



How to respond to a workplace injury:

- For life-threatening medical emergencies, call 911.
- For non-life-threatening injuries, call the 24/7 Nurse Line at (844) 581-0828 to report the incident and get your employee the right care.

Workers' Compensation

TO BE DISPLAYED BY EMPLOYERS

- 1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS shall prominently display at his place of business a poster with the language and in the format specified in Form D-1 (revised 6/18).
- 2. The title of the poster must be printed in not less than 20-point bold type. The required statement concerning questions and problems relating to claims must be printed in not less than 12-point bold type. The text appearing on the remainder of the poster must be printed in not less than 10-point type. The poster shall be at least 11 inches by 17 inches in size.
- 3. Each self-insured employer shall:
 - (a) Display the poster as required by this section; and
 - (b) Advise his employees of the name, address and telephone number of the administrator for their claims for workers' compensation.
- 4. The poster must be displayed in such a manner as to be readily visible by all employees. A poster must not be displayed unless:
 - (a) It has been issued or approved by the Workers' Compensation Section (WCS); or
 - (b) If it has not been issued by the Workers' Compensation Section (WCS) or bears the Workers' Compensation Section's (WCS) indication of approval.
 - (Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A 8-30-91; A by Div. of Industrial Relations, 3-28-94)--Substituted in revision for NAC 616.253)

NAC 616A.470 Poster to be displayed by employers with employees who receive tips

- 1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS who has employees who receive tips shall prominently display a poster with the language and in the format specified in Form D-22 (revised 6/18).
- 2. The poster must be at least 8 1/2 inches by 11 inches in size and posted in such a manner as to be readily visible to all employees.

(Added to the NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations, 3-28-94)--Substituted in revision for NAC 616.225)

NAC 616A.480 Use, alteration, printing and distribution of certain posters and forms (NRS 616A.400)

- 1. The following posters and forms or data must be used by each insurer in the administration of claims for workers' compensation:
 - (a) <u>D-1</u>, Information Poster Displayed by Employer. The informational poster must include the language contained in Form D-2 (revised 6/18), and the name, business address, telephone number and contact person of:
 - (1) The insurer:
 - (2) The third-party administrator, if applicable;
 - (3) The organization for managed care or providers of health care with whom the insurer has contracted to provide medical and health care services; and
 - (4) The name, business address and telephone number of insurer's or third-party administrator's adjuster in this state that is located nearest to the employer's place of business.

State of Nevada DEPARTMENT OF BUSINESS & INDUSTRY DIVISION OF INDUSTRIAL RELATIONS Worker' Compensation Section

ATTENTION

Brief Description of Your Rights and Benefits If You Are Injured on the Job or have an Occupational Disease

Notice of Injury or Occupational Disease (Incident Report Form C-1). If m injury or occupational disease (CD) mises out of rad in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or CD. Your employer end maintain a sufficient supply of the forms.

Claim for Compensation (Form C-4): If medical restracts is ought, the form C-4 is vanished at the place of initial restracts. A completed Vilam for Compensation (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chirapteries must, within 3 working days after testiment, complete and must to the employer's temployer's insurer and furré-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropactor from a fur provided by your workers! compensation insteat, if it has commented with an Organization for Managed Case (MOO) or Preferred Provide Organization (PPO) or provides or Baelia Care. If you employe has not entered into a contract with an MCO or PPO, you may select applyancian or chiroquester from the Parall of Physicians and Chiroquester from the Parall of Physicians and Chiroquester. Any medical costs related to your industrial injury or OD will be paid by your instances.

Temperary Total Disability (TID): Hyour doctor has certified that you are untille to work for a period of at least 5 consensitive days, or 5 consensitive days in a 30-day period, or places sentiations on you that your employer does not accommodate, you may be entitled to TID corners state.

Temporary Partial Disability (TPD): If the wage you secrete upon secupiorment is less than the compensation for TTD to which you are entitled, the insure may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an addication of a PPD as a result of typical widea 30 days, your insure most arrange for an evaluation by a rating physician or characters to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a menting physician or charagractor as permanently and routly disabled and have been guarant a PTD status by your insurer, you are untiled for receive monthly benefits not to exceed 66 219% of your average monthly wage. The amount of your PTD parametric is subject to reduction if you previously received a 1900 parant.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Respening: You may be able to reopen your claim if your condition

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may supest to the Department of Administration, Hearing Officer, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter or 1050 F. William Street. Strip 400. Corsen City. Nevada 89701, or 2200 S. Rancho Drive: Suite 210, Las Vezas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the Department of Administration, Appeals Officer. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Smits 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a petition for indicial review with the District Court. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NATW for possible

Nevada Attorney for Injured Workers (NAIW): If you disagree with a bearing officer decision, you may request that NAIW represent you without charge on an Appeals Officer bearing. NAIW is an independent state agency and is not affiliated with any insurer. For information regarding denial of beaeths, you many contact the NAIW at 1000 E William Street, Suite 2008, Carson City, NY 87901, (715) 684-7555, or 2008. Ranko Deve, Suite 2008, Liu Weens, NY 87901, (715) 685-5850.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DR), please contact Workers' Compression Section, 400 West King Street, State 400, Carson City, Nerocki 89703, relephane (775)684-7270, or 3360 W. Salama Ave., State 250, Las Vegas, NV 89702, relephane (702) 465-9080.

For Auditance with Workers' Compensation Bisses: Toursay constitie Office of the Governor Commer Health Assistance, 555 E. Washington Avezne, Suthe 4800, Lts Vegas, Nersaka 59101, Toll Free 1-888-333-1597. Web size: http://gov.cha.state.mv.us, E-mail chasiferoricha.state.mv.us, E-mail

The information in this publication is derived from Chapters 616.4 and 617 of the Nevada Revised Statutes and is provided for informational purposes only. If you have any questions, regarding your injury or workers' compensation claim, please call the followins:

Insurer Administrator:				Contact Person:	
Address:				Telephone Number:	
	City	State	Zip		
MCO/Healt	h Care Provide	e:		Contact Person:	
Address:				Telephone Number:	
-	Cav	State	Zm		D-1 day, 618

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS (Pursuant to NRS 616C.050)

Notice of Injury or Occupational Directe (Incident Report Form C-I): If an injury or computational clience (OD) strikes out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient apply of the required forms.

Claim for Compensation (Form C-4): If medical teatment is sought, the form C-4 is available at the place of initial teatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The tenting physician or characterism must, within 3 working days after teatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your worker. Compensation insurer, if it has combacted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or provider, of health care. If your employer has not extract data a contact with an MCO or PPO, you may select a physician or chirogractor from the Panel of Physicians and Chiropractors. Any medical costs related to your industrial injury or OD will be just by your insurance.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 canalizates days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD connectation.

Temporary Partial Disability (TPD): If the wage you receive upon recomployment is less than the compensation for TID to which you are entitled, the momentumy be required to pay you TPD compensation to make up the difference. IPD can only be paid for a maximum of 24 months.

Permanent Partial Dinshilly (PPD): When your medical condition is stable and there is an indication of a PPD as a senal of your injury or OD, within 30 days, your innear most names for an established by a string physician or charge-script to determine the degree of your PPD. The amount of your PPD award degree do not be the of injury, the results of the PPD established and you age and wage.

Permanent Total Disability (PTD): If you are medically certified by a testing physician or disrepractur as permanently and totally disabled and lare been granted a PTD statu by your turners, you are entitled to receive monthly benefits not to exceed 65 27% of your average monthly usage. The amount of your PTD pyraments is subject to relation of you previously secretic a PTPD stand.

Vocational Relabilitation Services: You may be eligible for vocational relabilitation services if you are unable to return to the job due to a permanent physical imprograms or permanent restrictions as a result of your many or occurational disease.

Transportation and Per Diem Reimburnement: You may be eligible for travel expenses and per diem associated with medical treatment.

Respening: You may be able to reopen your claim if your condition womens after claim closure.

Appeal Process: If you disagree with a written determination issued by the number of the immer does not respond to your request, you may appeal to the Department of Administration, Bearing Officer, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1000 E. William Speet, State 400, Carono City, Nevada 89100, if you disagree with the Hawing Officer decision, you may appeal to the Department of Administration, Appeals Officer You must file your appeal within 30 days from the date of the Hawing Officer decision. You must file you appeal within 50 days from the date of the Hawing Officer decision. We will suffer at 1050 E. William Speet, Sunk 450, Carono City, Nevada 89701, or 2200 S. Rancho Drive, Sunk 250, Las Vegar, Nevada 89102 E your disagree with a decision of an Appeals Officer, you may file a petition for judicial service with the District Court. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attanney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Bearing For information regarding denial of benefits, you may contact the NAIW at 1000 E. William Street, Suite 208, Caron City, NV 89701, (775) 684-7555, or 2200 S. Rancho Dinne, Suite 200, Las Vegas, NV 89802, (702) 486-2830

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DRL), please contact the Worker: Compensation Section, 440 West King Greet, State 400, Caroon City, Nevada 89703, telephone (773) 884-7270, or 3360 West Solars Avenue, Caste 1201, Lav Vegar, Nevada 189102, elephone (700, 486-5000).

For amintance with Workset? Compensation Invest: you may contact the Office of the Governor Construer Health Assistance, 555 E. Washington Avenue, Sunt 4800, Lee Vegus, Nevada 89101, Fell Free 1-858-333-1597, Web site http://www.cha.state.org.sc. Journal of the Construer of the

D-2 (sev. 06/18)

D-1 Poster

Form D-2

State of Nevada DEPARTMENT OF BUSINESS & INDUSTRY DIVISION OF INDUSTRIAL RELATIONS

Workers' Compensation Section

ATTENTION

Caution: The information below is general in nature and is not intended to be legal advice. If you have any questions regarding your status as an employer or employee or your rights and qualification for specific benefits under an industrial injury or occupational disease claim, you should consult with an attorney experienced in industrial insurance.

Brief Description of Whether the Employer is Required to Obtain Industrial Insurance and Whether a Person is a Covered Employee

Every employer ... shall provide and secure compensation ... for any personal injuries by accident sustained by an employee arising out of and in the course of the employment. See NRS 616B.612(1).

An **employer** is defined as, "Every person, firm, voluntary association and private corporation, including any public service corporation, which has in service any person under a contract of hire." See NRS 616A.230(2). "A person is not an employer if: (a)The person enters into a contract with another person or business which is an independent enterprise; and (b) The person is not in the same trade, business, profession or occupation as the independent enterprise." See NRS 616B.603(1).

An **employee** is broadly defined as, "... every person in the service of an employer under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed" (See NRS 616A.105), but excludes casual employees not in the same trade, business, profession or occupation; musicians not lasting more than 2 consecutive days; household servants, farming and ranching employees; voluntary ski patrol; sports officials paid a nominal fee; clergy, rabbi or lay readers; real estate brokers or sales persons; and commissioned sales persons (See NRS 616A.110).

An **independent contractor** is a person who is hired and paid solely to produce a result. It is defined as, "... any person who renders service for a specified recompense for a specified result, under the control of the person's principal as to the result of the person's work only and not as to the means by which such result is accomplished." See NRS 616A.255.

Brief Description of Your Rights and Benefits If You Are Injured on the Job or have an Occupational Disease

Notice of Injury or Occupational Disease (Incident Report Form C-1) If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation, your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a lump-sum PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration**, **Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration**, **Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

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To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 3360 W. Sahara Ave., Suite 250, Las Vegas, NV 89102, telephone (702) 486-9080.

For Assistance with Workers' Compensation Issues: You may contact the State of Nevada Office for Consumer Health Assistance, 3320 West Sahara Avenue, Suite 100, Las Vegas, Nevada 89102, <u>Toll Free</u> 1- 888-333-1597, Web site: http://dhhs.nv.gov/Programs/CHA, <u>E-mail cha@govcha.nv.gov</u>

The information in this publication is derived from Chapters 616A through 616D, inclusive, and 617 of the Nevada Revised Statutes and is provided for informational purposes only. If you have any questions, regarding your injury or workers' compensation claim, please call the following:

Insurer/Administrator:				Contact Person:		
Address:				Telephone Number:		
	City	State	Zip			
MCO/Health Care Provider:				Contact Person:		
Address:				Telephone Number:		
	City	State	Zip		D-1 (rev. 10/20)	

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS (Pursuant to NRS 616C.050)

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