A SUMMARY OF THE ILLINOIS WORKERS' COMPENSATION ACT

If you are injured in the course of your work, you may be entitled to three benefits from your employer: payment of lost time weekly compensation, all reasonable and necessary medical expenses, permanent disability, serious and permanent disfigurement and death benefits.

YOUR COMPENSATION RATES

Your weekly compensation rates are the basis for figuring benefits under the Act. You have two compensation rates, both fixed as of the date of your accident. Both rates are a percentage of your average straight time weekly earnings for the 52 weeks before your accident, but are subjected to certain maximum limits and also to minimum for low paid workers. Certain circumstances may permit inclusion of overtime earnings in this calculation.

One rate applies to three kinds of payments; temporary total, total permanent disability and death. This rate is two-thirds of your average weekly earnings, limited by a maximum which is subject to changes every January 15 and July 15, according to fluctuations in the statewide average wage. For example, for accidents from January 15, 2016 through July 14, 2016, this maximum rate is \$1,048.67

The second rate applies to permanent partial disabilities, such as specific loss, and is set at 60 percent of your average weekly wage. The maximum for this rate was fixed at \$755.22 per week for accidents from July 1, 2015 through June 30, 2016.

KINDS OF PAYMENTS TEMPORARY TOTAL COMPENSATION (TT)

If, due to an injury on the job, you are unable to work for more than three working days, you are entitled to weekly payments in the above amounts. Payment for the first three dates are due if your period of disability extends for more than fourteen calendar days from the date of injury.

Temporary total compensation continues as long as you are totally disabled and under treatment for your injury.

TEMPORARY PARTIAL DISABILITY

When the employee is working light duty on a part-time or full-time basis and earns less than he or she would be earning if employed in your full work capacity, then the employee shall be entitled to temporary partial disability benefits.

PERMANENT DISABILITY, DISFIGUREMENT OR DEATH

Specific Loss Compensation

A "specific loss" is a permanent disability to certain specific "members" or parts of the body. Once your injury has stabilized, you may be entitled to a monetary settlements or trial award based upon many factors. One factor is the permanent impairment rating. It is important to know that impairment is not the same as disability. There are 5 factors which determine permanent disability.

Person as a Whole

A worker may receive up to five-hundred weeks of compensation for permanent partial disability for whole body injuries.

Permanent Earnings Loss

A permanent reduction in earnings capability is also compensable. The injured worked is entitled to 66-2/3% of the reduction to age 67 or 5 years after a final decision.

Permanent Total Disability

- 1) If an injury results in complete disability so that the employee is wholly and permanently incapable of work, compensation is payable weekly for as long as the disability lasts.
- 2) Disability based on Specific Loss. The loss of use of both hands, or both arms, or both feet, or both legs, or both eyes, or any two of them as for example, one arm and one leg suffered in an accident constitutes permanent total disability and entitles the employee to weekly compensation payments until death even if the employee can work.

Disfigurement Compensation

An employee who suffers permanent scars on the hand, head, face, neck, arm, upper chest or the leg below the knee, may recover for disfigurement. The amount payable varies in each case, depending on the seriousness of the disfigurement, but it can in no case exceed 162 weeks.

Fatal Injury Compensation

Where an employee dies as a result of accidental injuries on the job, leaving a widow (or widower), children or other dependent heirs, compensation may be payable. A widow (or widower) receives the compensation rate each week until she/he dies, up to a maximum of 25 years or until she/he has received \$500,000.00, whichever is greater. However, if the widow (or widower) remarries at a time when there are no dependent children she/he receives only a lump sum of 2 years compensation. Children may receive benefits up to age twenty-five if they are full time students. The burial benefits is \$8,000.00.

MEDICAL BENEFITS

You may be entitled, at your employer's expense, to receive all necessary and reasonable medical, hospital and rehabilitation services. Out of state providers are subject to a different fee schedule. You may select any physician and go to any doctor or hospital you are referred to by that physician. You may also select one more such line of doctors. After that you must go to doctors selected by the employer or pay your own bills.

However, if your employer participates in a preferred provider program, the injured worker is required to treat with that program as the first choice of a physician. You may opt out of the program in writing.

The Commission has set a fee schedule establishing the rate payable for all medical procedures, treatment and professional services. In most cases, an injured worker is not responsible for the remaining balance of any compensable medical bills in excess of the Commission's fee schedule.

In dispute claims, your attorney may be able to stop medical providers from pursuing payment of medical bills while your case is pending at the Workers' Compensation Commission.

UTILIZATION REVIEW

Your employer or its workers' compensation insurance company may evaluate the level and quality of health care services medically necessary to diagnose and treat your injury based on medically accepted standards. You have certain rights under this law if your medical care is reviewed.

HOW TO QUALIFY FOR BENEFITS

- 1) Report any accident to the employer within forty-five days. This can be done orally or in writing to the foreman or the plant nurse, or any other management representative of the company. If notice of the accident is not given in time, the claim may be barred.
- 2) Have a claim filed with the Illinois Workers' Compensation Commission, 100 W Randolph St., Chicago 60601 within three years after the accident or, where weekly compensation (TT) was paid, within two years from the date of the last payment, whichever is later. Payment of medical expenses through workers' compensation may extend the statute of limitation. Payments of non-occupational benefits for a work-related injury tolls the date required for giving notice and filing your claim. Unless the application is filed within the required time, the statue of limitations will forever bas the claim.

CAUTION

WARNING: Do not rely on the advice of insurance adjuster or company doctors concerning the settlement value of your claim. See your Union representative. If an offer is made, ask for it in writing. We provide a free consultation to evaluate the offer. Sometimes, in order to save the company money, a personnel manager will urge an employee to say that the accident did not happen at work and to claim group insurance or sickness and accident benefits instead of workers' compensation. Once a worker states that he was not injured at work, it may be impossible to collect benefits. Compensation is more generous for the injured worker because it pays all necessary medical costs, not just some, pays higher weekly benefits in almost all

cases, and makes substantial payments for disfigurement and disability which are generally non-existent in group insurance.

A lump sum settlement, approved by the Commission, closes a case and ends a worker's right to further medical treatment for that accident. In contrast, an award of benefits after trial at the Workers' Compensation Commission entitles the worker not only to compensation payments for the permanent disability suffered, but also to the right to reopen the case within thirty months if the disability increases and in addition to all medical, surgical and hospital treatment needed at any time in the future as a result of the accident in question.

HELPFUL FACTS

- 1) Keep in mind that some "natural" illnesses, such as heart attacks or strokes may be brought on my work stresses. If so, valuable benefits are available under this Act.
- 2) If the accident is caused by the negligence of someone other than the employer, the worker can file a civil suit for damages against the negligent third party, in addition to a compensation claim against the employer.
- 3) Illinois law specifically protects the right of injured employees to file claims under this law. Employers and insurance companies are prohibited from discriminating in any way against an employee for filing a claim. Illinois courts enforce these protections.
- 4) If you qualify for Social Security Disability benefits and have a work-related injury, the interests of Medicare must be protected.

A UNION GUIDE TO WORKERS' COMPENSATION

INTRODUCTION

The Illinois Workers' Compensation Act provides the only legal remedy against the employer for a worker injured on the job. This handy pocket digest of workers' compensation is presented by your Union to assist you in claiming your rights under this law. This brief outline of the Act applies to injuries and exposures which happen on or after June 28, 2011.

The Statue and thousands of court and Workers' Compensation Commission decisions interpreting it are quite complicated. For complete information, consult our Union attorneys:

Katz Friedman Attorneys at Law

77 West Washington Street, 20th Floor Chicago, Illinois 60602-2983 (312) 263-6330 - Toll Free (888) 626-5556 Downstate Injury Hotline: (800) 444-1525 https://www.kfeej.com