

Injured on the Job



This booklet includes information about what to do when you are injured/become ill from work, how to navigate the Workers' Compensation process, and some Frequently Asked Questions

Updated Oct. 2024

Resources/Contacts

Local 201, IUE-CWA	781-598-2760
GE Medical Center	781-594-2218
GE Guard Shack If urgent, call 911 on GE phones	781-594-2591
Sedgwick Claims Management Services, Inc P.O. Box 15065 Albany, NY 12212	855-603-7499
Utilization Review (Sedgwick)	1-866-286-0281
GE Disability Center (STI, LTD, PFML)	1-800-392-0789
Department of Industrial Accidents (DIA) Boston	617-727-4900 1-800-323-3249
Lawrence	978-683-6420
Online (DIA):	info2@mass.gov

Overview of WC

Workers' comp (WC) is medical coverage and wage replacement for injuries on the job or illnesses that happen as a result of work. Employers are required to offer WC to their employees.

You are eligible for WC if...

- You have been injured at work
- You get a work-related illness
- You have a non-work related injury or illness (e.g. asthma) that was made worse by work

Report workplace injuries immediately!

Early reporting ensures that your medical care and lost wages are covered as soon as possible by the company.

- Late reporting may be used to delay or deny your claim
- It is illegal for the company to retaliate against you or prevent you from reporting your injury

Why Worker's Comp?

- If the company accepts liability for your injury, they will pay for any related medical care with no copays now and in the future.

- Workers' comp is tax free.
- If you try to use private health insurance for speedy treatment, both insurance types could deny your claim leaving you paying out of pocket.
- If you use private health insurance for a workplace injury, it could contribute to higher health insurance costs for you and your coworkers in the future.

Benefits

There are 3 different categories of workers' comp that you could qualify for. In all cases, the days of work missed do not have to be consecutive.

Total temporary disability - If you aren't able to work for at least 5 partial or whole days...

- Pays 60% of your average weekly wage (AWW) before taxes, including OT, for up to 3 years, however, you can only be out for 18 months before you break service at GE
- As of October 1 2024 the maximum weekly benefit is \$1,829.13, which is set by the state

Partial disability - If you work fewer hours or a lower paying job because of your injury...

- Pays 60% of the difference between AWW at the time of the injury and post injury wage for up to 5 years in most cases
- Cannot be more than 75% of what you would get if totally disabled
- Make up pay for not being able to work OT if supported by medical restriction

Permanent total disability - If you are permanently unable to do any kind of work due to your injury...

- Pays 66.6% of your AWW up to the max weekly benefit for life
- Hard to win

Medical Benefits: You are eligible for medical benefits of workers' comp even if you do not have to go out of work due to your injury/illness.

- Covers medical expenses without copays

Other benefits under workers' comp

- Prescription medications for your injury or illness
- Travel expenses such as auto mileage and taxi fares to and from doctor's appointments
- Permanent loss of function payment
- Scar-based disfigurement of hands, face, or neck payment
- Non-scar based disfigurement payment

Wage Replacement Eligibility

Out of work 5 or fewer full or partial days

- You will not receive wage replacement for those days of missed work.
- Example: I had to leave work early due to my injury, but I was able to return after 3 days. I will not receive any wage replacement for the days/hours I have missed work.

Out of work between 5-21 full or partial days

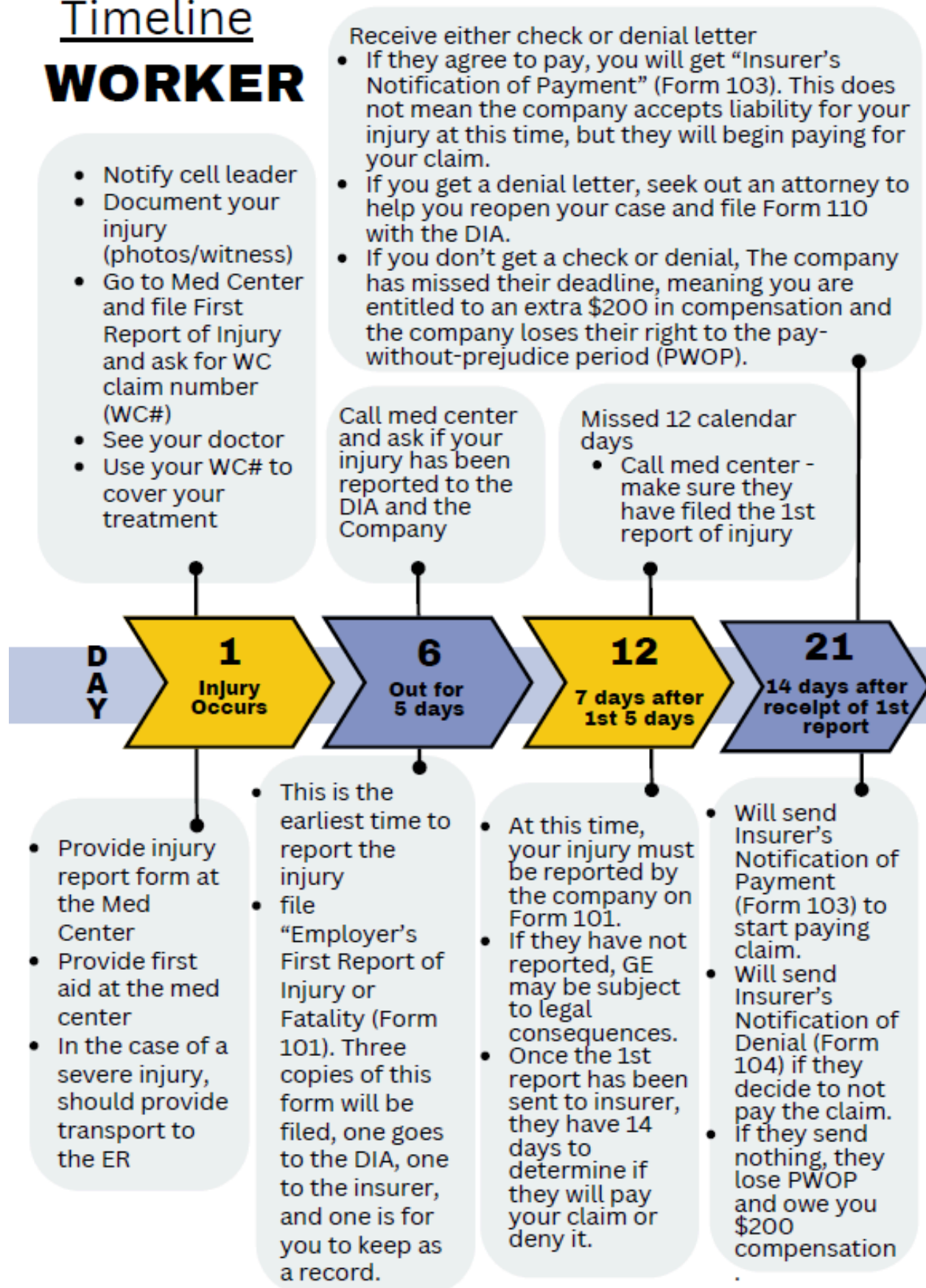
- You will receive wage replacement for the number of days you were out minus the first five days.
- Example: I've been out of work for 14 calendar days since my injury, I should receive wage replacement for 9 days of work in my first check.

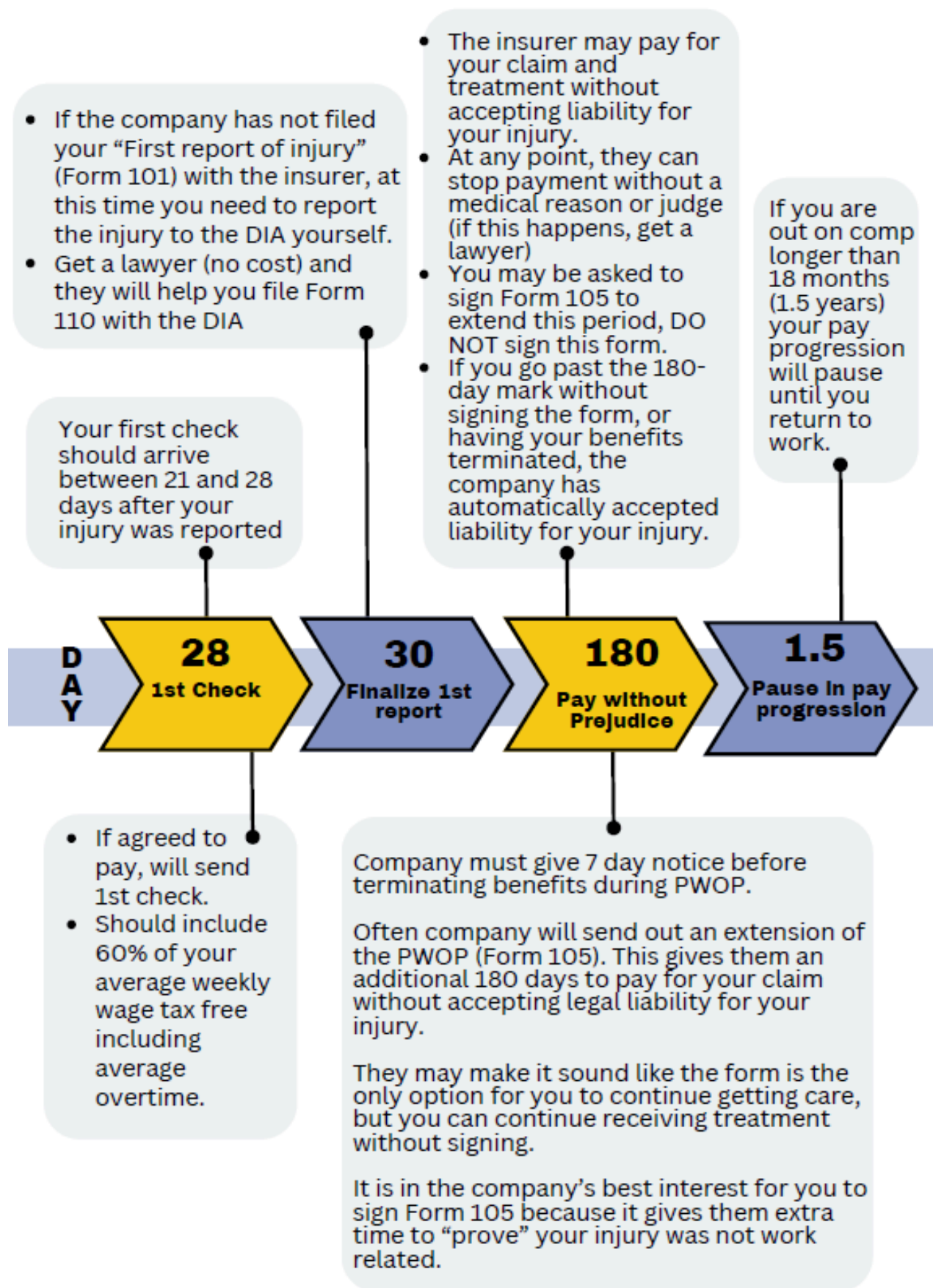
Out of work for 21 or more full or partial days

- You will receive wage replacement for every day you have missed including the first five days you were out.
- Example: I've been out of work for 23 calendar days since my injury, I should receive wage replacement for 23 days of work in my first check.

Timeline

WORKER





Other Types of Benefits

Short Term Disability (STD)

Its main purpose is to provide medical coverage and wage replacement for injuries or illnesses that happened outside of work and prevent you from working for less than 6 months. However, **STD can be used if workers' comp is delayed or denied.**

- Pays 60% of AWW, not including OT
- As of August 2024, the max weekly benefit is \$950
- STD is taxed

Long Term Disability (LTD)

Provides medical coverage and wage replacement for injuries or illnesses that happened outside of work and prevent you from working for longer than 6 months.

- Pays 50% of monthly pay
- As of August 2024, the max monthly benefit is \$3,000
- LTD is not taxed

Paid Family Medical Leave (PFML)

Used to take paid leave for a qualifying reason such as caring for your own or a family member's serious health condition.

- Your payment depends on how much you earn. Go to mass.gov or use the QR code to estimate your benefit amount.
- As of August 2024, the maximum weekly benefit is \$1,149.90, which is set by the state.



Return to Work

GE, the Medical Center, the administrator, and your cell leader should not pressure you to return to work before it is medically safe for you to do so. This decision is between you and your doctor.

If the company has accepted liability for your injury, you can enter a 28-day return-to-work trial period. This means you can go back out of work within 28 days and continue receiving comp.

Steps for Return to Work

1

If you need to return to work with restrictions, describe your job tasks to your doctor and ask them to write a letter with your return-to-work date and specific descriptions of the movements or tasks you cannot safely do. The doctor should not over or under-restrict you. The doctor should send the letter to the workers' comp administrator (Sedgwick) and to you.

2

Send the doctor's letter with your return-to-work date and restrictions to the Med Center via email as soon as you get it.

3

The Med Center will notify you if they can accommodate your restrictions within your job function profile. GE must provide reasonable accommodations. If your restrictions do not meet your job function profile, and GE cannot transfer you to a different job, you may be asked to go back out on comp until your restrictions have decreased or can be accommodated.

4

If they can accommodate your restriction, notify your cell leader that you are returning to work on the date agreed upon by your doctor in writing.

5

Schedule your return-to-work appointment at the Med Center for your first day back at work.

Know Your Rights

You have the right to receive workers' comp if you were injured at work and out for 5 or more full or partial days.

You have the right to go out on comp without facing retaliation from the company.

You cannot be terminated because of your injury, but you may be reassigned upon return or asked to stay out until your restrictions match with your job function profile.

You have the right to seek legal counsel at little or no cost to you. If you win your case, it is the responsibility of the administrator (Sedgwick) to pay for your legal fees. If you lose your case, you may be responsible for paying some fees such as those associated with seeing an IME (a good lawyer should not charge you in either case). Before signing with a lawyer, ask them about their payment policy.

You have the right to appeal if your claim is denied. If your claim is denied, get a lawyer to help you file your claim from the employee side rather than from the company through Form 110. If your claim is accepted through Form 110, you are eligible for the same workers' comp benefits as claims filed by the company. You can start this appeal if...

- You received the Insurer's Notification of Denial (Form 104)
- Or you have not received any information from the administrator (Sedgwick) and it has been 30 or more calendar days since your injury

You have the right to monetary reimbursement for prescription medication and mileage associated with travel to and from doctor's appointments/medical treatment.

You have the right to see your own personal doctor or a doctor of your choosing. It may be best to see your own doctor rather than only seeing one recommended by the company.

You have the right to access your medical documents. Try to keep a diary or folder with documents from your appointments or forms related to your case. If you are having issues accessing your medical information, contact your safety rep, director or Local 201.

You have the right to \$200 compensation from the insurer if they fail to pay or contest your claim in a “timely manner.” For this purpose, “timely manner” describes receiving notification within 14 days after the receipt of the First Report of Injury (Mass. Gen. Laws. Ch. 152, § 7).

Know Your Forms

Form 101 - Employer’s First Report of Injury/Illness

- Filed at the Med Center to report your injury

Form 103 - Insurer’s Notification of Payment

- Sent when insurer starts payment

Form 104 - Insurer’s Notification of Denial

- Sent if insurer initially denies claim

Form 105 - Agreement to Extend 180 Day Payment-Without Prejudice

- Extends the PWOP period to an additional 180 calendar days
- It may not be in your best interest to sign form 105

Form 106 - Insurer’s Notification of Termination or Modification of Weekly Compensation During Payment-Without-Prejudice Period

- Sent to notify insurer’s intent to end compensation during the PWOP period
- Must be sent 7 calendar days before the end of the PWOP period

Form 110 - Employee Claim

- This form opens your case from the workers' side rather than the company's
- If you have been denied initially (Form 104) or it has been 30 days since your injury and you have not received confirmation of your injury report, then you should seek out an attorney to help you file Form 110 with the DIA

FAQs

Q: When should I contact a lawyer?

A: You can choose to contact a lawyer at any time throughout the process. It could be especially helpful to do so...

- If the company has not filed your "First report of injury" (Form 101) with the administrator (Sedgwick) within 30 days after you filled it out at the Med Center
- If comp stops paying for needed treatment
- If your claim is contested or denied
- If you were put on short term disability instead of comp for a workplace injury
- If you want to get payment for loss of function or disfigurement

Getting a lawyer should be at no cost to you. A good lawyer should not charge you whether you win or lose the case. Before signing with a lawyer, ask them about their payment policy. If you need help choosing a lawyer, reach out to the Union for assistance.

Q: What do I do if my claim was denied?

A: If you receive a denial, get a lawyer to help you file your case with the DIA using Form 110.

Q: How do I calculate my workers' comp wage replacement?

A: Take the sum of your total earnings, including overtime and bonuses, for the 52 weeks before your injury date and divide it by 52. This is your average weekly wage (AWW). Multiply this number by 0.6. That is what you will get each week while you are out on comp unless this number is higher than the max weekly benefit of \$1,797. In that case, you will get \$1,797 per week.

Example: Bob earned \$60,000 in the 52 weeks prior to his injury, including OT. $\$60,000/52 = \$1,153.8$. This is Bob's average weekly wage. $\$1,153.8 \times .6 = \692.3 Since \$692.3 is below the max weekly benefit, he will get \$692.3 per week.

Q: I got sent home from the Medical Center. Will I get paid?

A: You will get paid for the rest of your shift if you had an injury on the job and the Med Center sends you home.

Q: Do I have to do the medical evaluation in the Medical Center to get workers' comp?

A: No, you do not need to use the Med Center's services to be eligible for comp. You can go to your personal doctor. You **DO** need to report your injury at the Med Center and ask for your workers' comp claim number.

Q: How do I get my claim number?

A: After reporting your injury at the Med Center, immediately ask for your workers' comp claim number.

Q: Can I see my own doctor?

A: Yes, you have the right to see any doctor of your choosing. However, if the company asks you to see an IME or requests you see their doctor, you should do so while continuing to receive care from your choice of physician.

Q: How do I get reimbursed if I need to use my own medical insurance?

A: Go to your doctor to get care and tell them you have filed a workers' comp claim because your injury happened at work. Give them your regular medical insurance information at the appointment but follow up to give them your workers' comp claim number as soon as you get it. Ask them to send the bill to the administrator (Sedgwick) using the claim number. If you get any bills in the mail for your appointment, such as copays, do not pay them. Bring any bills to the Med Center or Local 201. If workers' comp goes through, there will be no copays.

Q: If I have a medical appointment during work hours, will I get paid for that time?

A: If you miss time at work for a doctor's appointment or to get treatment outside of the Medical Center, you will get paid as long as the appointment was during your shift and you have previously notified the company about your appointment.

Q: How long do I have to wait to get paid?

A: Most people receive their first check around 3 or 4 weeks after their injury was reported. The sooner your injury is reported to the administrator (Sedgwick) the sooner you will receive your first check (see timeline for more detail).

Q: I have been asked to go to an Independent Medical Exam (IME). Do I have to go? How do I pay for transportation?

A: Yes, you have to go. If your IME appointment is scheduled while you are on the clock, these missed hours will be reimbursed by the company. Keep your receipts for gas or taxi/rideshare. When your claim ends, you will get a form where you can document these expenses for reimbursement.

Q: I was hurt a few weeks ago and I've been told to see a specialist but I haven't been able to yet. Does this mean my claim is going badly?

A: No. It is normal for the company to require time for the utilization review process. This can be frustrating but you can get your treatment. It can take time.

Q: How do I know if GE has accepted liability for my injury?

A: If you continue getting checks 180 days after your claim began, the company has automatically accepted liability for your injury. If you have gotten a denial letter in the mail (Form 104) or you stopped getting checks, and you went before a judge who at conference issued an Order of Payment that was not appealed by the company, that means the company has accepted liability for your injury.

Q: My claim has been open for 6 months and I got form 105 from the workers' comp administrator (Sedgwick) asking me to sign to extend the pay without prejudice period. What is this form and should I sign it?

A: No, doing this allows the company to continue paying for your treatment without accepting responsibility for the injury. Do not sign this form. Signing the form gives the company extra time to try and deny your case. If you go past the 180-day mark without signing the form, or having your benefits terminated, the company has automatically accepted liability for your injury.

Q: I've been offered a lump sum settlement for my case, what does that mean?

A: The lump sum is a one time payment that you will receive instead of a bi-weekly check. The lump sum may seem more generous up front, but it is important to get legal counsel to fully understand if this is the right decision for you and your case.

Q: The company has accepted liability for my injury. Are there any reasons my checks would stop?

A: Even if liability for your injury has been accepted, there are several reasons you would stop getting checks

- You have returned to work and no longer need medical care. (If you need to go back out, you have 28 days after you return to go back out and the administrator will continue paying for your claim).
- The company has written documentation of a job available for you and your doctor writes a letter saying that you can safely do that job.
- You are asked to see an IME for evaluation and you refuse or do not attend the appointment.
- You are asked to attend an evaluation by a DIA Vocational Rehabilitation Review Officer and you refuse or do not attend the appointment.
- A judge, reviewing board, higher court, or arbitrator can order for your benefits to stop

Q: The Med Center is closed and I need to report my injury, where do I go?

A: You can report your injury at the Guard Shack (Building 89) if the Med Center is closed.

Q: Are there any consequences for the insurer if they pay me late?

A: If the insurer has failed to initiate payment or contest your claim in a “timely manner,” they may be fined \$200 dollars by the DIA payable to you as the injured worker. The DIA will determine if the insurer acted in a “timely manner” (14 days after the receipt of First Report of Injury) and then carry out the fine (Mass. Gen. Laws. Ch. 152, § 7).

**This pamphlet was a collaboration between
IUE-CWA Local 201 and Occupational Health
and Safety Program Interns Sunnie and Maya.**