



WORKERS' COMPENSATION AND ACCIDENT HANDBOOK

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PURPOSE OF THIS BOOKLET

This booklet provides, in question and answer form, the basic information you should know if you are *injured in a work-related accident, or think you have a work-related illness*.

This booklet tells you the steps you must follow to protect your right to recover Workers' Compensation benefits. It also answers some of the most frequently asked questions about Workers' Compensation benefits. Finally, it alerts you to other rights you may have as a result of your illness or injury.

This booklet is *not* a substitute for the advice of an attorney or union representative who is experienced in Workers' Compensation matters. *You should not rely only on your employer to advise you regarding your Workers' Compensation claim, since your employer has an incentive to save money at your expense.*

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Warning: The laws and regulations described in this manual are subject to change at any time. Contact your Rothman Gordon lawyer for an update.

WHAT IS WORKERS' COMPENSATION?

Workers' Compensation is a system of legally required employer-paid insurance which provides for payment of medical costs, hospital costs, and weekly disability payments, for workers who suffer from an illness or injury which arises in the course of his or her employment.

The Workers' Compensation system is based on state laws originally set up during the early years of the American labor movement. Before Workers' Compensation existed, workers who were disabled as a result of an injury on the job faced destitution unless (and until) they could win a court suit against their employer. Court suits could take many years to resolve. Workers were often barred from recovery on the basis that they were at fault in causing the accident which led to their injury, or that fellow workers were at fault, or that they had voluntarily and knowingly assumed the risks of dangerous working conditions.

Workers' Compensation was created to correct the unfairness of fault-based recovery in court, and continues to be based on the following principles:

- Workers' Compensation is administered by a state agency, not a court.
- Unlike cases which are tried in court, fault is not a factor in recovery. Workers are normally entitled to benefits for any job related accident or illness, even if their own carelessness caused the accident or illness, and even if the employer was not at fault.
- Workers can *only* recover medical costs and disability payments based on lost wages. *There is no coverage for pain and suffering or inconvenience.*
- *In most cases workers cannot sue their employers.* In effect, Workers' Compensation "trades" the workers' opportunity for larger recoveries in court based on pain, suffering, and inconvenience, for a system of more certain recovery, regardless of employee fault, in an atmosphere where a worker is able to obtain such compensation more quickly without resorting to a lengthy court suit against his or her employer.

MUST I NOTIFY MY EMPLOYER IF I AM INJURED AT WORK?

The Workers' Compensation law requires that you notify your employer that you received an injury in the course of your employment, within certain time limits. If you fail to give notice on time, you may lose part or all of your compensation.

You should report your injury as soon as possible to an appropriate company superior.

- You should report the time, nature and circumstances of your injury to your supervisor or another appropriate superior *immediately, even if you do not believe the injury to be serious*. In some cases an injured worker will complete his or her shift hoping that the pain or problem which he or she has incurred will disappear. Some types of injuries get *worse*, not better, as time passes. If you go home without notifying your employer, your employer will probably fight your claim because you did not give immediate notice after injury. At best, this will delay your benefits. At worst, you may lose benefits entirely because the Workers' Compensation Judge will not believe that you were injured on the job.
- You should notify your employer in writing, even if your note is short, to protect yourself from later disagreements. You should, if possible, keep a copy of this notice.
- **It is never enough to advise your employer that you are ill or injured and cannot come to work. You must specifically tell your employer that you hurt yourself or sustained an injury while you were at work. You must describe the injury in ordinary language, and indicate when and where the injury occurred.**
- **Failure to report the accident or injury within 21 days from the date of the accident or injury may result in loss of part of your compensation.**
- **Failure to report your accident or injury within 120 days from the date of the accident or injury will result in loss of eligibility**

for any compensation.

In some cases, involving illnesses as opposed to injuries, the period or time limit for giving notice does not begin until the employee knows or should have known that his or her illness or disability was caused by a workrelated exposure or occupational disease.

WHAT IF I NEED MEDICAL ATTENTION?

In an emergency, go immediately to the nearest emergency room to obtain treatment. If there is no emergency, your first stop should instead be to ask immediately for medical help from your supervisor or any management representative. Indicate that you need medical help as a result of your work-related injury.

Your employer should have a list posted with the names of six doctors available to treat you, two of which can be coordinated care organizations.

In cases where you need nonemergency medical help, if a list is posted, you must use one of the doctors on the list. If there is no list, you may see your own doctor. *Be sure to advise any doctor you see as to how your injury occurred on the job.* The history you give the doctor is very important, and if the doctor does not understand how the injury is workrelated, the employer will probably fight your claim.

You can always see, use and be treated by your own doctor. However, in order to comply with the Workers' Compensation regulations, you *must* see one of the doctors posted on your employer's list during the first 30 days of your medical treatment if you were injured before June 24, 1996 or for the first 90 days if you were injured on or after June 24, 1996. After the 30 day or 90 day period passes, the choice of physicians is completely yours. If you choose a new doctor, you must notify your employer within 5 days. Failure to give notice could impair your right to have your medical bills paid.

To establish the medical facts which support claims for compensation, an injured worker must always cooperate and submit to reasonable examinations when required by his or her employer or the employer's insurance carrier.

Whichever doctor you choose for treatment, that doctor must file periodic reports with your employer. An initial report must be filed within 10 days of your first treatment, and thereafter your doctor must file a monthly report for as long as treatment continues. Your employer will not have to pay for your treatment until the required reports are filed.

WHAT MEDICAL EXPENSES ARE COVERED?

Workers' Compensation provides for payment of reasonable and necessary charges related to treatment of a workrelated injury, including hospital stays, medicines, supplies, orthopedic appliances and prostheses, and medical and surgical services rendered by licensed practitioners. Chiropractors are included as licensed practitioners. Additionally, under certain limited circumstances, travel expenses related to medical services are covered. Medical benefits are payable whether or not you are working, and whether or not you are receiving weekly Workers' Compensation payments.

HOW DO I KNOW IF MY INJURY OR ILLNESS IS WORK-RELATED?

If you did not receive immediate medical care or attention and you feel that your injury is work-related, check with your doctor. Your doctor will generally be aware of illnesses or diseases which are commonly related to your job or your industry.

According to the courts, an "occupational disease" is a condition which occurs to employees working in a particular environment significantly more often than such disease occurs in individuals who make up the general population.

Many occupational diseases are well known, and others are the subject of ongoing research. Usually occupational diseases are very serious medical conditions and have developed over a long period of time. If you suspect your injury or illness is job-related, *be sure to provide your doctor with a complete history of your work environment, including the dusts, chemicals, etc. to which you were exposed.* The next section describes your rights to be informed about the nature of hazards in your workplace.

If you believe you have been exposed to chemicals, silica or other toxic substances, *try to obtain or retain labels from the products you are exposed to in the course of your employment.*

If you believe you have been exposed to long term and/or excessive noise, you should contact your attorney to pursue a possible hearing loss claim. You have three years from the date of your *last exposure* to industrial noise to file a claim.

WHAT INJURIES, ILLNESSES OR DISEASES ARE COVERED?

Usually Workers' Compensation covers physical injuries. However, heart attacks and strokes, when related to your employment, can be compensated if they have been caused by unusual physical activity at work or by unusual stress produced by your job.

In rare cases, mental or emotional illnesses or impairments can be eligible for compensation if the condition was caused by a work-related accident, injury, illness or "abnormal" stress. *Hearing loss* can also be covered if you have been exposed to excessive noise at your work place for a prolonged period of time.

Often, you can receive compensation for aggravations of preexisting conditions. For example, if you have a heart condition which is aggravated by the stress or strain of the job, and this results in lost time, you may be eligible for Workers' Compensation benefits. Similarly, if you had a bad back which had not given you any problems for several years, and you have a flareup which you can connect (using medical evidence) to your on-the-job duties, you may be eligible for Workers' Compensation benefits. Such cases are almost always contested and may be difficult to win.

In short, if your job contributed to or aggravated your previous condition or previous disability, you *may* be entitled to Workers' Compensation benefits.

WHO CAN FILE A WORKERS' COMPENSATION CLAIM?

An injured worker or the dependents of a deceased worker (principally the wife, unless or until she remarries, or the dependent children (including illegitimate children) up to age 18), may file a Workers' Compensation claim.

HOW CAN I RECEIVE THE COMPENSATION THAT IS DUE ME?

Submit the actual bills for medical treatment and related costs to your employer. Be sure to keep copies of everything you submit, for your records.

Workers' Compensation should pay for the actual costs of medical treatment, hospitalization, and medicines resulting from a work-related injury or illness if you comply with the notice and other requirements.

Your employer might have a form for you to use when you submit your claim. Check with your Union representative for details.

HOW IS COMPENSATION CALCULATED?

The system should compensate you for the actual cost of medical treatment and hospitalization resulting from a work-related injury, accident or disease.

A payment formula exists to provide fixed sums for specific injuries such as loss of hearing, loss of vision, the loss of the use of a full or partial limb, or facial disfigurement.

In cases of disability, weekly payments are based on a percentage of your earnings. The payment of benefits for those employees injured and receiving benefits based on total disability has changed due to recent changes in the Act. For those employees injured before June 24, 1996, total disability benefits can be paid to the employee for as long as the disability exists. For those employee injured on or after June 24, 1996, total disability benefits **can** be limited to 104 weeks depending on the

degree of the injured employees impairment. In case of partial disability, benefits can be paid up to 500 weeks. There is no time limit on the duration of medical benefits, as long as medical evidence supports the reasonable necessity of continued treatment.

It is important for an employee to remember that returning to work after an injury affects the amount of compensation due to the employee by the gross wages paid and **must** be reported to the carrier immediately so the amount of indemnity benefits can be re-calculated. It is the employee's responsibility to report this information to the workers' compensation carrier within thirty (30) days after the beginning of employment or self employment. The Bureau has created two forms for this purpose entitled **Employee Report of Wages (Other than Workers' Compensation Benefits Received)** and **Employee Verification of Employment, Self-Employment Or Change in Physical Condition**.

WHEN CAN I GET BENEFITS?

You are entitled to benefits if your disability lasts more than seven days. Generally if your injury or illness lasts for less than 7 days, your Workers' Compensation insurance carrier will cover only your medical bills and expenses, and you are not entitled to payment for your period of disability.

If your disability results in lost time which lasts for 14 days or more, you should receive benefits which include the first 7 days of lost time caused by your injury or occupational disease.

If you lost a limb, a portion of a limb, your sight, your hearing or if your face has been permanently disfigured you should receive compensation within 21 days. You may also be entitled to benefits if you have lost the use of a limb or portion of a limb. For example, if as a result of a work-related injury you are unable to use your hand to grip and grasp and/or write, you may be entitled to Workers' Compensation benefits.

Once you receive wage loss benefits, the carrier must continue to pay you wage loss benefits unless:

- ** A Petition to Terminate, Modify or Suspend has been filed and the Judge assigned to the matter issues an order altering or stopping wage loss benefits,
- ** You return to work at wages equal to or greater than you pre-injury wage and you sign a supplemental agreement,
- ** You are receiving partial disability and the 500 weeks expire,
- ** You sign a final receipt,
- ** You are convicted of a crime and incarcerated,
- ** You fail to complete an Employee Report & Verification of Wages Form and return it to the carrier within 30 days.

IS THERE A TIME LIMIT FOR FILING A CLAIM?

Yes. A claim must be filed *within 3 years after the work-related accident, illness, or injury occurs*, provided a report to the employer of the accident is made within 120 days of its occurrence.

If you find out that, in addition to the original injury you suffered, you have sustained other injuries to other parts of your body, we must know about them **immediately**. You can request a review on only **one** occasion for injuries which are NOT listed on your Notice of Compensation Payable but which you know about.

The moment you know that you have suffered or sustained additional injuries over and above those which were originally accepted by the employer, you **MUST** notify your attorney because a Review Petition must be filed with respect to all known injuries within three years from the date that you know of the additional injuries.

In a few unusual instances when an injury, accident or illness is caused by the intentional act of the employer, of a fellow employee, by defective equipment, or by noxious chemicals, a civil suit may be instituted. As a general principle, violation of safety standards, even if intentional, does not subject an employer or coemployee to suit. However, if you are intentionally assaulted, you may be able to sue a coemployee or employer. If you are injured by intentional, fraudulent misrepresentations of a plant physician, you may also be able to sue your employer and the doctor. Physicians who are not employees of the company, but who operate on its behalf as independent contractors, are additionally liable for malpractice.

If you are injured by defective equipment or products which the employer uses on its premises, someone other than the employer (such as the manufacturer or distributor of the equipment or product) may be responsible and a civil suit may be instituted. You should discuss any such injury with your lawyer.

If you are injured by defective equipment or products, you should attempt to obtain the serial number of the product and the name of the manufacturer and distributor of the equipment.

A decision as to whether a party other than your employer may be legally responsible for your injuries involves complex legal considerations and requires a consultation with a competent lawyer.

AM I ENTITLED TO ADDITIONAL BENEFITS IF I AM INJURED WHILE DRIVING IN THE COURSE OF MY EMPLOYMENT?

If you are injured while driving in the course of your employment, Workers' Compensation remains your exclusive remedy against your employer. You may, however, be able to sue the driver of the other vehicle for his negligence in causing the accident, and obtain recoveries for pain and suffering, which are unavailable under the Workers' Compensation Law.

WHAT SHOULD I DO IF MY EMPLOYER OR ITS INSURANCE CARRIER CONTESTS OR REFUSES TO PAY MY CLAIM?

Consult with an attorney if your claim is contested. You will need to work closely with someone who knows the details of the Workers' Compensation law.

If your employer or its carrier contests or denies your claim, you should receive from them a Notice of Workers' Compensation Denial. Take this Denial to your lawyer at once.

If your employer or its insurance carrier contests or denies your claim, you and your attorney must file a claim petition. This document will form the basis of your case which will be argued in a hearing before a local Workers' Compensation Judge. If the Judge rules against you, you may appeal to a Workers' Compensation Appeal Board. If you are still dissatisfied with the ruling, you have an option to appeal this decision through the court system commencing with the Commonwealth Court. Ultimately a disputed case could be argued before the Pennsylvania Supreme Court. This process requires careful planning and knowledgeable legal advice.

Generally, the most important person in your case is the Workers' Compensation Judge. If your case is lost before the Judge, it is difficult to overturn his or her Decision.

WHAT IS THE FIRST STEP IN RESPONDING TO A CONTESTED CLAIM?

File a claim petition with the Bureau of Workers' Compensation. Be sure to consult with your Union representative or your lawyer before completing or filing the claim petition.

You may obtain a claim petition by contacting our office or from the local office of the Bureau of Workers' Compensation in the area where your accident or injury occurred. The completed claim petition must be sent by registered mail, return receipt requested, to:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, PA 17104-2501

You should absolutely retain a copy of the claim petition for your records and attach the return receipt record to your copy.

AM I ENTITLED TO SOCIAL SECURITY BENEFITS IF I AM ALSO RECEIVING WORKERS' COMPENSATION BENEFITS?

Some injuries or illnesses may render an employee permanently unable to engage in substantial gainful employment for a period which is expected to last for 12 months or more. In this situation, you may be entitled to a significant Social Security Disability award which may supplement your Workers' Compensation benefits.

Additionally, while you may be suffering from an injured back as a result of your employment, you also may have a heart condition or other impairment which is not connected with your employment. Under these facts or similar circumstances, you may also be entitled to an award of Social Security Disability benefits.

Remember, the fact that you are receiving Workers' Compensation benefits does not prevent you from receiving Social Security Disability benefits. Oftentimes, an employee can receive both at the same time.

AM I ENTITLED TO UNEMPLOYMENT BENEFITS IF I AM ALSO RECEIVING WORKERS' COMPENSATION BENEFITS?

If you advise your employer *in writing* that you are available and able to perform light duty work, but you are not capable of performing your former duties, and your employer does not provide you with light duty work, you may be able to receive unemployment compensation benefits, and at the same time, Workers' Compensation benefits for total disability. However, *we advise against applying for unemployment compensation benefits without consulting your attorney.*

CAN I RECEIVE OTHER BENEFITS SUCH AS UNEMPLOYMENT OR RETIREMENT BENEFITS WITHOUT AFFECTING THE AMOUNT OF WORKERS' COMPENSATION BENEFITS I RECEIVE?

An employee receiving workers' compensation benefits is not barred from receiving other benefits, but the Workers' Compensation Act does contain provisions which entitle the carrier to a dollar for dollar offset. Wage loss benefits payable to an injured employee are affected by offsets for the following benefits:

- *unemployment benefits
- *50% set off for social security retirement benefits
- *severance benefits
- *employer funded pension benefits

An injured employee receiving wage loss benefits **must** report the receipt of unemployment compensation benefits, old age (retirement) benefits, severance benefits and pension benefits. The Bureau has created forms for this purpose entitled **Employee's Report of Benefits(Unemployment Compensation, Social Security(Old Age), Severance and Pension Benefits) For Offsets**. It is the employee's responsibility to report this information to the insurance carrier, therefore, an employee should not wait to receive this form before reporting receipt of unemployment benefits, social security retirement benefits, severance benefits or pension benefits. if your work injury occurred prior to June 24, 1996, this form should not be completed.

TERMINATION, MODIFICATION, OR SUSPENSION OF BENEFITS — WHAT MUST I DO TO KEEP MY BENEFITS?

If all disability caused by your work-related injury has ceased, there is no right to continued benefits. Your employer, or your employer's insurance company, can file a *Petition for Termination* based on their doctors' reports indicating that you have fully recovered.

To protect yourself against premature termination of your benefits, you should remain under the care of a competent medical professional throughout the duration of your injury. This means that you should keep regular appointments with your doctor, keep your doctor fully apprised of your condition, and cooperate with your doctor's treatment program. *You should also remain in regular contact with your workers' compensation attorney so he or she may monitor your case.*

You should *never* sign a document called a "Final Receipt" without thoroughly discussing the situation with your lawyer. A Final Receipt is a certification, by you, that all disability related to your work injury has ceased.

Your employer may attempt to *suspend* your benefits by filing either a *Petition for Suspension or Notification of Modification or Suspension*. The employer may also try to suspend your benefits by mailing to you *Supplemental Agreements*. In order to suspend an injured employees benefits, the employer must produce evidence that although the employee has residual disability, it no longer affects their earning capacity in that the employee is receiving wages greater to or equal to the employee's time of injury wage.

Your employer or employer's insurer may additionally attempt to modify (reduce) your benefits by means of a Petition for Modification. In order to successfully reduce your benefits, the insurance company must show: (1) that your medical condition has changed so as to reduce your incapacity, and (2) that work is *actually available* within your physical limitations. In order to show that work is actually available to you, the employer must produce evidence of a referral to a then open job which fits the occupational category for which you have been given medical clearance (e.g., light work, sedentary work, etc.). If the insurance company makes this two part showing, you must then demonstrate that you have, in good faith, followed through on the job referral. If the referral fails to result in a job, then your benefits continue.

If an employee has returned to work, the employer can file a Petition of Modification or Suspension within 7 (seven) days after the Claimant has returned to work, which can allege that the employee's compensation benefits can be modified as there is only a partial wage loss or suspended

as there is no wage loss. *If an employee receives this document, it is imperative that they take this document to an attorney immediately as they only have 20 days to challenge the statements made in the Notice if factually incorrect.*

If your employer seeks to modify your benefits, you should contact your lawyer at once. You should have your lawyer present at any interviews with vocational counselors, since these interviews will become the basis for job referrals. If you are referred to a job, you *must* cooperate fully and in good faith, provided that the job to which you are referred is within your medical work restriction. *You must keep a record of where and when you applied for these job referrals.*

ARE THERE SOME THINGS I SHOULD NEVER DO IF I AM RECEIVING WORKERS' COMPENSATION OR IF I MAKE A CLAIM FOR WORKERS' COMPENSATION?

Yes, the following should never occur:

- **NEVER** sign a document entitled “**Final Receipt**” unless and until you have discussed the situation thoroughly with your lawyer;
- **NEVER** sign a document entitled “**Employee’s Report of Benefits (Unemployment Compensation, Social Security (Old Age), Severance and Pension Benefits) For Offsets**” unless and until you have discussed the situation thoroughly with your lawyer;
- **NEVER** sign the documents entitled “**Employee Report of Wages (Other Than Workers’ Compensation Benefits Received)**” and “**Employee Verification of Employment, Self-Employment Or Change in Physical Condition**” unless and until you have discussed the situation thoroughly with your lawyer (**IMPORTANT NOTE: You must sign and return the Employee Verification of Wages form within thirty (30) days of receipt or your indemnity benefits can be suspended, so CONSULT AN ATTORNEY IMMEDIATELY!!**);
- **NEVER** conduct a tape-recorded interview with an insurance agent, insurance adjuster, insurance company representative, employer

representative or rehabilitation worker without the advice of your lawyer (and preferably in his or her presence);

- **NEVER** give an interview over the telephone with an insurance agent, insurance adjuster, insurance company representative, employer representative or rehabilitation worker;
- **NEVER** give a written statement unless your lawyer is present;
- **NEVER** sign a written statement unless your lawyer is present;
- **NEVER** sign any document without first consulting your lawyer as you may seriously jeopardize your right to the compensation you are presently receiving or to which you may be entitled in the future;
- **NEVER** file a claim for Workers' Compensation without first consulting your Union representative or your lawyer;
- **NEVER** discuss your case with strangers;
- **NEVER** report your injury or accident to a fellow employee. *Always report it to your immediate supervisor and try to put it in writing;*
- While you are on Workers Compensation, **NEVER** allow yourself to be examined by the employer's doctor without giving your lawyer notice and an opportunity to advise you;
- **NEVER** allow a representative of the insurance carrier or rehabilitation company to be present in the examination room while you are being examined by your treating physician or a physician hired by the carrier;
- While you are on Workers' Compensation, **NEVER** apply for unemployment compensation without first consulting your lawyer;
- **NEVER** discuss your case with a vocational rehabilitation nurse or rehabilitation expert, without first conferring with your lawyer and then having the discussion with the rehabilitation professional in your lawyer's office;
- **NEVER** sign any forms in blank.

SHOULD I APPLY FOR GROUP SICKNESS AND ACCIDENT BENEFITS?

Many workers are told by their employers, when they are injured at work or aggravate a preexisting physical problem, to apply for group insurance benefits when in reality Workers' Compensation coverage should be provided.

Group benefits, also known as sickness and accident benefits (S&A benefits) are benefits which you are entitled to receive if you have an injury or illness which is not work related. If your injury or illness is work related, even partially, then you should apply for Workers' Compensation benefits inasmuch as they are generally superior and preferred to group benefits.

If however your employer denies you Workers' Compensation benefits, you should then apply for group benefits. Your receipt of group benefits will not prevent you from filing a claim or obtaining Workers' Compensation coverage. *Be sure to indicate in writing to the S&A carrier that you are applying because your Workers' Compensation claim has been denied.*

WILL WORKERS' COMPENSATION BENEFITS AFFECT MY RETIREMENT?

If you retire simply because you turn 62 or 65, you jeopardize your Workers' Compensation benefits. **IF YOU ARE ON WORKERS' COMPENSATION, NEVER DISCUSS RETIREMENT WITH ANYONE EXCEPT YOUR ATTORNEY.** This is a trap your employer and its insurance company want you to fall into. They want you to retire, and if you retire, they can file a petition to stop your weekly workers' compensation benefits. Many petitions have been successful because of lack of employee planning and discussion with the injured person's attorney.

Also, if you are on Workers' Compensation and you do not expect to return to any type of gainful employment for an excess of a year, you should consider filing for Social Security Disability benefits.

Therefore, there is a potential negative impact if you fail to file for Social Security Disability benefits when you are on Workers' Compensation and expect to be off for more than 12 months.

WHEN SHOULD I SEEK THE SERVICES OF A LAWYER FOR MY CLAIM?

The Workers' Compensation Act has undergone drastic legislative changes in recent years which altered the right of the employee both substantively and procedurally. These legislative changes include the Act 44 amendments, effective date August 31, 1993; the Act 57 amendments, effective date June 24, 1996; and Act I of 1995 (hearing loss), effective date February 1, 1995. As a result of these changes, it is not recommended that an employee try to handle a possible claim for benefits alone.

At the very least you should contact a lawyer in connection with your Workers' Compensation claim when the following situations occur:

- When you receive notice that your claim has been denied;
- When you suspect that your employer has not reported the injury to its insurance carrier;
- When you are asked to sign a Final Receipt;
- When you are asked to sign any document which may have a bearing on your Workers' Compensation claim;
- When you are asked to sign a written statement or asked to give a taped, recorded statement;
- When you want to file a claim petition;
- When you receive a form entitled, "Notice of Ability to Return to Work". This form will be sent by the carrier following an independent medical examination and/or impairment evaluation;
- When your employer files a petition to terminate, modify, suspend or reduce your benefits;
- When your employer or its insurance carrier request that you be

examined by a doctor of its choice while you are actually receiving Workers' Compensation benefits;

- Whenever you believe that you are also entitled to Social Security Disability benefits;
- Whenever you believe someone other than your employer might be at fault, e.g., another company, manufacturer or distributor;
- When you are contacted by an insurance adjuster, rehabilitation nurse, rehabilitation worker, or vocational counselor;
- When you are injured in an auto accident or injured as a result of another person's or company's negligence.

SHOULD I BE CONCERNED ABOUT FULL TORT vs. LIMITED TORT?

While not strictly Workers' Compensation, we would be remiss in not mentioning the difference between full tort and limited tort liability in connection with your car insurance. While selecting limited tort may save you \$200 or less on your yearly premium, you will have forfeited your right to sue for pain and suffering. *We advise against selecting the limited tort option.* Make sure that you choose FULL TORT!

WHO CAN I CONTACT FOR MORE INFORMATION?

Your Union's legal counsel:

Rothman Gordon, P.C.
310 Grant Street
Third Floor, Grant Building
Pittsburgh, PA 15219
Attention: Shelley W. Elovitz, Esquire
(412) 338-1153