



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**

- **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.



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Information for Employees on Wisconsin's Worker's Compensation

Worker's Compensation is a benefit program that pays for medical treatment and wages lost due to injuries or illnesses that happen at work.

What do you do if you are injured?

- Report any injury or illness to your employer as soon as possible. Provide as much detail and information about how the injury happened and the nature of your injury. Your employer will report your injury to their insurance carrier or claims administrator.
- Get medical treatment as soon as possible. You have the right to choose any physician licensed and practicing in this state to treat your work-related injury or illness. Your employer/insurance carrier will have access to the medical records involved in the injury.

What does worker's compensation pay for?

- Medical treatment resulting from your work-related injury or illness.
- Compensation for wages lost from the employer of injury including partial benefits if you return to work part-time or to a different job at a lower rate of pay.
- Compensation for permanent disabilities resulting from the injury or illness.
- Vocational Rehabilitation assistance to help you find other work or train you if you cannot return to work for your employer in suitable employment.

What will happen when you file a claim?

- Your claim will be promptly reviewed to determine that your injury is work related.
- Your employer/insurance carrier will pay your lost wage compensation, generally within 14 days after your injury, or they will notify you that your claim has been denied.
- If you disagree with the decision by your employer/insurance carrier and cannot resolve a dispute, you may contact your attorney or the Worker's Compensation Division for information about your appeal rights, which may require requesting a hearing with the Worker's Compensation Division.

Fraudulent Claims

Collecting worker's compensation benefits by intentionally misrepresenting, misstating, or failure to disclose any material fact is fraud. Fraudulent claims are subject to prosecution. All suspected violations will be investigated. Anyone may report a potential fraudulent claim by calling the Worker's Compensation Division at (608) 261-8486.

Questions and Contact Information

Worker's Compensation Division
P O Box 7901
Madison, WI 53707-7901
Telephone: 608 266-1340

Website: <http://www.dwd.state.wi.us/wc/>
E-mail: dwddwc@dwd.state.wi.us
Fax: (608) 267-0394

If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 266-1340 voice or 1-866-265-3142 TTY.

What if I Get a Lawyer?

If you hire an attorney in a disputed case, your attorney may be paid up to 20 percent of the amount of compensation the attorney obtains for you. You will also have to pay for your attorney's costs. The fees and costs will be deducted from your payments.

What Is a Compromise?

Your employer or its insurance carrier may ask you to settle. Settlements can be reached by signing a written agreement or may be put on the record at a hearing. This is called a compromise.

If there is a valid dispute over the amount of disability or whether an injury is work-related, you and the insurance carrier may decide to settle your claim. All compromises must be approved by the WC Division or the Office of Worker's Compensation Hearings to make sure they are reasonable. Before signing a compromise, it is important that you understand what future benefits you may be giving up. After you agree to a compromise, it is legally very difficult to change it. Often, you will not receive additional compensation beyond the amount of the compromise.

What if My Employer Won't Rehire Me?

The law does not guarantee a job after an injury, and the employer is not required to hold one open or create one. However, up to one year's back pay may be owed if an employer "unreasonably refuses" to rehire an injured worker. Employees who believe they have been unreasonably refused employment may request a hearing.

What if I Can't Return to My Job?

Some workers may not be able to return to the same type of work they did before injury or illness. Keep in contact with your employer and your practitioner to see if you can return to work early on a restricted basis, perhaps in a modified job if necessary. This could help ease you back into working again.

If your practitioner or employer indicates that you cannot return to your former job, you may contact the insurer to request assistance from either public or private vocational rehabilitation services. One resource is the State Division of Vocational Rehabilitation (DVR), which has offices statewide. See DVR's website at dwd.wisconsin.gov/dvr for more information.

You may also request a copy of a brochure called "Getting Back to Work" (WKC-7762-P) from your employer or your employer's insurance carrier or the Worker's Compensation Division. This brochure will provide you with information on vocational rehabilitation.

If you do not have a job at the end of your healing period, you may apply online for unemployment benefits at my.unemployment.wisconsin.gov. For help using online services or if you are truly unable to go online call (414) 435-7069.

General questions about your claim should be addressed to your employer, its insurer, or the Worker's Compensation Division. For further information, call the WC Division at (608) 266-1340.

When Is Increased or Decreased Compensation Paid?

If an employer has not followed a state or federal safety provision and an injury results, the employer must pay 15 percent increased compensation, up to a maximum of \$15,000. This is in addition to any other compensation. Payment is due even if the employee's carelessness caused the injury.

If you believe that you should be paid increased compensation because your employer did not observe a safety rule, you may apply for a hearing and must prove that your employer was at fault.

If a worker fails to follow their employer's written and enforced safety rules, compensation may be decreased by 15 percent, but not by more than \$15,000. If the injury was caused by the worker's

drug or alcohol use, the insurance carrier or self-insured employer may be liable for only medical expenses.

How Long Is My Claim Open?

You must report the injury to your employer within two years to qualify for worker's compensation. If the injury is reported or a payment is made within two years, the claim is usually held open by law for 6 years from the date of the injury or the date of last payment to you, whichever is later. In the case of an occupational disease, such as an occupational hearing loss, carpal tunnel syndrome, etc., there is no time limit for filing a claim. For some serious traumatic injuries such as total loss of a hand, arm, vision loss, permanent brain injury, or partial or total hip or knee replacement there is no time limit for filing additional claims relating to your work injury. In all cases, it is important to save your records of the last payment.

Questions about Worker's Compensation should be directed to:

WORKER'S COMPENSATION DIVISION

Main Office, Claim Files:
201 E. Washington Ave.
P.O. Box 7901
Madison, WI 53707
(608) 266-1340

Copias en español están disponibles y se pueden solicitar por escrito.
Copies of this booklet are available in Spanish and Hmong upon request.

Web Site: dwd.wisconsin.gov/wc

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Worker's Compensation Division at (608) 266-1340 to request information in an alternate format, including translated to another language.

WKC-18-P (R. 05/2023)

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MADISON, WI 537
PERMIT NO 1369

State of Wisconsin
Department of Workforce Development
Worker's Compensation Division
PO Box 7901
Madison, WI 53707

**FACTS FOR
INJURED WORKERS**

**About Worker's
Compensation
In Wisconsin**



Worker's Compensation



Who Is Covered by the WC Law?

More than 98% of Wisconsin workers are covered from the day they start employment. You are covered if your employer has three or more full-time or part-time employees. If your employer has fewer than three, but a payroll of \$500 or more in any calendar year quarter, the employer must get WC insurance by the 10th day of the month following the end of that quarter.

"Employers" include private, government, non-profit, charitable, family operations, corporations, other legal business entities and certain owner/operators, independent contractors or subcontractors. "Workers" may be full- or part-time, seasonal or minors. Volunteer and domestic workers are excluded. Farm workers are covered only on farms with six or more employees on any 20 days in a calendar year. Worker's compensation coverage is the employer's responsibility. If you have reason to believe your employer is not covered and should be, or if your employer requires you to pay for or purchase your own worker's compensation insurance policy, please contact the Worker's Compensation Division.

What Injuries Are Covered by the Law?

The law covers both mental and physical injuries resulting from accidents or occupational diseases. If you work only in one place, such as a factory, store or office, your injury will usually be covered only if it occurs at work. If your work requires travel, you are covered at all times while traveling, including the time you are eating or sleeping, unless you deviate from regular work duties for a private or personal reason.

Generally, worker's compensation benefits must be paid even if the injury was your fault. (See section relating to increased or decreased compensation.)

All compensation and medical payments are based on medical reports from your practitioner. If your practitioner does not make prompt and regular reports to the insurance carrier or your employer (if self-insured), your payments may be delayed.

If the insurer does not make payment because it is still investigating your claim, it must notify you within 14 days after it receives notice of the injury. If your claim is denied, the insurer must inform you within 7 days of its decision and advise you of your rights to a hearing.

May I Choose My Own Treating Practitioner?

You may choose any physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, or advanced practice nurse prescriber licensed in the state. By agreement with your employer, or when referred by a practitioner licensed in this state, you may choose a practitioner not licensed in this state. If you later select a second practitioner, you must notify your employer or the insurance carrier.

In an emergency, the employer may arrange for your treatment until you are able to choose your own practitioner. Your employer or the insurance carrier has the right to have you examined by a practitioner of its choice. Your compensation may be delayed if you do not agree to be examined.

You have the right to every type of treatment which is reasonable and necessary to cure you, as ordered by your practitioner. This includes hospitalization, therapy, tests and prosthetic devices. Medicine is paid for, as is any reasonable travel expense necessary to receive treatment.

Who Pays the Medical Bills?

The insurance carrier or self-insured employer is required to pay your medical expenses and mileage. Send any bills you receive to your employer or its insurer. If you paid any of your medical expenses, send itemized receipts to your employer (if self-insured) or its insurer for reimbursement.

An insurer or self-insured employer may challenge a health care provider's fee as unreasonable or treatment as unnecessary. An insurer or self-insured employer may refuse to pay the charge in question and must notify the provider of the dispute. Once a provider receives notice of a dispute about fees or treatment, the provider may not ask you to pay the bill. If you receive a bill for treatment when such a dispute exists, please contact your employer's worker's compensation insurance carrier or, if self-insured, your employer.

How Is Compensation Paid?

During the time you are healing from your injury, you will get two-thirds of your average weekly wage up to the maximum rate for the year of injury.

Payment is made on the basis of a six-day workweek, Monday through Saturday, regardless of the number of days per week you actually work. This means that your daily

payment is one-sixth of your weekly payment. The Division reviews benefit payments to make sure they are accurate. If you doubt that you are receiving the correct amount of compensation, contact the Division.

What if I am Receiving Social Security Disability Payments?

You are required by law to notify the insurance carrier or self-insured employer if you are receiving both worker's compensation benefits and Social Security Disability payments.

When Will I Get My First Check?

In most cases, the first payment will be made by the insurance carrier within 14 days of your last day worked. If payment takes longer, contact your employer or its WC insurer.

If your payments later stop, or if you have any other problem, contact your employer or its insurer to find out the reason. If you need more help, contact the Division. You may cash compensation checks and sign receipts without any fear of waiving any of your legal rights.

What Compensation Is Paid for Permanent Disability?

After you have healed as much as possible from your injury, your practitioner will determine if you have any permanent disability.

For a permanent disability, you will receive additional compensation. Benefits are paid monthly, not in one lump sum.

A specific number of weeks of compensation is paid for the loss of a finger, hand, arm, leg, foot, eye, etc. This compensation is paid in addition to the compensation paid during the healing period. Different amounts of compensation are due for the loss of different parts of the body.

If there is no amputation, but there is pain or loss of motion or strength in a limb, then fewer weeks of compensation are paid. For example, 10 percent disability at the shoulder would equal 10 percent of 500 weeks of compensation, or 50 weeks.

Some other kinds of permanent injuries are compensated in a different manner that involves a determination of future wage loss.

KEY STEPS IN WORKER'S COMPENSATION

- If you are hurt at work or become ill because of what you think is work-related exposure:
 - **Immediately** report your accident or ailment to your supervisor. Continue to keep your employer informed about any changes in your injury or condition.
 - Seek first aid and medical attention.
 - Remember that delays can affect not only your health, but also possible compensation benefits.
- Your employer reports the injury to its insurance carrier (or internal claims office if self-insured), who will report it to the Worker's Compensation Division, if required. You do **not** have to file a claim yourself if you reported the injury.
- The costs for your reasonable and necessary medical treatment will be paid. If you miss more than three days of work due to the injury, you will receive compensation for lost wages. Worker's compensation also provides benefits to dependents of workers who die after work-related accidents.
 - If your injury or illness is payable under the law:
 - You will get a check from the insurance carrier or from your own self-insured employer usually within 14 days after your injury. In some cases, it may take longer.
 - There is a 3-day waiting period. The first 3 days following an injury are not compensable unless you miss work beyond the 7th calendar day following the injury or sustain permanent disability. Any additional compensation for a permanent disability, such as an amputated limb, will be determined after you return to work or the healing period ends. (See "*How Is Compensation Paid?*" and "*What Compensation Is Paid For Permanent Disability?*")
 - after you return to work or the healing period ends. (See "*How Is Compensation Paid?*" and "*What Compensation Is Paid For Permanent Disability?*")
- It is important that you make every effort to return to work, within medical restrictions, as soon as possible after an injury. Your employer and your practitioner must agree to your returning to some form of work; it is important that you talk to them about returning. If you cannot return at all because of your injury, other options may be available. (See "*What If I Can't Return To My Job?*")

What if My Claim is Disputed?

If there is a dispute between you and the employer or insurer that cannot be settled, you may make a request to the Division for a hearing before an Administrative Law Judge to resolve it.

You may file an application for hearing if your employer does not report your accident, or if you believe you can prove that you did not receive all your benefits. You must have medical proof of your claim. This proof is the written opinion of a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice nurse prescriber, podiatrist, or surgeon. A dentist, physician assistant, or advanced practice nurse prescriber can give opinions on diagnosis and necessity of treatment but not on whether your injury is work-related or how

disabled you are from the injury. The medical report supporting your claim should be filed with the application for hearing.

You should contact your employer and its insurer before applying for a hearing to find out exactly what is disputed.

You may request the forms to apply for a hearing by contacting the Worker's Compensation Division or any of the Office of Worker's Compensation Hearings offices. Please visit our website at dwd.wisconsin.gov/wc for these office locations. You will also receive additional written information explaining the hearing process.

EMPLOYER'S FIRST REPORT OF INJURY OR DISEASE

Fatal Injuries: Employers subject to ch.102, Wis. Stats., must report injuries resulting in death to the Department and to their insurance carrier, if insured, within one day after the death of the employee.

Non-Fatal Injuries: If the injury or occupational illness results in disability beyond the three-day waiting period, the employer, if insured, must notify its insurance carrier within 7 days after the injury or beginning of disability. Medical-only claims are to be reported to the insurance carrier only, not the Department.

Electronic Reporting Requirement: All work-related injuries and illnesses resulting in compensable lost time, with the exception of fatalities, must be reported electronically to the Department via EDI or Internet by the insurance carrier or self-insured employer within 14 days of the date of injury or beginning of disability. Employer may fax claims for fatal injuries to (608) 267-0394.

**Department of Workforce Development
Worker's Compensation Division**
201 E. Washington Ave.
P.O. Box 7901
Madison, WI 53707
Imaging Server Fax: (608) 260-2503
Telephone: (608) 266-1340
<https://dwd.wisconsin.gov/wc>
e-mail: DWDDWC@dwd.wisconsin.gov

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

(Please read the instructions on page 2 for completing this form)

EMPLOYEE	Employee Name (First, Middle, Last)		Social Security Number*		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. () -	
	Employee Street Address		City	State	Zip Code	Occupation	
	Birthdate	Date of Hire	County and State Where Accident or Exposure Occurred?				
EMPLOYER	Employer Name		WI Unemployment Ins. Acct No.	Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Nature of Business (Specific Product)	
	Employer Mailing Address		City	State	Zip Code	Employer FEIN -	
	Name of Worker's Compensation Insurance Co. or Self-Insured Employer					Insurer FEIN -	
	Name and Address of Third Party Administrator (TPA) Used by the Insurance Company or Self-Insured Employer					TPA FEIN -	
WAGE INFORMATION	Wage at Time of Injury \$	Specify per hr., wk., mo., yr., etc. Per:	In Addition to Wages, Check Box(es) if Employee Received:	<input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. No. of Days/wk Avg. Weekly Amt.	\$	
	Is Worker Paid for Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, After How Many Hours of Work Per Week?						
	For the 52 Week Period Prior to the Week the Injury Occurred, Report Below the Number of Weeks Worked in the Same Kind of Work, and the Total Wages, Salary, Commission and Bonus or Premium Earned for Such Weeks.						
	No. of Weeks:	Gross Amount Excluding Tips: \$		If Piece-Work, No. of Hrs. Excluding Overtime:			
	Employee's Usual Work Schedule When Injured:		Start Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Hours Per Day	Hours Per Week	Days Per Week	
	Employer's Usual Full-Time Schedule for This Type of Work at Time of Employee's Injury:						
INJURY INFORMATION	Part-Time Employment Information:	Are there Other Part-Time Workers Doing the Same Work With the Same Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many?			Number of Full-Time Employees Doing The Same Type Of Work:		
	Injury Date	Time of Injury : <input type="checkbox"/> AM <input type="checkbox"/> PM	Last Day Worked	Date Employer Notified	<input type="checkbox"/> Date Returned to Work <input type="checkbox"/> Estimated Date of Return		
	Did Injury Cause Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death	Was This a Lost Time or Other Compensable Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Injury Occur Because of: <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Failure to Use Safety Devices <input type="checkbox"/> Failure to Obey Rules			
	Was Employee Treated in an Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Employee Hospitalized Overnight as an In-Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Name and Address of Treating Practitioner and Hospital:						
	Case Number from the OSHA Log:						
Injury Description - Describe Activities of Employee When Injury or Illness Occurred and What Tools, Machinery, Objects, Chemicals, Etc. Were Involved. What Happened to Cause This Injury or Illness? (Describe How The Injury Occurred) What Was The Injury or Illness? (State the Part of Body Affected and How It Was Affected)							
Report Prepared By		Work Phone Number () -		Position		Date Signed	

EMPLOYER AND INSURANCE CARRIER INSTRUCTIONS

The employer must complete all relevant sections on this form and submit it to the employer's worker's compensation insurance carrier or third party claim administrator within seven (7) days after the date of a work-related injury which causes permanent or temporary disability resulting in compensation for lost time. The employer's insurance carrier or the third-party claim's administrator may request that this form also be used to immediately report any injury requiring medical treatment, even though it does not involve lost work time.

For any work injury resulting in a **fatality**, the employer must also submit this form directly to the Department of Workforce Development **within 24 hours of the fatality**.

An employer exempt from the duty to insure under s. 102.28, Wis. Stats., and an insurance carrier administering claims for an insured employer are required to submit this form to the Department of Workforce Development within 14 days of the date of work injury.

MANDATORY INFORMATION

In order to accurately administer claims, each of the following sections of this form must be completed. The First Report of Injury will be returned to the sender if the mandatory information is not provided.

Employee Section: Provide all requested information to identify the injured employee. If an employee has multiple dates of employment, the "Date of Hire" is the date the employee was hired for the job on which he or she was injured.

Employer Section: Provide all requested information to identify the injured worker's employer at the time of injury. Provide the name and Federal Employer Identification Number (FEIN) for the insurance carrier or self-insured employer responsible for the worker's compensation expenses for this injury. Also identify the third party claim administrator, if one is used for this claim.

Wage Information Section: Provide the information requested regarding the injured employee's wage and hours worked for the job being performed at the time of injury.

Injury Information Section: Provide information regarding the date and time of injury. Provide a detailed description of the injury, including part of the body injured, the specific nature of the injury (i.e., fracture, strain, concussion, burn, etc.) and the use of any objects or tools (i.e., saw, ladder, vehicle, etc.) that may have caused the injury. Provide the name of the person preparing this report and the telephone number at which they may be reached, if additional information is needed. This form was designed to include information required by OSHA on form 301. If this section is completed and retained, the employer will not have to complete the OSHA 301 form.

PRIMER INFORME PATRONAL DE LESIÓN O ENFERMEDAD

Lesiones mortales: Los empleadores amparados en el Capítulo 102 de los Estatutos de Wisconsin deberán notificar las lesiones mortales al Departamento y a su compañía de seguros, si está asegurado, en el plazo de un día después de la muerte del empleado.

Lesiones no mortales: Si la lesión o la enfermedad ocupacional causa incapacidad más allá del período de espera de tres días, el empleador, si está asegurado, deberá notificarlo a su compañía de seguros en los siete días siguientes a la lesión o al inicio de la incapacidad. Las reclamaciones médicas se informarán únicamente a la compañía de seguros, no al Departamento.

Requisito de notificación electrónica: Todas las lesiones y enfermedades relacionadas con el trabajo que den lugar a una pérdida de tiempo compensable, a excepción de los accidentes mortales, deberán notificarse a la compañía de seguros o el empleador autoasegurado al Departamento por intercambio electrónico de datos (Electronic Data Interchange, EDI) o Internet en un plazo de 14 días, contados a partir de la fecha de la lesión o del inicio de la incapacidad. El empleador puede enviar por fax las reclamaciones por lesiones mortales al (608) 267-0394.

*Facilitar su número de seguro social (Social Security Number, SSN) es voluntario. No facilitarlo puede causar un retraso en el trámite.

El Departamento de Desarrollo de la Fuerza Laboral (DWD) administra la Ley de Compensación al Trabajador, Capítulo 102 Wis. Stats. El propósito de este formulario es ayudar con la obtención de información relacionada con o requerida por el Capítulo 102. La cumplimentación de este formulario es voluntaria y la no cumplimentación de dicho formulario puede dar lugar a un retraso en la administración del Capítulo 102. El Departamento de Desarrollo de la Fuerza Laboral (DWD) puede utilizar la información de identificación personal (PII) que obtiene de usted en este formulario para fines distintos de aquellos para los que se está recogiendo.

(Lea las instrucciones de la página 2 para rellenar este formulario)

Departamento de Desarrollo de la Fuerza Laboral, División de Compensación a los Trabajadores
201 E Washington Ave.
P.O. Box 7901
Madison, WI 53707
Servidor de fax para imágenes:
(608) 260-2503
Teléfono: (608) 266-1340
<https://dwd.wisconsin.gov/wc>
DWDWC@dwd.wisconsin.gov

EMPLEADO	Nombre del empleado (nombre, segundo nombre, apellido)		Número de la Seguridad Social*		Sexo <input type="checkbox"/> M <input type="checkbox"/> F		N.º de teléfono del domicilio del empleado () -	
	Dirección del empleado		Ciudad		Estado		Código postal	
	Fecha de nacimiento		Fecha de contratación		Condado y estado donde se produjo el accidente o la exposición			
EMPLEADOR	Nombre del empleador		N.º de cuenta del seguro de desempleo de Wisconsin		Autoasegurado? <input type="checkbox"/> Sí <input type="checkbox"/> No		Tipo de empresa (producto específico)	
	Dirección postal del empleador		Ciudad		Estado		Código postal	
							Número de identificación federal del empleador (Federal Employer Identification Number, FEIN) -	
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INSTRUCCIONES PARA EL EMPLEADOR Y LA COMPAÑÍA DE SEGUROS

El empleador deberá completar todas las secciones pertinentes de este formulario y presentarlo a la compañía de seguros de compensación a los trabajadores del empleador o al administrador de reclamaciones externo dentro de los siete (7) días siguientes a la fecha de una lesión relacionada con el trabajo que cause incapacidad permanente o temporal que dé lugar a indemnización por tiempo perdido. La compañía de seguros del empleador o el administrador de reclamaciones externo pueden solicitar que este formulario se utilice también para informar inmediatamente cualquier lesión que requiera tratamiento médico, aunque no implique pérdida de tiempo de trabajo.

En el caso de cualquier lesión laboral que resulte en un **accidente mortal**, el empleador también deberá presentar este formulario directamente al Departamento de Desarrollo de la Fuerza Laboral **dentro de las 24 horas siguientes al accidente**.

El empleador exento de la obligación de asegurar en virtud de la sección 102.28 de los Estatutos de Wisconsin, y una compañía de seguros que administre las reclamaciones para un empleador asegurado están obligados a presentar este formulario al Departamento de Desarrollo de la Fuerza Laboral en un plazo de 14 días a partir de la fecha de la lesión laboral.

INFORMACIÓN OBLIGATORIA

Para poder administrar con exactitud las reclamaciones, deberá completarse cada una de las siguientes secciones de este formulario. El primer informe de lesiones se devolverá al remitente si no se facilita la información obligatoria.

Sección para los empleados: Suministre toda la información solicitada para identificar al empleado lesionado. Si el empleado tiene varias fechas de empleo, la "fecha de contratación" es aquella cuando el empleado fue contratado para el trabajo en el que se lesionó.

Sección para empleadores: Suministre toda la información solicitada para identificar al empleador del trabajador lesionado en el momento de la lesión. Indique el nombre y el número de identificación federal del empleador (FEIN) de la compañía de seguros o del empleador autoasegurado responsable por la indemnización al trabajador por esta lesión. Identifique también al administrador externo de reclamaciones, si procede.

Sección de información salarial: Suministre la información solicitada sobre el salario y las horas trabajadas por el empleado lesionado para el trabajo que realizaba en el momento de la lesión.

Sección de información de lesiones: Suministre información sobre la fecha y la hora de la lesión. Describa detalladamente la lesión, incluida la parte lesionada del cuerpo, la naturaleza específica de la lesión (fractura, esguince, conmoción cerebral, quemadura, etc.) y el uso de cualquier objeto o herramienta (sierra, escalera, vehículo, etc.) que pudo causar la lesión. Indique el nombre de la persona que prepara este informe y el número de teléfono en el que se le puede localizar, si se necesita información adicional. Este formulario está destinado a incluir la información que exige la OSHA en el formulario 301. Si se completa y conserva esta sección, el empleador no tendrá que completar el formulario 301 de la OSHA.