

Accidents can happen to anyone at **ANY TIME**

The New York State Workers' Compensation system, labor laws and personal injury systems were created to aid injured workers with wage replacement, medical benefits and other financial benefits. However, without knowing how to navigate through these systems, workers may lose out on important benefits.

Everyone should know how accidents can be recognized and prevented. But if an accident does happen, you also should know how to report a claim, file a claim and collect benefits you deserve.



WORKERS' COMPENSATION

Any type of on-the-job injury may be covered by Workers' Compensation, as long as the injury occurred at the workplace or while the worker was carrying out the tasks associated with his or her job.

TYPE OF CLAIMS



ACCIDENTAL INJURIES:

The Workers' Compensation Law covers accidents that happen while you are at work. Accidents can include things like lifting, tripping and falling, or cutting your finger. They can involve auto collisions or injuries occurring at a construction site. An accident is an unexpected event causing a specific physical or mental consequence. What defines an accident is determined from the common sense viewpoint of the average person.

OCCUPATIONAL DISEASES, ILLNESSES AND REPETITIVE STRESS INJURIES:

An occupational disease is an illness resulting from the nature of the work you do. It is due to causes and conditions that are normally and constantly present on the job and are characteristic of your particular occupation. There must be a recognizable link between your illness and some distinctive feature of your job common to all other workers who do the same type of work you do.

Examples of occupational diseases include Caissons Disease for tunnel workers and Mesothelioma for power plant workers.

Workers in every industry are vulnerable to Repetitive Stress Injuries (RSI). These are injuries caused by repetitive tasks, forceful exertions, vibrations, mechanical compression, or sustained or awkward positions. Repetitive Stress Injuries typically involve musculoskeletal pain affecting ligaments, tendons, spinal discs, nerves and muscles.

Examples of RSI are:

- Carpal tunnel syndrome for computer operators
- Raver's Wrist for supermarket workers who use bar code scanners
- Bursitis of the knee, shoulder or elbow for construction workers who are repeatedly forced to work in cramped spaces

WORKERS' COMPENSATION

TIME LIMITATIONS

NOTICE FOR ACCIDENTAL INJURIES:

If you are injured at work, you must notify your employer within 30 days of the accident. It is best to give written notice as soon as possible since this is what the law requires. However, many people give oral notification; this is usually acceptable as long as it is documented. Be sure to keep an accurate record of the name of the supervisor or boss you notified and the date notification was given.

FILING A CLAIM WITH THE BOARD:

An injured worker has two years from the date of accident to file a claim (C3 form) with the Workers' Compensation Board. For occupational disease, the same two-year limitation applies, but the time to file runs from the date of disablement or when you knew or should have known that your disease was due to the nature of your employment, whichever is the later date.

The New York State Workers' Compensation system is a no-fault system that was created to aid injured workers with wage replacement and medical benefits. However, without knowing how to navigate through the system, workers may lose out on important benefits. All workers must know how to report a claim, file a claim and how to collect benefits.



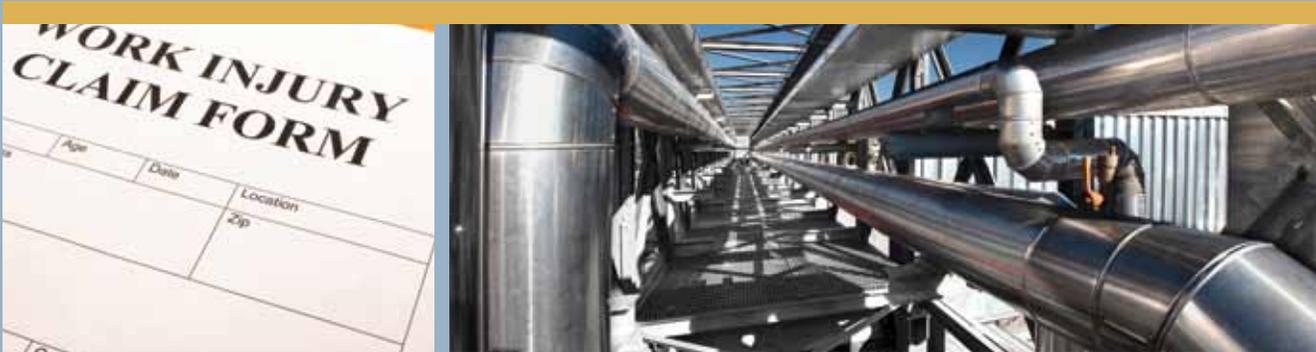
DID YOU KNOW?

The Number One reason people don't file Workers' Compensation claims is because they don't know they have a claim to file.

Three things you are likely to hear from your employer about the 30-day notice:

- "We required notice of injury within the first day or two."
- "OK, thanks for notifying us of your injury. We'll file a Workers' Compensation claim for you."
- "We'll pay all your medical bills. Use our credit card."

HOW TO FILE A CLAIM



To receive benefits available under the New York State Workers' Compensation system, you will need to file a claim.

- If you have been injured or have discovered that an illness was caused by your work environment, you should notify your employer in writing of the situation as soon as possible.
- You will need to file an Employee Claim (C-3) form, as provided by the New York State Workers' Compensation Board. The Board offers three ways for a worker to file this claim:
 - By filling out and submitting an online Employee Claim form.
 - By calling 1-866-396-8314 and having someone from the Board assist you in filling out the form.
 - By mailing in a completed paper version of the form, which may be obtained in person at the nearest Workers' Compensation Board District Office or by calling 1-877-632-4996 to have it mailed to you.
- This claim must be filed within two years of the date of the accident or injury, or the date the worker was diagnosed with an occupational illness or disease.
- If claimants do not file a Workers' Compensation claim within this time period, or fail to inform their employer of the incident, this may interfere with their ability to recover benefits.
- We recommend, however, that you contact an attorney to assist you in filing the C-3 form, as it is a complicated legal document.

WORKERS' COMPENSATION

MEDICAL REPORTS

You are required to submit medical evidence every 90 days while you are disabled from work. This report should include:

- a history of the accident or occupational disease
- a diagnosis
- the degree of disability
- an opinion regarding causal relationship followed by your doctor's signature

Important to Know

PROCEDURE AT THE BOARD:

HEARINGS: The law provides a procedure for hearings to be scheduled before an Administrative Law Judge to resolve issues between you and the carrier. The law also grants the right of both sides to be represented by an attorney. When you retain counsel, the Law Judge will determine the amount of the attorney's fee. This fee will then be deducted from your award.

ADMINISTRATIVE DECISIONS:

The Workers' Compensation Board may issue an Administrative Decision instead of giving you a hearing. This decision often contains important findings and conclusions about your case. You and the insurance carrier have 30 days to object to the Board's decision if you disagree with its terms. If the decision is not objected to, it becomes a binding decision. If you are not represented by an attorney, you may find it difficult to respond in a timely fashion as you may have trouble understanding the terms and conditions of the proposed decision that are often confusing and too legalistic for the untrained person. The decisions can be confusing to the untrained person. See Appendix A on page 30.

New York Workers' Compensation Attorneys

Filing a Workers' Compensation claim may seem fairly straightforward, and in some cases it is. In others, however, particularly those related to serious injuries or the death of a worker, it can be difficult to determine whether a claim is being handled in a fair manner by the Workers' Compensation insurance provider and the injured worker's employer.

It is possible that a worker's claim may be disputed or that the insurance company will offer an unfairly low settlement.

WORKERS' COMPENSATION BENEFITS

LOST TIME: If you are unable to work because of a work-related injury or illness, you may receive Workers' Compensation benefits as a partial replacement for your lost wages. The maximum that workers can receive is $\frac{2}{3}$ of their Average Weekly Wage subject to the maximum benefit rate for the date of accident/disablement.

SALARY REIMBURSEMENT: If you use any of your accrued sick or vacation time while you are out of work for a work-related illness or injury, your employer may request reimbursement and your time will be restored accordingly.

NECESSARY MEDICAL TREATMENT: As of December 1, 2010, all medical treatment for injuries to the middle and lower back, neck, shoulder, and knees, as well as bilateral carpal tunnel syndrome are subject to the Board's Medical Treatment Guidelines. Medical providers must comply with these guidelines in their request for treatment of injured workers. The guidelines contain several courses of treatment that are pre-authorized. However, if a medical provider requests treatment not covered by the guidelines, a variance may be requested. More medical guidelines are anticipated in the future.

INCIDENTAL EXPENSES: If injured workers incur any expenses (ie: transportation, prescriptions) as a direct result of the accident, a claim for reimbursement may be made.

WORKERS' COMPENSATION BENEFIT RATES



Date of accident	Maximum Rate
After 7/1/14*	.\$808.65
7/1/13 to 6/30/14	.\$803.21
7/1/12 to 6/30/13	.\$792.07
7/1/11 to 6/30/12	.\$772.96
7/1/10 to 6/30/11	.\$739.83
7/1/09 to 6/30/10	.\$600
7/1/08 to 6/30/09	.\$550
7/1/07 to 6/30/08	.\$500
Prior to 7/1/07	.\$400

Minimum weekly benefit is \$150

* The maximum compensation rate will change every July 1 to $\frac{2}{3}$ of the State Average Weekly Wage

WORKERS' COMPENSATION



Protect Your Union's Health & Welfare Fund:

The cost of your treatment is covered by the Workers' Compensation insurance carrier. Do not tax your Union's Health & Welfare Fund with the cost of your treatment. Leave the financial burden where it belongs.

TOTAL DISABILITY:

If you are totally disabled, then your Workers' Compensation benefit is $\frac{2}{3}$ of your average weekly wage before the accident/disablement, subject to the maximum benefit rate in existence on the date of accident. If you are permanently totally disabled, you can receive wage replacement for life and the award is not subject to the caps. However, the Workers' Compensation Board will only find you permanently totally disabled if you cannot do **any** work of any kind, even part-time or limited-duty work.

DEATH BENEFITS:

If a worker sustains a fatal injury at work or dies as a result of a work-related occupational disease, then benefits are payable to the surviving spouse and children, subject to the rates of compensation on the date of death. The surviving spouse can receive benefits for life or until remarriage. Funeral expenses will be paid up to \$6,000. Children can receive benefits to the age of 18, or 23 if enrolled in school. Children who were dependent upon the deceased for support due to a mental or physical disability can receive benefits after the age of 23. If the worker is not survived by a spouse or child, a \$50,000 award is payable to the deceased's estate.

Filing a Claim for a Lost Family Member

Filing a Workers' Compensation claim is different for the family of a worker who has lost his or her life in a work accident or as a result of an occupational illness.

The next of kin needs to file form C-62, with supporting documentation, to the Workers' Compensation Board. In addition, the last treating physician will need to file form C-64, and the funeral home will need to complete form C-65.

AWARDS FOR PERMANENT

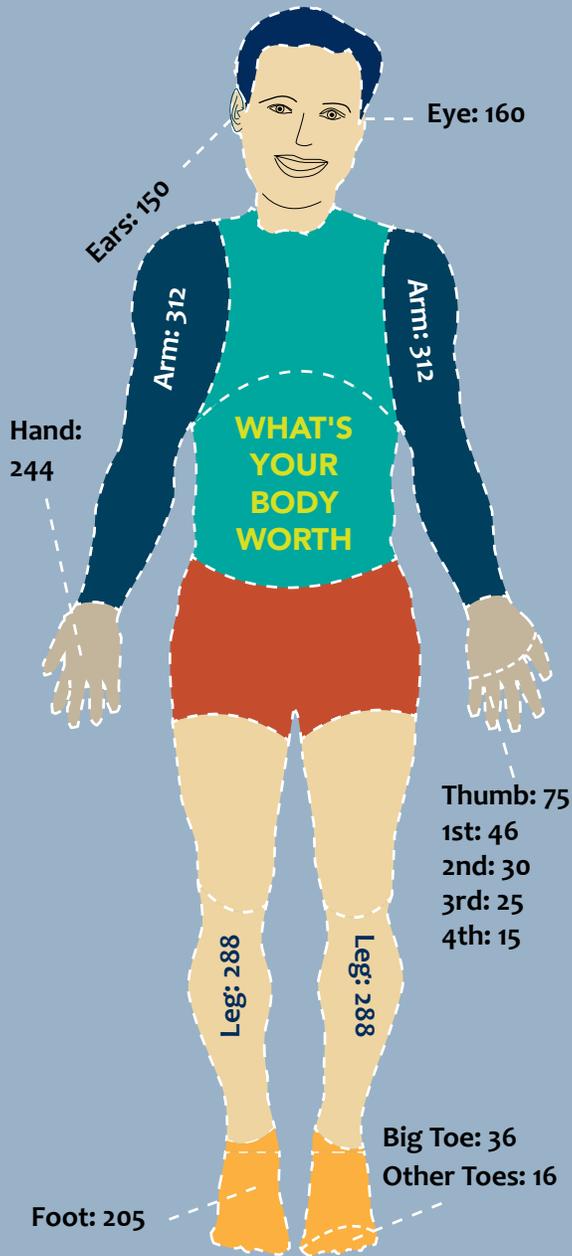
INJURIES

SCHEDULE LOSS OF USE

If you have a permanent injury to your fingers, toes, hands, legs, feet, or arms, or have loss of vision or hearing, you may be entitled to a monetary award, even if you do not lose time from work. These awards are called “Schedule Awards.” Prior payments of awards are deducted from the awards and the injured worker receives the balance. There are also awards up to \$20,000 for facial disfigurement (scars about the face, and head above the clavicle).

For example, an arm is worth 312 weeks of Workers' Compensation at the current maximum rate of \$808.65 per week, for the full value of an arm at \$252,298.80.

A foot is worth 205 weeks of Workers' Compensation at the current maximum rate of \$808.65 per week for the full value of an arm at \$165,773.25.



*numbers represent weeks of Workers' Compensation

WORKERS' COMPENSATION

DISABILITY DURATION GUIDELINES

For all permanent injuries with a date of accident or disablement after March 13, 2007, the injured worker may be classified with a permanent partial disability subject to limitations on awards (caps). The Board has issued Disability Duration guidelines and Loss of Wage Earning Capacity guidelines. These guidelines will be used to determine the length of benefits an injured worker may receive for a permanent partial disability based on the medical limitations, and an evaluation of the injured worker's education, age, transferable skills and the ability to read, write and communicate in English. Most permanent back, neck and torso injuries fall within the Disability Duration Guidelines.

AWARDS OF DISABILITY

PERMANENT PARTIAL DISABILITY CAPS:

Prior to March 13, 2007, injured workers could receive lifetime Workers' Compensation benefits for a permanent partial disability. As of March 13, 2007, benefits for permanent partial disabilities are subject to the following caps based upon the worker's loss of earning capacity:

LOSS OF EARNING CAPACITY	WEEKS OF BENEFITS	LOSS OF EARNING CAPACITY	WEEKS OF BENEFITS
100%	Lifetime	61-70%	375 weeks
96-99%	525 weeks	51-60%	350 weeks
91-95%	500 weeks	41-50%	300 weeks
86-90%	475 weeks	31-40%	275 weeks
81-85%	450 weeks	16-30%	250 weeks
76-80%	425 weeks	1-15%	225 weeks
71-75%	400 weeks		

ATTACHMENT TO THE LABOR MARKET

If the Workers' Compensation Board finds that you have a partial disability, this means you have the ability to do some work, even if you cannot work in your previous occupation. If you do not look for work within your medical restrictions, you may put at risk your ability to receive lost wage benefits. Even if you cannot find a light duty job, just looking for work may help protect your Workers' Compensation benefits.

DENIED WORKERS' COMPENSATION CLAIMS

Not all Workers' Compensation claims are approved. In fact, some valid claims may be denied or seriously undervalued by Workers' Compensation insurance providers in an attempt to increase profits. Fortunately, New York Workers' Compensation claimants who have had their claims denied are entitled to certain remedies.

Filing a claim can be complicated. It's easy to forget to include key supporting documentation or to accidentally fill out the wrong information, resulting in a denial. There is also the chance that a Workers' Compensation insurance provider or employer may wrongly deny a valid claim.

Why are Claims Denied?

A large quantity of New York Workers' Compensation claims are denied the first time, and sometimes for simple reasons:

- Missing information
- Lack of supporting documentation
- The injury for which the worker is seeking benefits is a pre-existing injury and therefore not covered by Workers' Compensation
- The worker is an independent contractor, not an employee, and is therefore not covered by Workers' Compensation laws
- The injury was not work-related (did not occur at the workplace or was not associated with the worker's normal job duties)
- The worker did not notify the employer, in writing, of the incident within the required 30-day time frame



WORKERS' COMPENSATION

What Can I Do If My Workers' Compensation Claim Was Denied?

- The first level of appeal is a hearing before a Workers' Compensation Law Judge, who may hear testimony and review evidence to render a decision as to whether the worker should receive benefits.
- If the claim is denied by the Judge, the next step is to file an appeal with the New York State Workers' Compensation Board. This must be done within 30 days of receiving the Judge's decision.
- If an application for a Board review is approved, three Board Members will review the matter and may confirm, modify or rescind the decision made by the Judge, or may return the case to the Workers' Compensation Law Judge.
- If the claim is still not approved, the claimant's next step will be to appeal the Board Panel's decision with the Appellate Division, Third Department, Supreme Court of the State of New York. This must be filed within 30 days of the Board Panel's decision.

The final level of appeal for a denied Workers' Compensation claim is to file an appeal with the Court of Appeals.





WORKERS' COMPENSATION HEARING LOSS CLAIMS

If you work in a noisy environment and have been exposed to noise over a period of time, you may be currently suffering from, or may later develop, a loss of hearing. Employees who are subjected to a high level of noise on the job without proper hearing protection will eventually lose some or all of their ability to hear.

Occupational loss of hearing is one of the least reported, least filed claims. The key to filing a claim is an awareness that you actually have a claim to file. Noise is a common safety and health hazard. 22 million U.S. workers are exposed to hazardous noise on the job, with construction workers being 3.5 times more likely to be exposed than workers in other industries.

The New York Workers' Compensation Law compensates workers for permanent loss of hearing in the normal conversational range of 500 to 3,000 decibels. Awards are based on a percentage of hearing loss in both ears for occupational claims that develop over time.

As we get older, most of us experience some form of hearing loss. Usually such a loss is determined to be caused solely by "old age" alone without further inquiry. The Workers' Compensation system uses a formula to determine loss of hearing caused solely by noise exposure on the job and subtracts hearing loss due to age.

HEARING LOSS

To be eligible for Workers' Compensation for Occupational Hearing Loss, a worker must:

Be removed from the noisy environment for at least three months

OR Begin using protective hearing devices such as ear defenders full time for at least three months

OR Be separated from work for at least three months from the last employer when there was harmful noise exposure at any time during the employment

AND Must file the claim within two years from the date the three-month waiting period ends

If you cannot meet these time requirements, you still can file a claim anytime as long as it is within 90 days from the date you first knew, or should have known, that you have a hearing loss caused by your work.

Workplace noise need not CAUSE the hearing loss. If noise CONTRIBUTED to the hearing loss, the hearing loss may qualify for Workers' Compensation.

Workers' Compensation payments for hearing loss are tax-free and in most cases have no impact on Social Security, pension, or health insurance benefits.



DID YOU KNOW?

- Workplace noise contributes from one half to two thirds of all hearing loss.
- Workers' Compensation was established to encourage employers to make the workplace safe for employees and compensate for injury. More employers now provide hearing protection, but for many aging workers, it comes too late.
- Workers' Compensation pays for the disability of hearing loss just as it does for the loss of eyesight or other work injuries. The Workers' Compensation system is a no-fault administrative system, which requires no finding of employer fault and no lawsuit.

WHEN CAN I MAKE THIS

CLAIM?

You can make a claim for hearing loss only when you stop working around noise, retire, or otherwise are removed from the noisy environment for at least three months.

You also can file a claim if you still work around noise, but only if you protect yourself from further noise exposure for at least three months.

In most construction trades and other work environments with constant noise, it is difficult, if not impossible, to wear proper ear protection all the time when you are on the job. Unless you can prove adequate noise protection while still working, it may be more realistic to wait until you retire or move to a new job where there is no further noise exposure before filing a claim. If you are not working for more than three months due to some other illness or injury, whether work-related or not, you also would be eligible to file for a hearing loss claim at that time.

WHAT IS MY CLAIM WORTH?

Under the New York Workers' Compensation Law, cash awards are made for permanent loss of hearing. The value of the award is based upon the severity of the hearing loss. Each percentage point of loss equals 1.5 weeks of compensation. The rate of weekly compensation is based upon two-thirds of your average weekly wage determined as of the date of your disablement.

For example, qualifying claims for disablements after July 1, 2014*, have a maximum weekly rate of \$808.65. If you have 100 percent loss of hearing to both ears, this entitles you to an award of compensation of \$121,297.75. A 50 percent loss would be worth \$60,648.88. These payments are completely tax free!

* The maximum compensation rate will change every July 1 to two-thirds of the State Average Weekly Wage. Call our office for the most recent rate.



HEARING LOSS



ARE THERE TIME LIMITS TO FILE?

Yes. As a general rule, you must first wait the three-month waiting period before you can begin to file a claim, three months after you last worked or retired, or three months after you were removed from the noisy environment by a job transfer with the same employer, going to a new job with a different employer, disability, or three months after you began to protect yourself from further noise exposure by wearing a protective device.

You then have an additional two years from the last date of the three-month waiting period in which to file a claim for Workers' Compensation benefits.

There is also another way to file a claim if you can't meet the time requirements set forth in the law.

You can file a claim at any time, even years after you last worked. If a recent examination reveals a hearing loss due to work that you did not previously know about, you must then file a claim within 90

days from when you knew or should have known that you had an occupational loss of hearing. This is the usual way retirees file new claims. However, if you have been treated in the past for hearing loss or have had audiograms as part of employment or pre-employment physicals that revealed a loss in hearing, you will have to prove that you were never advised that the loss was due to your work and that you never "knew or should have known" that you had occupational loss of hearing.

How do you know whether your hearing is damaged?

- Hearing loss can be gradual; you might not even notice the loss immediately.
- A ringing in your ears, called tinnitus, may be a symptom of overexposure to loud noise
- The only way to know for certain is to have a hearing exam by a certified audiometric technician, audiologist, otolaryngologist or physician.

WHAT YOU SHOULD KNOW ABOUT PERSONAL INJURY

When we're injured, we face not only physical pain and emotional trauma from the incident itself, but a future rife with financial complications from mounting medical bills and lost earnings if we miss work.

What is a personal injury?

A personal injury is a physical or psychological injury that is caused by another. An individual or company may act negligently or intentionally, or may be held strictly liable for causing injury to a person. Lawsuits involving personal injuries are handled in civil court, where financial penalties are enforced, as opposed to criminal court where criminal penalties such as imprisonment are enforced.

What is negligence?

General negligence may be described as any failure to act with proper caution or care, when this causes harm to another. A good way to determine whether a person was negligent is to ask: "Would a reasonably prudent person have acted in the same manner if put in the same or similar circumstances?" If the answer is no, the person may have been negligent.

What is liability? How do I know who should be held liable for my injuries?

Liability is defined as "legal responsibility for something, especially costs or damages." If someone else caused your injuries, intentionally or unintentionally, they may be held liable. This means they would pay for your medical care, lost earnings and other damages associated with your injuries.

PERSONAL INJURY

How is someone held “strictly liable”?

Strict liability involves a situation where a party is held legally accountable for causing injury to a person regardless of that party’s particular intention or negligence. For example, manufacturers of defective products are held liable if consumers are injured while using a product as directed. The injured consumer does not need to prove that the manufacturer was negligent or intentionally produced a poor product, only that the product itself was defective and caused the consumer’s injuries.

What is financial compensation?

Financial compensation describes money paid by an at-fault party (the defendant in a personal injury lawsuit) to the injured party or representative of the injured party (the plaintiff). This money is meant to compensate the plaintiff for the losses and/or injuries that the defendant caused.

What is the difference between compensatory damages and punitive damages?

Compensatory damages are paid to a plaintiff in a personal injury lawsuit in order to help the plaintiff rebuild to the same or similar situation as before the injury occurred. Compensatory damages may include money for medical care, lost wages, pain and suffering, and future medical expenses. Punitive damages are meant to penalize the defendant. Whether a plaintiff may receive punitive damages will vary depending on state law and the particular case at hand.





I slipped and fell on someone else's property. How do I know whether it is their fault or mine?

If you were injured in a slip-and-fall accident on another's property, they may be held responsible for your injuries if their negligence caused your accident to occur. For example, the property owner may have known of a missing stair but failed to post a warning sign or get it repaired in a timely manner. If you fell while walking down that staircase, it is possible that the property owner would be held accountable. Because every case is different, it is important to have your lawyer thoroughly investigate the circumstances of your accident to determine who is to blame.

What are some of the factors that will influence what my personal injury case is worth?

The primary factor that will influence the value of a personal injury case is the extent of physical injury that you have experienced. More serious injuries result in higher medical bills, more time away from work, and long-lasting consequences, such as a permanent disability or an inability to return to work at all. The value of a personal injury claim may be determined based on medical bills, lost earnings, future medical care, future loss of earnings, and the extent of emotional trauma you have experienced.

If I lost a loved one, can I move forward with a lawsuit against the at-fault party?

If you lost a loved one, you may be able to file a wrongful death lawsuit against the person or company that caused your loss. For example, a drunk driver may have claimed the life of your spouse or another loved one. In this situation, the drunk driver may be held accountable for your loved one's medical bills, funeral costs and lost earnings, as well as your pain and suffering, loss of companionship and other losses.



If I was injured at work, do I file a personal injury lawsuit?

Depending on the cause of your injuries, it is possible that you may be able to seek Workers' Compensation benefits and financial compensation by way of a personal injury lawsuit. This would apply if a third party (someone other than your employer or a co-worker) is to blame for your injuries, such as a manufacturer of a defective tool or piece of equipment.

CAN I FILE A THIRD PARTY CLAIM?

Workers' Compensation systems in each state offer injured workers the opportunity to seek benefits for lost earnings and medical expenses related to injuries and illnesses that are "work-related," meaning they occurred at the workplace or are associated with the work that the employee performed.

One advantage offered by Workers' Compensation is that injured workers do not need to prove liability; i.e. the fault of another party in causing the accident and their injuries. If you're looking for maximum compensation, however, you may not want to discount the fact that a third party may be held accountable.

Third party liability (i.e: the fault of another party in causing the accident and their injuries) is a concept that that party — rather than the employer or employee — may be held legally responsible for a work-related illness or injury. If a workplace injury or occupational disease was caused by a defective product, a defective machine or someone who is not a co-worker, this "third party" be asked to pay for the injured worker's medical treatment and other claim expenses.

Examples include:

- The driver of a car that hit the worker (not an employee of the worker's company)
- The manufacturer of a defective product that injured the worker
- A property owner who failed to properly maintain a safe workplace
- A fall that was not the employer's, employee's, or co-worker's fault, such as another contractor on the job site whose negligence caused the worker's injury
- The owner of an animal that bit a worker



THIRD PARTY CLAIMS



EXAMPLE

Robert works for ABC Delivery Co. As he is driving his truck, he approaches a red light at a busy intersection. He puts his foot down on the pedal to decelerate and come to a stop, but finds that the brakes are completely unresponsive. The delivery truck sails through the intersection, striking another vehicle. Robert suffers a broken wrist and serious case of whiplash that result in enormous medical expenses and a good deal of missed work.

In addition to filing a Workers' Compensation claim, it is possible that Robert may have grounds for a product liability lawsuit against the manufacturer of the vehicle or braking system, if the brakes are proven to be faulty.

Taking legal action against a third party in this manner may grant Robert the invaluable opportunity to recover maximum financial compensation, not only for loss of earnings, loss of future earnings, and medical care, but non-economic damages such as pain and suffering or loss of enjoyment of life.

These injuries can have just as much of an impact on a person as physical and financial damages.



HELP FOR VICTIMS OF NEGLIGENCE & WRONGDOING

When a person is injured or loses a loved one because of another's negligence or wrongdoing, a question often arises: "What rights do I have?"

- You have the right to seek legal counsel.
- Taking initiative and talking to an attorney about your options will help you gain a clear understanding of your other rights in this legal matter. You can even find out whether you have a case to pursue in the first place.
- You have the right to take legal action in civil court against any party you believe has caused you harm through intentional misconduct or negligence. A time limit, called a statute of limitations, will apply. In New York, the statute of limitations for general personal injury cases is three years.
- You have the right to seek financial compensation from the at-fault party for the injuries you have experienced. This may include medical expenses associated with physical injuries as well as lost earnings, future medical care, future loss of earnings, pain, suffering, and emotional trauma. The type and amount of compensation you can seek will vary depending on applicable state and federal legislation and case law.

HELP FOR VICTIMS

Understanding your rights under personal injury laws can help you make informed choices about filing a lawsuit against the person or company that caused you or a loved one harm.

- If another person's insurance company is involved, you have the right to decline questioning or to refuse to make a statement regarding the issue at hand. Attempts made by the other party's insurer to contact you may only be in an attempt to trick you into admitting liability or otherwise limiting their policyholder's accountability.
- If you are in an accident and the police show up at the scene, you have the right to refuse to answer questions you feel may place the blame of the incident on your shoulders. Cooperate by providing your name and insurance information as needed, but you may refuse to answer questions related to the cause of the incident.

FILING A PERSONAL INJURY LAWSUIT

- Choosing to exercise your right to seek financial compensation in civil court is a decision that should not be made lightly.
- We highly recommend talking to an experienced legal professional before you make any major decisions, such as accepting a settlement offer from the insurance company.
- You may be entitled to more money than the insurance provider's initial offer (as is often the case in serious accidents and injuries). An attorney can help you determine whether the offer is fair.

TYPES OF CATASTROPHIC INJURIES & THEIR CAUSES

There are different types of catastrophic injuries that stem from various causes. Some of the most common types of injuries include:

- Traumatic brain injuries
- Spinal cord injuries
- Severe burns
- Internal organ damage
- Multiple broken bones
- Amputation/loss of limb
- Vision or hearing loss
- Paralysis, paraplegia or quadriplegia

Some of the potential sources of these injuries include:

- Workplace accidents and injuries
- Participation in recreational or professional sports
- Motor vehicle accidents
- Dog bites and other animal attacks
- Slip and fall accidents
- Defective products
- Violent crimes (assault, rape, robbery, etc.)
- Falling objects
- Scaffolding accidents
- Ladder accidents
- Construction site falls
- Run over by operating equipment
- Electrical accidents
- Traveling to and from work
- Aggravation of pre-existing injuries
- Collapses, fires and explosions
- Welding accidents
- Unsafe or dangerous equipment accidents
- Cutting accidents
- Structure failure
- Building collapse
- Supervisor negligence
- Nail gun accidents
- Compressor accidents
- Crane accidents
- Injuries caused by workers from a different employer

CATASTROPHIC INJURIES



GENERAL RULES FOR SAFETY AT WORK

1. **Lifting:** Always use proper lifting methods. Get help for heavy loads.
2. **Falls and falling objects:** Look before you step. Keep all walk areas clear. Stay out from under loads. Do not use unsafe ladders. Install guardrails properly.
3. **Stepping on nails:** Remove all nail hazards. Look before you step.
4. **Openings:** Properly cover floor openings. Install guardrails. Keep barricades in place.
5. **Protective gear:** Wear your hard hat. Protect your eyes with safety glasses or goggles. Always wear the appropriate protective gear.
6. **Housekeeping:** A clean job is a safe job. Dispose of waste material properly.
7. **Unsafe use of tools:** Remember that power tools are dangerous. Keep guards in place. Wear appropriate personal protective equipment. Protect your co-workers. Stop and unplug equipment to make adjustments.
8. **Unsafe tools and equipment:** Inspect tools and equipment regularly. Report all defects to you supervisor. Always use the right tool. Always secure tools safely when not in use.
9. **Teamwork:** Plan all work with safety in mind. Always be aware of and protect all workers on a jobsite.

APPLYING for CIVIL SERVICE Disability Pensions

Understanding Civil Service Disability Pensions

If you are employed by a municipality, such as the State or by a City, County, Town or Village, you are most likely a member of a New York City or New York State and Local Retirement System.

If you have a permanent injury or illness, and are no longer able to perform the duties of your job title, you may be eligible to apply for a Civil Service Disability Pension.

New York City has five separate Systems: Employees' (NYCERS), Police, Fire, Teachers' (TRS), and Board of Education (BERS). The New York State Retirement System (NYSRS) includes: Police & Fire (P&F), Employees (ERS), and Teachers' (TRS).

It is important to know what system you are a member of, as well as your tier. This will determine what type of Disability Pension you can apply for and how much the benefit will pay.

Your tier is determined by the day you joined or rejoined a retirement system. An application must be filed with the appropriate retirement system within that system's strict time limits.



CIVIL SERVICE DISABILITY PENS



Types of Civil Service Disability Pension claims

There are many different types of applications, although they typically fall into two general categories:

Accidents

are generally known as unusual events, such as motor vehicle accidents, slips on debris, chairs breaking, assaults, etc.

Incidents

are generally known as exertional-type injuries from events such as lifting, carrying, bending and twisting, or repetitive strain type injuries.

Your years of creditable service, tier and accidents vs. incidents are very important in determining the proper type of application to file and the benefit.

STEPS TO TAKE TO MAKE AN APPLICATION

1. Report the occurrence to your supervisor/employer as soon as possible, but always in writing within 30 days.
2. File a Workers' Compensation claim as soon as possible.
3. Seek medical treatment for your injuries immediately, and depending on your Tier, System, and years of service, tell the doctor that your injury is job related.
4. Where applicable, obtain names of witnesses and the exact location of the occurrence.
5. When notifying your employer, provide exact details of the occurrence.

Are you entitled to **SOCIAL SECURITY** DISABILITY BENEFITS?



Understanding Social Security Disability

An application for benefits can be filed when you stop working. Your disability can be work-related or non work-related, or a combination of work injuries and other conditions. Disability can be based on physical or emotional impairments. All injuries, illnesses, conditions, diseases and impairments must be viewed together to determine eligibility for Social Security Disability.

If you are ill or injured, you may be eligible for Social Security Disability Benefits prior to full retirement age.

This is in addition to any Workers' Compensation or other benefits you receive. You need earnings of five out of 10 years prior to becoming disabled, unless you are under 31 years of age. You must be out of work or expect to be out of work for at least 12 consecutive months.

Social Security Disability can be received at the same time as Workers' Compensation, Long Term Disability, Civil Service Disability Retirement Pensions, or Union Disability. Medicare coverage is provided to disabled workers after receiving Social Security Disability for two years. Dependents receive additional benefits on the wage earner's account.

There are many conditions that qualify a disabled worker for Social Security Disability Benefits:

- Neck, back, hip, knee, leg, ankle, arm, hand, elbow, and shoulder injuries
- Serious heart and lung conditions, diabetes, and neurological disorders
- Carpal Tunnel Syndrome and arthritis
- Emotional disorders such as depression, anxiety, and Post Traumatic Stress Disorder

SOCIAL SECURITY DISABILITY

You can receive full Social Security Benefits prior to age 67. Workers who can show they are disabled under the Social Security law may collect full benefits.

You can apply for Social Security Disability Benefits (SSDB) while you collect age 62 early retirement benefits. If you are found disabled under the law, your benefits will be increased to the higher amount. Your minor and disabled children also may receive additional benefits.

There are time limits for qualifying for Social Security Disability Benefits. You must qualify during the period you are insured for disability benefits as determined by the Social Security Act. If you have already stopped working due to illness or injury, you should consider filing a claim immediately.

STEPS TO TAKE TO MAKE A CLAIM

1. Seek medical treatment for your conditions immediately.
2. Don't speak to anyone else about your claim other than your doctor.
3. If your claim is denied, contact us immediately so we can preserve your right to appeal. If your claim is denied, you have the right to appeal.



STEPS TO TAKE IF INJURED

STEPS TO TAKE

IF INJURED

ON THE JOB

- Seek medical attention as soon as possible.
- If you require emergency medical care, call 911 or have another person at the scene call on your behalf.
- If your injuries do not require emergency treatment, inform the foreman or supervisor at the scene of what has occurred.
- Take pictures of the scene and your injuries.
- Get the contact information of any witnesses present.
- Keep detailed notes of your recollection of the event.
- Keep all receipts or invoices for medical care, medical supplies, and even over-the-counter medication or supplies you purchase for your injuries. This documentation may prove invaluable later as your attorney seeks fair compensation on your behalf.
- Call an attorney to assist you in filing a no-fault application, notice of claim, or other documents needed to protect your rights and bring a personal injury claim.
- Don't speak with anyone else about your claim, except your doctor or a legal representative.
- If you have an accident that involves the City of New York or other municipal entity, a Notice of Claim must be filed within 90 days of your accident.
- If you are out of work for 12 continuous months or expect to be, you can receive full Social Security benefits prior to age 67. Your injury or illness need not be job related in order to qualify for Social Security Disability benefits.

STEPS TO TAKE IF INJURED

WORKERS' COMPENSATION QUIZ

NOTES

1. How much time do you have to notify your employer of a work-related injury?
2. Is notifying your employer considering filing a Workers' Compensation claim? If no, how much time do you have to file a Workers' Compensation claim?
3. Who are potential third parties in a construction accident lawsuit?
4. How long must you be removed from a noisy environment to be eligible for an occupational hearing loss claim?
5. What's the difference between an accidental injury and an occupational illness?





Robert E. Beloten
Chair

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
PO BOX 5205
BINGHAMTON, NY 13902-5205
www.wcb.state.ny.us
(866) 681-5354

State of New York - Workers' Compensation Board

In regard to ●●● WCB Case #
ADMINISTRATIVE DECISION
keep for your records

Based upon the information we have received regarding the work-related injury of xxxxxxxx on 10/11/2010 while working for xxxxxxxx, the Workers' Compensation Board makes the following findings and directions:

DECISION

The claimant xxxxxxxxxxxx had a work-related injury to the left foot and left ankle.

No lost time; therefore, no award is directed. Medical treatment and care, as necessary, for established sites of injury and/or conditions, is authorized. Treatment rendered to one of the body parts covered by the Medical Treatment Guidelines must be consistent with those Guidelines. Based upon the nature of the established injury, it is possible that the claimant will have a permanent disability. Additional monetary awards may be payable to the claimant if the injury results in permanent restriction or loss of use of an extremity. However, at this time, the Workers' Compensation Board does not have sufficient medical evidence of permanent disability. The claimant should schedule an appointment with his/her doctor when no further improvement is expected or about one year after the injury or surgery, if surgery was performed, in order to obtain a written report from the doctor as to permanency. The claimant should take a copy of this notice to his/her doctor. The doctor's opinion on permanency should be in accordance with the New York State Workers' Compensation Board medical guidelines and include the percentage loss of use, if any, and the basis for such finding. The claimant's doctor should use Form C-4.3 Doctor's Report of MMI/Permanent Impairment to document his or her opinion on permanency and then submit this form to the Workers' Compensation Board and the insurance carrier or self-insured employer. If the insurance carrier or self-insured employer desires to obtain its own opinion on permanency, it shall schedule a medical examination (IME) within 30 days of receipt of the claimant's medical opinion on permanency. Failure to do so without good cause shown may result in the carrier or self-insured employer being precluded from presenting an IME on the issue. No further action is planned by the Board at this time.

If you object to part or all of this decision, please state your reasons on the back of this form and return it to the district office address listed above (keep a copy for your records). Based on the reason for your objection, there may be a modified proposed decision, a conciliation meeting or a hearing. Unless your objection is received within xxxxxxxx.

Claimant -
Social Security No. -
WCB Case No. -
Date of Accident - 10/11/2010
District Office - Hauppauge

Employer -
Carrier -
Carrier ID No. -
Carrier Case No. -
Date of Filing of this Decision - 02/14/2011