



## Idaho Industrial Commission

The Idaho Industrial Commission is the state agency established by Idaho Code to administer and enforce the workers compensation law. Their responsibilities include:

- **Rehabilitation:** assisting injured workers in returning to compatible employment that is as close to their pre-injury wage and status as possible.
- **Employer compliance:** ensuring that all employers are in compliance with the workers compensation law.
- **Benefit administration:** providing information to all parties about their rights and responsibilities, assisting in dispute resolution, and reviewing settlements and closing documents to assure workers receive appropriate benefits.
- **Adjudication:** managing the complaints and appeals filed as well as resolving medical fee disputes filed by healthcare providers and workers compensation payors.

## The State Insurance Fund

The State Insurance Fund was created by the Idaho Legislature in 1917. The State Insurance Fund is not tax-supported and the State of Idaho is not liable for any indebtedness incurred by the Fund. The State Insurance Fund has no regulatory or enforcement powers.

### **Tell your employer about the injury or illness as soon as possible.**

Prompt and accurate reporting is crucial in processing your claim. Your employer should be notified as soon as possible that you have suffered an industrial accident or illness. Be sure to report your accident or illness to your supervisor even if no medical treatment is received **by completing an Eastern Washington University Incident Report Form.**

- You should notify a physician as soon as possible if you feel your injury is work-related. Medical documentation of your injury will be needed in order to pay benefits on your claim.

## Return to Work

It is important that employers take an active role in the claim. This includes offering modified duty, or light work, in order to bring an injured worker back to work as soon as possible.

## Modified Duty

Modified duty positions generally are not permanent. They are transitional jobs designed to bring the worker back to work in a position that meets the doctor's restrictions. Modified duty can be accomplished by altering the current job or temporarily transferring the worker to another job. The job should be offered in writing and have a written job description.

The employer should contact the claims examiner when considering a modified duty job. If the modified duty position pays less than the injured worker's regular pay, temporary partial compensation may be payable. If an injured employee declines a legitimate offer of a modified duty job approved by the treating physician, there could be a basis to stop compensation benefits.

## Vocational Rehabilitation

If it is anticipated that an injured worker will be unable to perform his or her regular job duties, the State Insurance Fund may request the assistance of a rehabilitation consultant.

The Idaho Industrial Commission offers free rehabilitation services to Idaho workers injured on the job. They work with the injured worker, the employer, the State Insurance Fund, and the physician to return the worker to employment. Their services include:

- Determining the physical requirements of the job.
- Developing job modifications to accommodate restrictions from a disability.
- Working with the employer to develop alternative work opportunities.
- Assisting injured workers in developing new work goals if they cannot return to their prior employment.

then will notify you if the issue can be resolved or will tell you your options. Several options for resolving disputes are:

- **Lump sum settlement:** If there is a dispute between you and the State Insurance Fund regarding your entitlement to benefits, both parties may agree to a cash settlement. In exchange for a cash settlement, your claim is closed and cannot be reopened. All lump sum settlements must be approved by the Industrial Commission. This process generally takes one to two months.
- **Mediation:** Mediation enables the parties to negotiate their disputes in an informal, non-binding atmosphere. An Industrial Commission mediator facilitates a discussion between you and the State Insurance Fund to work toward an acceptable resolution of the disputed matters. This process generally takes one to two months.
- **Hearing:** If the dispute cannot be resolved, you can elect to go through the formal hearing process. This proceeding brings the dispute before the three Industrial Commissioners or one of the Industrial Commission referees. A hearing date is set for the evidence and legal arguments to be heard. The Commission will then consider the facts and issue a binding decision. This process generally takes six months to one year.

## Legal Representation

The State Insurance Fund will make every effort to resolve any disputes in a fair and equitable manner. If you feel it is necessary, you have the right to hire an attorney to assist you. Generally, you will be responsible for the cost of your attorney based on state law and the rules adopted by the Industrial Commission. Once you retain an attorney, legal protocol will require that all communications must be through your attorney and the Fund can not ethically discuss your claim directly with you.

- Reporting a claim to your co-worker is not considered reporting a claim to your employer. You must notify an employee in a supervisory position.

If you need to seek medical treatment or miss one day or more from work, your employer must complete a First Report of Injury or Illness form and send it to the State Insurance Fund.

- A claim cannot be opened and a claim number assigned by the State Insurance Fund until the First Report of Injury or Illness form is received.

The First Report of Injury (FROI) must be filed as soon as practicable but not later than 10 days after the occurrence of an injury or occupational disease. A First Report of Injury should be filed if the injured worker:

- Requires medical treatment by a physician
- Is absent from work for one day or more
- Requests that a First Report of Injury be filed on his behalf

## 12 ways to make processing your claim easier

1. Notify your supervisor immediately.
2. Help your employer fill out the First Report of Injury or Illness form completely.
3. Use your name as it appears on your employer's payroll, and use it the same way on all forms relating to your injury.
4. Seek medical treatment as soon as possible and ask the physician to send all information to the State Insurance Fund. ***Eastern Washington University's employer policy does not require the use of a designated physician.***
5. Complete and return immediately all requests for information sent to you regarding your claim.
6. Have your claim number available when you call and include your claim number on all correspondence with the State Insurance Fund.

7. Attend all scheduled medical appointments and communicate with your physician regarding your medical concerns and status.
8. Keep your claims examiner informed of your current mailing address.
9. Avoid activities that will slow or stop your recovery.
10. Cooperate with the Industrial Commission Rehabilitation Division in its efforts to help you return to work.
11. Keep your employer informed of your progress and when you will be able to return to work.
12. Inform the State Insurance Fund about any changes in your employment status while your claim is open.

- An impairment rating is given based on the loss of function of a body part as it would relate to total amputation of the body part. A schedule of income benefits is set out in Idaho Code 72-428. The rate of pay is calculated on the percentage of impairment given by the physician. The number of weeks is then multiplied by 55% of the State Average Weekly Wage in the year of the injury.  
Idaho Code 72-428. Scheduled income benefits for loss or losses of use of bodily members

### **Permanent Partial Disability (PPD)**

If you suffer a permanent partial impairment and also suffer a decrease in your wage-earning capacity, you may be entitled to a Permanent Partial Disability. The percentage of disability is determined by the Industrial Commission based on the facts of the case.

### **Death benefits**

The workers compensation law provides for certain death benefits if a worker dies as the result of a compensable accident or disease.

- Burial expenses up to \$6,000 and transportation of the body.
- Spouses and dependents are entitled to certain weekly benefits for a specified time. The level of benefits, duration of benefits, and dependents covered are set out in law, Idaho Code Title 72-413 (Income Benefits for Death)

### **IF YOU HAVE A DISPUTE**

#### **Dispute resolution**

Most claims are processed without incident. At times, disputes may arise between you and the State Insurance Fund. If you disagree with a decision that has been made regarding your claim, you should contact your claims examiner to see if the issue can be resolved. The examiner will listen to your complaint and review the claim file. The examiner

## **Instructions for the First Report of Injury**

### **Section 1 – Employer**

1. Enter the complete name of your business and address as shown on your workers compensation policy. If your location is different than your mailing address, complete the section of your location address.
2. The policy number field must be completed with your workers compensation policy number as shown on your State Insurance Fund policy documents. Eastern Washington University's policy number is: **#614311.**
3. If you don't use organization codes, you can ignore this section. Policyholders with large facilities, or multiple locations, utilize the organization code to sort the quarterly report of claims. If you are interested in using an organization code, contact Risk Management at the State Insurance Fund.
4. Check the employer status box that accurately describes your business (sole proprietor, LLC, partnership, corporation

Weekly Wage, which is an amount determined each year by the state Department of Labor. In no case, can you receive more than 90% of your gross wage.

- Temporary total disability subsequent to the first 52 weeks shall be set at 67% of the State Average Weekly Wage (subject to the maximum and minimum amounts).
- Benefits cease when you return to work, are released to return to work, or your medical condition becomes stable (whichever occurs first).

Benefits may be stopped if you fail to comply with prescribed therapies or doctor's orders, fail to keep medical appointments arranged by the Fund, or refuse to return to work at a physician-approved modified job that your employer has made available to you.

### **Temporary Partial Disability (TPD)**

Benefits are paid when you are temporarily partially disabled, but able to resume work in a different capacity, or on a part-time basis at a reduced rate of pay.

- If you can work for reduced hours or reduced pay during your period of recovery, benefits are payable at 67% of your decrease in wage-earning capacity. Benefits cannot exceed the income benefits payable for total temporary disability. Documentation of rate of pay and actual hours worked are needed before payment is made.

### **Permanent Partial Impairment (PPI)**

Benefits are paid when you have suffered a permanent partial loss of function of a body part.

Determination of impairment is based on a medical assessment done by a physician.

public, or other). Check the box to indicate if the injured worker was a corporate officer, partner, LLC member or sole proprietor. Indicate if the injured worker was a household member.

### **Section 2 – Employee**

5. The employee's last name, first name, middle initial (make sure last name and first name are entered in the appropriate fields), address, and phone number should be completed showing the most current information available to you. Also enter the Claimant's sex, Social Security number, date of birth, and marital status.
6. Enter the state where the employee was hired.
7. The occupation field should indicate the primary occupation of the claimant at the time of the accident or exposure.
8. Employment status indicates the employee's work status. Valid choices are full-time, part-time, seasonal, piece worker, or volunteer.
9. The date of hire should indicate the most recent hire date.
10. The class code should indicate the class code where the injured worker's wages were reported on your payroll. If you are unsure of the appropriate class code, make sure the occupation has been entered. This will help the Registration Unit determine the appropriate class code.
11. The injury date should indicate the date the accident happened. If the claim is for an ongoing problem or occupational disease (such as dermatitis or carpal tunnel), indicate the date that the employee informed you of the problem or date the employee first sought medical attention.

### Workers Compensation – First Report of Injury or Illness

State Insurance Fund e-mail form – return as an e-mail attachment to ReportClaim@idahoSIF.org. Do not mail a copy of a printed form.

Every work injury that requires medical services other than first aid treatment must be reported within TEN days after the employer has knowledge of the injury. Filing this form is not an admission of liability. This report shall not be evidence of any fact stated herein in any proceeding in respect of the injury, illness or death on account of which this report is made.

EMPLOYER	Employer's name: <b>1</b>	Employer status: <b>4</b>
	Address:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Public
	City: State: ZIP:	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
	Phone #: FAX #:	Is injured worker a Corporate Officer, Partner, LLC member or Sole Proprietor? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE	Employer's location address (if different)	If a Sole Proprietorship, is the injured worker a household member? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:	
	City: State: ZIP:	
	Policy number: <b>2</b>	Organization code: <b>3</b>
EMPLOYEE	Employee's last name: <b>5</b>	State where hired: <b>6</b>
	Employee's first name:	Occupation: <b>7</b>
	Address:	Employment status: <b>8</b>
	City: State: ZIP:	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
EMPLOYEE	Phone #:	Social Security #:
	Date of birth:	Date hired: <b>9</b>
	Under what class code were wages reported? <b>10</b>	Injury date: <b>11</b>
	Regular department:	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Separated
WAGES	Wage rate: <b>12</b> \$ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other	Hours worked per week:
	# of days worked per week:	Full pay for the day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If board, lodging or other advantages furnished in addition to wages, give estimated value per week. \$	Did salary continue? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If gratuities (tips, etc.) were received in the course of employment, give estimated value per week. \$	
ACCIDENT	Place of accident or exposure (address): <b>13</b>	City/State:
	County:	Did injury/illness occur on the employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Time injury occurred: <b>14</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	Time employee began work: <input type="checkbox"/> AM <input type="checkbox"/> PM
	Date last worked: <b>15a</b>	Date employer notified: <b>16</b>
INJURY	Date returned to work: <b>15c</b>	Date disability began: <b>15b</b>
	If fatal, date of death: <b>15d</b>	Injury type (strain, out, etc.): <b>17</b>
	Part of body affected:	Body part injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Injury reported to (name and phone #): <b>18</b>	
ORIGIN	Equipment, materials, or chemicals employee was using upon occurrence: <b>19</b>	
	How injury or illness occurred (Describe the sequence of events. Include objects or substances that directly caused the injury) <b>20</b>	
	Was accident caused by the failure of a machine or product? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>21</b>	Was safety equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If the accident was caused by any person or business other than the injured worker, co-worker or the employer, please identify.	Was it used? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL		Were other workers also injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
		List other workers' names:
	Physician or hospital (name and address) <b>22</b>	<input type="checkbox"/> No medical treatment <input type="checkbox"/> Minor by employer
		<input type="checkbox"/> Minor – clinic/hospital <input type="checkbox"/> Emergency care
		<input type="checkbox"/> Anticipated major med/time loss <input type="checkbox"/> Hospitalized overnight
	Did anyone witness the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name, phone #:	
	Preparer's name and title: <b>23</b>	
	Preparer's phone number:	Date prepared:

E-mail this as an attachment to ReportClaim@idahoSIF.org. Employers do not need to e-mail this form to the Industrial Commission. Employers should keep a copy on file.

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## Section 3 – Wages

12. The wage rate - whether the rate is hourly, daily, weekly, monthly or other, the hours worked per week, and the number of days worked per week - must be entered on all claims involving time loss.

If the injured employee works a different number of hours and/or days each week, or the injured worker is seasonal, indicate "other" in the wage rate and leave the hours worked per week and number of days worked per week blank. Attach a copy of the injured worker's gross earnings for the 52 weeks preceding the date of injury. If the injured worker has various hours and days worked, the gross earnings must be broken down into weekly increments. For "seasonal" employee, the gross wages can be submitted in one amount. If board, lodging, other advantages, or gratuities are provided to the injured worker, the value must be entered in the appropriate field.

- Reimbursement for reasonable travel expenses for medical examination or treatment.
- Replacement of glasses with like kind and quality when broken in a work-related accident when injury has been sustained. It is not necessary that the injury require medical attention by a physician. Injuries such as abrasions, bruises, etc., may be sufficient to allow for replacement of broken glasses.

## Diagnostic testing

In non-emergency cases, the State Insurance Fund requests providers notify the Fund prior to proceeding with testing such as MRI, CT scan, nerve conduction studies (NVC/EMG), myelograms and discograms. The injured worker should ask their physician to contact the State Insurance Fund if the physician recommends the injured worker undergo diagnostic testing.

## Income benefits

In order to receive income benefits, the time lost from work (disability) must be authorized by your treating physician. Income benefits are payable if you are disabled from work more than five calendar days. Benefits are payable from the sixth day after disability unless you are hospitalized overnight or disability exceeds 14 days. Under these conditions, benefits are payable from the date of disability.

## Total Temporary Disability (TTD)

- Benefits are paid when you are temporarily totally unable to return to work. Benefits are generally paid every two weeks.
- During the first 52 weeks of disability, the income benefit level paid depends on your average weekly wage. Most injured workers will be paid 67% of their gross wage. However, the benefit level cannot be higher than 90% of the State Average Weekly Wage or lower than 45% of the State Average

## Reporting

In order to receive payment, the physician or hospital must provide the State Insurance Fund with a medical report and billing. If a report is not received, there may be a delay in payment of your bills. You should notify your physician of the claim number you have been assigned to ensure any information he or she sends the State Insurance Fund can be routed to your claim file.

## Payments

Medical charges are paid based on usual and customary rates. If a bill paid on your file is reduced to comply with usual and customary rates, you are not responsible for the balance of the charges. If you should receive any statements requesting you to pay any balance of charges, you should contact the State Insurance Fund. You will be responsible, however, for charges unrelated to your injury or non-covered expenses incurred.

## Medical Benefits

Workers compensation benefits include reasonable and necessary medical treatment as prescribed by a treating physician. This section contains information about medical benefits and other aspects of medical care.

## Medical Treatment

The following medical benefits are covered:

Reasonable and necessary medical treatment as prescribed by your treating physician is provided. The following benefits are covered:

- All medical, surgical, hospital and nursing care reasonably necessary for treatment and rehabilitation, including prescribed medications.
- Crutches and apparatus prescribed by the attending physician that may be needed for a reasonable time.
- Necessary replacement or repair of appliances or prosthesis unless the need is due to a lack of proper care by the injured worker.

## Section 4 - Accident or exposure

13. Indicate the address where the accident occurred. The county field is a reporting requirement of the Industrial Commission and must be entered. Also indicate if the injury occurred on the premises.
14. Indicate the time the injury occurred and the time the employee began work on the date of injury, if applicable.
15. To identify claims with time loss from work, enter:
  - 15a) Date last worked
  - 15b) Date disability began
  - 15c) Date returned to work
  - 15d) If fatal, enter the date of death
16. Indicate the date the employer was notified of the injury.
17. The injury type (strain, cut, etc.), part of body affected (right arm, left leg, etc.), and whether the body part was injured previously must be completed. Please be sure to indicate which side of the body was injured, right or left.
18. Indicate to whom the injury was reported and a phone number where that person can be contacted.
19. List equipment, materials or chemicals that were involved in the accident (scaffolding, paintbrush, paint, electric sander, etc.). This information also should be recorded for possible third party claims.
20. A detailed description of the accident should be entered in the How Injury/Illness Occurred field. Example: "The worker stepped to the edge of the scaffolding to inspect work, lost balance and fell six feet to the floor. The worker's right wrist was broken in the fall." If the claim is for an ongoing problem or occupational disease, describe the type of work the employee does that could have caused the problem they are having.

21. Information regarding failure of a machine or product, whether safety equipment was provided and used, if accident was caused by any person or business other than the injured worker, co-worker or the employer, and if other workers were involved in the accident should be recorded for possible third party claims.

## **Section 5 – Medical**

22. The original physician or hospital name (please do not abbreviate name) and address should be recorded in the appropriate field so the Fund can obtain the appropriate medical information. The box for the type of treatment received must be marked for reporting purposes.

## **Section 6 – Preparer**

23. Mark the box indicating if anyone witnessed the accident. The person who prepared the report should indicate his or her name and title, a phone number where he or she can be reached, and the date the form was completed.

## **Communicate with your employer, the State Insurance Fund and your physician.**

Good communication helps avoid problems with your claim. Keep your employer and the Fund informed of your status, including when you can be expected to return to work. Don't be afraid to ask your physician questions. It is important that you understand your injury and what can be expected.

The Fund's largest department, Claims, is made up of professionals who make decisions concerning medical and compensation benefits for injured workers. As an injured worker, you will be assigned a claims examiner who will keep you informed by phone and mail about the status of your claim. You are encouraged to make this a two-way communication.

## **Starting the Process**

Upon receipt of a First Report of Injury or Illness form, the State Insurance Fund will register your

claim and assign a claims examiner. If there are questions regarding your claim, the following may occur:

## **Claim Investigation**

There are circumstances in which the State Insurance Fund will need to obtain additional information regarding your claim. You may be contacted by a Fund investigator who will schedule an appointment to take your recorded statement and identify any witnesses to your injury or illness.

## **Medical Release**

If additional medical information is needed to determine what benefits you are entitled to, you may receive a request to sign and return a medical release and to notify the State Insurance Fund of the physicians you have seen in the past. All records received are considered confidential information.

## **Choosing a Physician**

**Eastern Washington University does not have a company/designated physician. You may choose your own physician.**

## **Changing Your Physician**

You must receive a referral from your treating physician if you wish to change physicians. If you are unable to obtain a referral from your physician, you can contact the State Insurance Fund and request a change in physicians. If the Fund will not authorize a change of physician, you can petition the Industrial Commission for a change of physician.

## **Independent Medical Evaluation**

There may be a point in your claim when your claims examiner requests you be seen by a physician or panel of physicians. The reasons will vary depending on your claim. The physicians chosen will be specialists for your type of injury or illness. You will be given adequate notice of the appointment, and necessary travel expenses will be covered.