



PIE INSURANCE

# 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' comp claims

You can file your first report of injury for a workers' comp claim in three simple ways:

Call the 24/7 claim intake line within 24 hours of the incident: **(844) 581-0828**

[Submit the claim information online here](#)

Email the claims team within 24 hours of the incident: **[claims@pieinsurance.com](mailto:claims@pieinsurance.com)**

- **In your email, please include the following:**
- The name of your business
- The policy number
- Reporting party's contact information (name, phone, email)
- The name, phone, and email address of the injured employee
- Date of the injury or accident
- A description of the injury or accident

**Thank you.**



[pieinsurance.com](http://pieinsurance.com)

# Workers' Compensation

## Reporting Injury

You should report to your employer any occupational disease or personal injury that is work-related, even if you deem it to be minor.

## Occupational Disease or Death

In case of an occupational disease, all claims are barred unless the employee files a claim with his/her employer within one year of the date that:

- 1 the disease manifests itself.
- 2 the employee is disabled as a result of the disease.
- 3 the employee knows or has reasonable grounds to believe that the disease is occupationally related.

In case of death arising from an occupational disease, all claims are barred unless the dependent(s) file a claim with the deceased employee's employer within one year of:

- 1 the date of death.
- 2 the date the claimant has reasonable grounds to believe that the death resulted from occupational disease.

## Filing Notice

In case of injury or death caused by a work-related accident, an injured employee or any person claiming to be entitled to compensation either as a claimant or as a representative of a person claiming to be entitled to compensation must give notice to the employer within 30 days of the injury. If notice is not given to the employer within 30 days, no payments will be made under the law for such injury or death. In addition, any fraudulent action by the employer, employee, or any other person for the purpose of obtaining or defeating any benefit or payment of workers' compensation shall subject such person to criminal as well as civil penalties.

The above-mentioned notice should be filed with the employer at the address listed under the "Employer Representative" and/or "Employer" sections of this poster.

A notice so given shall not be held invalid because of any inaccuracy in stating the time, place, nature or cause of injury, or otherwise, unless it is shown that the employer was in fact misled to his detriment thereby. Failure to give notice may not harm the employee if the employer knew of the accident or if the employer was not prejudiced by the delay or failure to give notice.

## Physicians

In the event you are injured, you are entitled to select a physician of your choice for treatment. The employer may choose another physician and arrange an examination which you would be required to attend.

## Formal Claim

In order to preserve your right to benefits under the Louisiana Workers' Compensation Law, you must file a formal claim with the Office of Workers' Compensation Administration within one year after the accident if payments have not been made or within one year after the last payment of weekly benefits.

## Information

If you desire any information regarding your rights and entitlement to benefits as prescribed by law, you may call or write to the Office of Workers' Compensation Administration, Post Office Box 94040, Baton Rouge, Louisiana 70804-9040 or telephone (225) 342-7555.

## Name and Address of Insurance Company

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**Notice shall be given by delivering it or sending it by certified mail or return receipt requested to:**

Employer Representative

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Employer

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R.S. 23:1302 states that this notice should be posted in a convenient and conspicuous place in the employer's place of business.

Revised February 2025



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# Compensacion del Trabajador

## Reportando de lesiones/heridas

Usted debe reportar a su empleador cualquier enfermedad ocupacional o lesión personal que esté relacionada con el trabajo, aún y cuando usted piense que es insignificante o menor.

## Enfermedades ocupacionales o muerte

En caso de enfermedad ocupacional, no todos los reclamos son elegibles a menos que el empleado haga el reclamo con su empleador dentro del siguiente año de la fecha que:

1. La enfermedad se manifiesta por si sola.
2. El empleado está desabilitado como resultado de esta enfermedad.
3. El empleado sabe o tiene razones poderosas para creer que la enfermedad está relacionada con su ocupación.

En caso de muerte que aparece como resultado de una muerte ocupacional, no todos los reclamos son válidos solamente que el o los dependientes hagan un reclamo con el empleador del empleado muerto dentro de 1 (uno) año de:

1. La fecha de muerte.
2. La fecha que el reclamante tenga suficientes pruebas para creer que la muerte fué resultado de muerte ocupacional.

## Aviso para reclamar o solicitar

En caso de lesiones o muerte causadas por accidente relacionados al trabajo o accidentes, el empleado lesionado o cualquier persona que haga un reclamando y para tener derecho a la compensación ya sea como reclamante o como el representante de la persona que está reclamando para poder tener derecho a la compensación, deberá dar aviso a su empleador dentro de los 30 días siguientes despues de la lesión. Si el aviso no es dado dentro de los siguientes 30 días, ningún pago será hecho por dicha lesión o muerte. En adición, cualquier acción fraudulenta por el empleador, empleado o cualquier otra persona con el propósito de obtener o buscar cualquier beneficio o pagos a través del Programa de Compensación de Trabajadores dicha persona está sujeta a cargos criminales al igual que a responsabilidad civil.

El aviso arriba mencionado deberá ser presentado con el empleador en la dirección que aparece en el lado derecho.

Un aviso dado no deberá ser invalidado o mantenerse invalidado por cualquier inexactitud en el tiempo, lugar, naturaleza o causa de la lesión al momento de hacer la declaración, o de otra manera, solamente si se demuestra que el empleador fué mal informado para con esto perjudicar. El fallar o faltar de notificar es posible que no perjudique al empleado si el empleador sabe del accidente o si el empleador no es perjudicado por la tardanza o por faltar de hacer la notificación.

## Medicos

En caso que usted es lesionado, usted tiene el derecho de elegir al médico para su tratamiento. El empleador puede escoger otro médico y hacer arreglos para otro exámen para el cual usted será requerido para atender.

## Reclamo formal

Para poder preservar sus derechos a los beneficios bajo la Ley de Compensación de los Trabajadores del estado de Louisiana, usted debe hacer un reclamo formal con la oficina administrativa del Programa de la Ley de Compensación de los Trabajadores dentro del siguiente año después del accidente si no se han hecho pagos o dentro del año después del último pago de beneficios.

## Información

Si usted desea cualquier información relacionada a sus derechos y a los beneficios a los cuales usted tiene derecho descritos por la ley, usted puede llamar o escribir a la Office of Worker's Compensation Administration, PO Box 94040, Baton Rouge, Louisiana 70804-9040 o al teléfono (225) 342-7555.

## Nombre y Dirección de la Compañía de Seguros

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La notificación deberá ser dada ya sea llevándola personalmente o enviándola por correo certificado regresando o regresar el recibo solicitado a:

Representante del empleador

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Empleador

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R.S. 23:1302 manifiesta que éste aviso debe estar puesto en un lugar visible y conveniente en el negocio del empleador.

Revisado Mayo 2003



[www.laworks.net](http://www.laworks.net)



# WORKERS' COMPENSATION FRAUD



## Workers' Compensation Fraud is Punishable by Louisiana Law

The Louisiana Workforce Commission is working with law enforcement to find and prosecute Workers' Compensation Fraud.

### WHAT IS WORKERS' COMPENSATION FRAUD

Common forms of workers' compensation fraud include:

- Faking an injury or illness in order to collect workers' compensation benefits
- Claiming that a work-related injury or illness is more severe than it really is
- Claiming that an injury which occurred in another location happened in the workplace
- Collecting workers' compensation benefits long after an injury has healed

These actions are illegal. Under the Louisiana Workers' Compensation law [Louisiana Revised Statute (La. R.S.) 23:1208], it is unlawful:

- For any person, for the purpose of obtaining or defeating any workers' compensation benefit payment for themselves (himself) or another person, to willfully make a false statement or representation.
- For any person, either directly or indirectly, to aid and abet an employer or claimant or counsel an employer or claimant to willfully make a false statement or representation.

### What Can Happen to You?

- Any person who violates these provisions of the Workers' Compensation law will be subject to punishment based on the value of the benefits or payment obtained. [La. R.S. 23:1208(C)]
- \$10,000 or more: The person shall be imprisoned (with or without hard labor) for up to 10 years, fined up to \$10,000, or both.
- Between \$2,500 and \$10,000: The person shall be imprisoned (with or without hard labor) for up to 5 years, fined up to \$5,000, or both.
- Less than \$2,500: The person shall be imprisoned for up to 6 months, fined up to \$500, or both.

In addition to criminal penalties, any person who violates these provisions of the Workers' Compensation law may also be assessed civil penalties by the workers' compensation judge of not less than \$500 or more than \$5,000 and may be ordered to make restitution for benefits claimed or payments obtained through fraud. [La. R.S. 23:1208(D)]

Any employee who violates these provisions of the Workers' Compensation law shall, upon determination by a workers' compensation judge, forfeit any right to compensation benefits. [La. R.S. 23:1208(E)]



### TO REPORT WORKERS' COMPENSATION FRAUD CONTACT

Louisiana Workforce Commission  
Workers' Compensation Fraud Section  
Toll-Free Fraud Hotline: 1-800-201-3362  
(All information remains anonymous)

# WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCLUDING ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER		OSHA LOG NUMBER		REPORT PURPOSE CODE	
		JURISDICTION		JURISDICTION CLAIM NUMBER			
		INSURED REPORT NUMBER					
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)				LOCATION # (IF AVAILABLE)	
INDUSTRY CODE		EMPLOYER FEIN		PHONE #			
<b>CARRIER/CLAIMS ADMINISTRATOR</b>							
CARRIER (NAME, ADDRESS & PHONE #)		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE #)			
		TO					
		CHECK IF APPROPRIATE:					
		SELF-INSURANCE					
CARRIER FEIN		POLICY/SELF-INSURED NUMBER				ADMINISTRATOR FEIN	
AGENT NAME & CODE NUMBER							
<b>EMPLOYEE/WAGE</b>							
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		SOCIAL SEC. # (IF THERE IS ONE)		DATE HIRED	
ADDRESS (INCLUDING ZIP)		SEX		MARITAL STATUS		OCCUPATION/JOB TITLE	
		M MALE		U UNMARRIED SINGLE/DIVORCED			
		F FEMALE		M MARRIED		EMPLOYMENT STATUS	
PHONE #		U UNKNOWN		S SEPARATED		NCCI CLASS CODE	
		# OF DEPENDENTS		K UNKNOWN			
RATE PER	DAY WEEK	MONTH OTHER		DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY?	YES	NO
					DID SALARY CONTINUE?	YES	NO
<b>OCCURRENCE/TREATMENT</b>							
TIME EMPLOYEE BEGAN WORK	AM PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	AM PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
		CANNOT BE DETERMINED					
CONTACT NAME/PHONE NUMBER		TYPE OF INJURY/ILLNESS			PART OF BODY AFFECTED		
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES?		YES NO		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED				ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED				WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.						CAUSE OF INJURY CODE	
DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?				YES	NO
		WERE THEY USED?				YES	NO
PHYSICIAN/HEALTH-CARE PROVIDER (NAME & ADDRESS)			HOSPITAL OR OFF-SITE TREATMENT (NAME & ADDRESS)			INITIAL TREATMENT	
						NO MEDICAL TREATMENT	
						MINOR: BY EMPLOYER	
						MINOR: CLINIC/HOSPITAL	
						EMERGENCY CARE	
						HOSPITALIZED > 24 HOURS	
						FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED	
<b>OTHER</b>							
WITNESS(ES) NAME(S) & PHONE #(S)							
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE				PHONE NUMBER	