td>Tel- (985) 871-1258 (888) 575-6149 Fax- (985) 871-1264</td>
<td></td>
<td>Livingston, St. Helena, St. John the Baptist, St. Tammany, Tangipahoa, Washington</td>
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<tr>
<td>District 7</td>
<td>Judge Sylvia Steib-Dunn Caroline Minor, Mediator Sloane Sullen, DRS</td>
<td>880 W. Commerce Rd., Ste. 401 Harahan, LA 70123</td>
<td>Tel- (504) 736-8606 (866) 253-5830 Fax- (504) 736-8608</td>
<td></td>
<td>Jefferson, Plaquemines, St. Bernard</td>
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<tr>
<td>District 8</td>
<td>Judge Robert Varnado Shannon Bruno-Bishop, Mediator Christine Melford, DRS</td>
<td>Benson Towers 1450 Poydras St., Ste. 838 Mail Box 24 New Orleans, LA 70112</td>
<td>Tel- (504) 568-6952 (800) 209-7232 Fax- (504) 568-8706</td>
<td></td>
<td>Orleans</td>
</tr>
<tr>
<td>District 9</td>
<td>Judge Elizabeth Lanier Jennifer Le Carpentier, Mediator Debra Duplantis, DRS</td>
<td>8026 Main St., Ste. 404 Houma, LA 70360</td>
<td>Tel- (985) 857-3775 (800) 262-1497 Fax- (985) 857-3781</td>
<td></td>
<td>Iberia, Lafourche, St. Charles, St. Martin, St. Mary, Terrebonne, Ascension, Assumption, St. James</td>
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Revised: 11/2013
EMPLOYEE CERTIFICATE OF COMPLIANCE

You must submit this form to your employer’s workers’ compensation insurer or to your employer within 14 days of its receipt. Your workers’ compensation benefits may be suspended if you do not timely submit this Certification. You would be entitled to all suspended benefits after this Certification is provided to your insurer, if you are otherwise eligible for benefits.

It is unlawful for you to work and received workers’ compensation indemnity benefits, except for supplemental earnings benefits. Supplemental earnings benefits are paid when an employee is able to work, but is unable to earn 90% or more of his pre-injury wages as a result of a job related accident. As an injured worker, you must notify your employer or insurer of the earning of any wages, changes in employment or medical status, receipt of unemployment insurance benefits, receipt of social security benefits and receipt of retirement benefits. If you receive benefits for more than 30 days, you will be required to certify your earnings to your insurer quarterly.

It is unlawful for you to receive workers’ compensation indemnity disability benefits and unemployment benefits at the same time, except for permanent partial disability benefits. Permanent partial disability benefits are paid solely for amputation or for anatomical loss of use of a body part or function. If you violate this provision, you may be fined up to $10,000, imprisoned up to 90 days, or both.

It is unlawful for you to willingly make, or to assist or counsel someone to make, a false statement or representation in order to obtain or to defeat workers’ compensation benefits. If you violate this provision, you may be fined, imprisoned, or both, as follows:

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<tr>
<th>Unlawful Benefits</th>
<th>Fine</th>
<th>Imprisonment</th>
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<tr>
<td>Paid or Claimed</td>
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<tr>
<td>$10,000 or more</td>
<td>up to $10,000</td>
<td>up to 10 years, with or without hard labor</td>
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<tr>
<td>$2,500 or more but less than $10,000</td>
<td>up to $5,000</td>
<td>up to 5 years, with or without hard labor</td>
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<tr>
<td>less than $2,500</td>
<td>up to $500</td>
<td>up to 6 months</td>
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In addition to these criminal penalties, you may be assessed a civil penalty of up to $5,000 and may forfeit your right to receive workers’ compensation benefits.

Warning: Per L.A.R.S.23:1208 of the Louisiana Workers’ Compensation Statute, it shall be unlawful for a person, for the purpose of obtaining or defeating any benefit payment under the provisions of this Chapter, either for himself or for any other person, to willfully make a false statement or representation. Penalties for violations include imprisonment, fines, and/or the forfeiture of benefits.

EMPLOYEE CERTIFICATION

I certify that I understand the contents of this entire document, and understand I am held responsible for this information. I certify my compliance with the above stated requirements regarding receipt of workers’ compensation benefits.

Print Name       Signature       Social Security Number       Date

Address       City        State/Zip        Phone Number

Note: Only one copy is required per case from the employee.

LDOL-WC 1025.EE
Revised 07/2008