

GEORGIA STATE BOARD OF WORKERS' COMPENSATION**BILL OF RIGHTS FOR THE INJURED WORKER**

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$675 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$675 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$450 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$450 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$675 per week. A widowed spouse with no children will be paid a maximum of \$270,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwcc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

WC-BILL OF RIGHTS

JUNTA ESTATAL DE COMPENSACIÓN DE TRABAJADORES DE GEORGIA
DECLARACIÓN DE DERECHOS PARA EL TRABAJADOR LESIONADO

Según lo requiere la Ley O.C.G.A. §34-9-81.1, esto es un recuento de sus derechos y responsabilidades. La Ley de Compensación de Trabajadores le provee a usted, como trabajador en el Estado de Georgia, ciertos derechos y responsabilidades si usted se lesiona en el trabajo. La Ley de Compensación de Trabajador lo provee a usted con cobertura de lesiones relacionadas con el trabajo aunque su lesión sea en el primer día de trabajo. Además de sus derechos, usted también tiene ciertas responsabilidades. Sus derechos y responsabilidades están descritos abajo.

Derechos de los Empleados

1. Si usted se lesiona en el trabajo, usted puede recibir rehabilitación médica y beneficios de ingresos. Estos beneficios son proveídos para ayudarlo a regresar al trabajo. También sus dependientes pueden recibir beneficios si usted muere como resultado de lesiones recibidas en el trabajo.
2. Se le requiere a su empleador que anuncie una lista de seis doctores o por lo menos el nombre de un WC/ MCO certificado que provee cuidados médicos, al menos que la Junta halla otorgado una excepción. Usted puede escoger un doctor de la lista sin el permiso de su empleador. Sin embargo, en una emergencia, usted puede recibir asistencia medica temporaria de cualquier otro medico hasta que la emergencia termine después usted debe recibir tratamiento de los médicos que se anuncian en la lista.
3. Sus cuentas médicas autorizadas, cuentas de hospital, rehabilitación en algunos casos, terapia física, recetas y gastos de transporte serán pagados si la lesión fue ocasionada por un accidente en el trabajo. Todas las lesiones que ocurren en o antes 30 de junio de 2013 se tendrá derecho a beneficios médicos de por vida. Si el accidente ocurrió en o 1 de julio del 2013 el tratamiento médico será limitado a un máximo de 400 semanas a partir de la fecha del accidente. Si su lesión es catastrófica en la naturaleza que puede tener derecho a beneficios médicos de por vida.
4. Usted tiene derecho a recibir beneficios de ingresos semanales si usted ha perdido tiempo por más de siete días debido a una lesión. Su primer cheque debe ser enviado a usted dentro de 21 días, después del primer día que faltó al trabajo. Si esta fuera más de 21 días consecutivos debido a su lesión, se le pagara la primera semana.
5. Los accidentes son clasificados ya sea catastróficos o no catastróficos. Lesiones catastróficas son las que envuelven amputación, parálisis severas, lesiones severas de la cabeza, quemaduras severas, ceguera que prevenga al empleado a que pueda realizar el o ella su trabajo anterior o cualquier otro trabajo disponible en numero considerable dentro de la economía nacional. En casos catastróficos usted tiene derecho a recibir un promedio de dos terceras partes de su ingreso semanal pero no más de \$675 por semana por una lesión relacionada con el trabajo durante todo el tiempo que usted no pueda regresar a su trabajo. Usted también tiene derecho a recibir beneficios médicos y de rehabilitación. Si usted necesita ayuda en esta área llame a la Junta Estatal de Compensación de Trabajadores al (404) 656-0849.
6. En todos los otros casos (no catastróficos) usted tiene el derecho a recibir dos terceras partes de su sueldo promedio semanal pero no más de \$675 por semana de una lesión relacionada de trabajo, usted recibirá estos beneficios mientras usted este incapacitado. Pero no más de 400 semanas si no esta trabajando y se determina que usted esta capacitado a desempeñar con restricción por 52 semanas consecutivas o 78 semanas agregadas sus ingresos semanales serán reducidos a dos terceras partes de su sueldo promedio pero no más de \$450 por semana, que no excedan 350 semanas.
7. Cuando usted pueda regresar a trabajar pero solo pueda conseguir empleo de salario bajo como resultado de su lesión usted tiene derecho a un beneficio semanal de no más de \$450 por semana pero no más de 350 semanas.
8. En caso de que usted muera como resultado de un accidente en el trabajo, su dependiente (s) recibirán para gastos de entierro \$7,500 y dos terceras partes de su sueldo promedio semanal, pero no más de \$675 por semana. Una esposa viuda sin niños se le pagara un máximo de \$270,000 en beneficios continuos hasta que EL/ELLA se vuelva a casar o abiertamente cohabite con una persona del sexo opuesto.
9. Si usted no recibe beneficios cuando sea debido, la compañía de seguro/empleador debe de pagar penalidades, que se agregaran a sus pagos.

La Junta de Compensación de Trabajadores le proporcionará la información relativa a la manera de presentar una reclamación y responderá a cualquier preguntas adicionales sobre sus derechos en virtud de la ley. Si usted llama en la zona de Atlanta, el teléfono es el (404) 656-3818 y fuera de la zona metropolitana de Atlanta, llame al 1-800-533-0682, o escriba a la Junta Estatal de Compensación de Trabajadores a 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299 o visita sitio web: <http://www.sbcw.georgia.gov>. No es necesario tener un abogado para presentar una reclamación a la Junta; sin embargo, si usted cree que necesita los servicios de un abogado y no tiene uno propio, usted puede ponerse en contacto con el Servicio de Referencia de Abogados (Lawyers Referral Service) al teléfono (404) 521-0777 o al 1-800-237-2629.

Responsabilidades de los Empleados

1. Usted debe de seguir las reglas escritas de seguridad y otras pólizas razonables y procedimientos del empleador.
2. Usted debe reportar cualquier accidente inmediatamente, pero no más tarde de 30 días después del accidente, a su empleador, los representantes del empleador, su capataz o supervisor inmediato. Fallar en hacerlo puede resultar en la pérdida de sus beneficios.
3. Un empleado tiene la continua obligación de cooperar con proveedores médicos en el curso de su tratamiento relacionado con lesiones de trabajo. Usted debe aceptar tratamientos médicos razonables y servicios de rehabilitación cuando sean ordenados por la Junta Estatal de Compensación de Trabajadores o la Junta puede suspender sus beneficios.
4. No se permitirá compensación por una lesión o muerte debido a una conducta mal intencionada de los empleados.
5. Debe de notificar a la compañía de seguro/empleador de su dirección cuando se mude a un nuevo lugar. Usted debe notificar a la compañía de seguros/empleador cuando usted halla regresado a trabajar de tiempo completo o medio tiempo y reportar la cantidad de su salario semanal porque usted puede tener derecho a algún beneficio de ingreso aun así halla regresado al trabajo.
6. Una esposa dependiente de un empleado difunto debe notificar a la compañía de seguro/ empleador de cambios de dirección o nuevo matrimonio.
7. Usted debe intentar un trabajo aprobado por su medico autorizado aunque el pago sea mas bajo que en el trabajo que usted tenia cuando se lesionó, si usted no intenta el trabajo sus beneficios pueden ser suspendidos.
8. Si usted cree que debe recibir beneficios y su compañía de seguros/empleador niega estos beneficios. Usted debe de hacer un reclamo dentro de un año después del ultimo tratamiento medico o dentro de dos años de su último pago de beneficios semanales o usted perderá sus derechos a estos beneficios.
9. Si su (s) dependiente (s) no reciben beneficio de pagos permitidos. El dependiente debe hacer un reclamo con la Junta Estatal de Compensación de Trabajadores dentro de un año después de su muerte o perderán los derechos a estos beneficios.
10. Algún pedido de reembolso a usted por millas o otros gastos relacionados con tratamiento medico debe ser sometidos a la compañía de seguros/empleador dentro de un año del día que los gastos fueron incurridos.
11. Si un empleado injustificadamente rehúsa a someterse a una prueba de droga después de una lesión en el trabajo habrá una presunción de que el accidente y lesión fueran causados por droga o alcohol. Si la presunción no se sobrepone por otras evidencias, algún reclamo hecho para beneficios de compensación de Trabajador serán negados.
12. Usted será culpable de un delito menor y una vez convicto debe ser castigado con una multa de no más de \$10,000.00 o encarcelamiento de hasta 12 meses o las dos, por hacer declaraciones falsas o engañosos testimonios cuando reclame beneficios. También cualquier declaración falsa o evidencia falsa dadas bajo juramento durante el curso de alguna audiencia de división de apelación o administración es perjurio.

VACATION

UNEMPLOYMENT INSURANCE IS NOT PAYABLE

WHEN YOU ARE ON

- LEAVE OF ABSENCE at your own request
- PAID VACATION
- UNPAID VACATION, up to two weeks in a

calendar year if provided by

EMPLOYMENT CONTRACT, or by

ESTABLISHED EMPLOYER CUSTOM, PRACTICE

OR POLICY

PARAGRAPH (a)(3) OF OCGA SECTION 34-8-195

GEORGIA DEPARTMENT OF LABOR

VACACIONES

SEGURO DE DESEMPLEO

NO SE PAGA

CUANDO USTED ESTA EN:

- AUSENCIA AUTORIZADA, QUE USTED HA SOLICITADO.
- VACACIONES PAGADAS
- VACACIONES SIN PAGO, hasta por dos (2) semanas en el Año de calendario de acuerdo a un CONTRATO DE TRABAJO, o por COSTUMBRE, PRACTICA O REGLAMENTO ESTABLECIDOS POR SU EMPLEADOR.

PARAGRAFO (a)(3) SECCION 34-8-195 de OCGA

GEORGIA DEPARTMENT OF LABOR
DEPARTAMENTO DE TRABAJO DE GEORGIA



UNEMPLOYMENT INSURANCE FOR EMPLOYEES

Your job with this employer is covered by the Employment Security Law. You may be able to establish a claim for Unemployment Insurance if you become **TOTALLY** or **PARTIALLY** unemployed through no fault of your own and comply with all requirements.

IMPORTANT: YOU MAY FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS VIA THE INTERNET AT dol.georgia.gov. YOU MAY ALSO FILE A CLAIM IN PERSON AT ANY GEORGIA DEPARTMENT OF LABOR (GDOL) CAREER CENTER LISTED BELOW.

THE GEORGIA EMPLOYMENT SECURITY LAW STATES FOR EACH WEEK YOU CLAIM UNEMPLOYMENT BENEFITS YOU MUST:

- **Be UNEMPLOYED, ABLE to work, AVAILABLE for work, ACTIVELY SEEKING WORK, and be willing to immediately accept suitable work.**
- **Register for employment services with the Georgia Department of Labor.**
- **Report weekly work search contacts, all earnings each week, and any job refusal.**

NOTICE

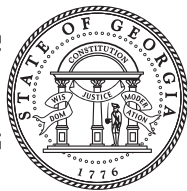
Employers cannot deduct any money from employees' paychecks to pay unemployment insurance tax. The funding for unemployment insurance benefits comes from taxes paid by employers.

OFFICES WHERE UNEMPLOYMENT INSURANCE CLAIMS MAY BE FILED

ATLANTA	CARROLLTON	DUBLIN	LAFAYETTE	THOMSON
ALBANY	CARTERSVILLE	EASTMAN	LAGRANGE	TIFTON
AMERICUS	CLAYTON COUNTY	GAINESVILLE	MACON	TOCCOA
ATHENS	COBB/CHEROKEE	GRIFFIN	MILLEDGEVILLE	VALDOSTA
AUGUSTA	COLUMBUS	GWINNETT COUNTY	MOULTRIE	VIDALIA
BAINBRIDGE	COVINGTON	HABERSHAM AREA	ROME	WAYCROSS
BLUE RIDGE	DALTON	HINESVILLE	SAVANNAH	
BRUNSWICK	DEKALB	HOUSTON COUNTY	STATESBORO	
CAIRO	DOUGLAS	KINGS BAY	THOMASVILLE	

GEORGIA DEPARTMENT OF LABOR

Equal Opportunity Employer/Program • Auxiliary Aids & Services Are Available Upon Request To Individuals With Disabilities



SEGURO DE DESEMPLEO PARA EMPLEADOS

Su empleo está cubierto por la Ley de Seguridad en el Empleo. Es posible que pueda establecer una reclamación ante el Seguro de Desempleo si queda TOTAL o PARCIALMENTE desempleado por causas ajenas a su voluntad y si cumple con todos los requisitos.

IMPORTANTE: A FIN DE RECIBIR LOS BENEFICIOS DEL SEGURO DE DESEMPLEO, USTED PUEDE HACER UNA RECLAMACIÓN A TRAVÉS DE INTERNET EN dol.georgia.gov. TAMBIÉN PUEDE HACER SU RECLAMACIÓN EN PERSONA, EN CUALQUIERA DE LOS CENTROS VOCACIONALES DEL DEPARTAMENTO DE TRABAJO DE GEORGIA (GDOL) QUE SE MENCIONAN A CONTINUACIÓN.

LA LEY DE SEGURIDAD DEL EMPLEO DE GEORGIA ESTABLECE QUE POR CADA SEMANA EN LA QUE USTED RECLAMA BENEFICIOS DE DESEMPLEO, USTED DEBE:

- **Estar DESEMPLEADO/A, APTO/A para trabajar, DISPONIBLE para trabajar, EN BÚSQUEDA ACTIVA DE TRABAJO, y estar dispuesto/a a aceptar de inmediato un trabajo adecuado.**
- **Registrarse para servicios de empleo en el Departamento de Trabajo de Georgia.**
- **Informar semanalmente sus contactos de búsqueda de empleo, todos los ingresos de cada semana y cualquier empleo que haya rechazado.**

AVISO

Los empleadores no pueden deducir dinero de los cheques de sueldo de los empleados para pagar el impuesto del seguro de desempleo. El financiamiento de los beneficios del seguro de desempleo proviene de los impuestos pagados por los empleadores.

OFICINAS DONDE PUEDE PRESENTAR UNA RECLAMACIÓN DEL SEGURO DE DESEMPLEO

ALBANY	CAIRO	DALTON	LAFAYETTE	THOMSON
AMERICUS	CARROLLTON	DEKALB	LAGRANGE	TIFTON
ÁREA DE HABERSHAM	CARTERSVILLE	DOUGLAS	MACON	TOCCOA
ATHENS	COBB/CHEROKEE	DUBLIN	MILLEDGEVILLE	VALDOSTA
ATLANTA	COLUMBUS	EASTMAN	MOULTRIE	VIDALIA
AUGUSTA	CONDADO DE CLAYTON	GAINESVILLE	ROME	WAYCROSS
BAINBRIDGE	CONDADO DE GWINNETT	GRIFFIN	SAVANNAH	
BLUE RIDGE	CONDADO DE HOUSTON	HINESVILLE	STATESBORO	
BRUNSWICK	COVINGTON	KINGS BAY	THOMASVILLE	

DEPARTAMENTO DEL TRABAJO DE GEORGIA

Empleador/Programa con igualdad de oportunidades laborales • Se cuenta con ayuda y servicios auxiliares disponibles a solicitud para personas con discapacidades

EQUAL PAY FOR EQUAL WORK ACT

POLICY

The General Assembly of Georgia hereby declares that the practice of discriminating on the basis of sex by paying wages to employees of one sex at a lesser rate than the rate paid to employees of the opposite sex for comparable work on jobs which require the same or essentially the same knowledge, skill, effort and responsibility unjustly discriminates against the person receiving the lesser rate:

It is hereby declared to be the policy of the State of Georgia through the exercise of the police power of this State to correct and, as rapidly as possible, to eliminate discriminatory wage practices based on sex.

PROHIBITION OF DISCRIMINATION

No employer having employees subject to any provisions of this section shall discriminate, within any establishment in which such employees are employed, between employees on the basis of sex by paying wages at a rate less than the rate paid to the opposite sex, EXCEPT WHERE SUCH PAYMENT IS MADE PURSUANT TO:

1. A seniority system;
2. A merit system;
3. A system which measures earnings by quantity or quality of production, or
4. A differential based on any other factor other than SEX: Provided, that an employer who is paying a wage rate differential in violation of this subsection shall not, in order to comply with the provisions of this subsection, reduce the wage rate of any employee.

It shall also be unlawful for any person to cause or attempt to cause an employer to discriminate against any employee in violation of the provisions of this Chapter.

It shall be unlawful for any person to discharge or in any other manner discriminate against any employee covered by this Chapter because such employee has made a complaint against the employer or any other person or has instituted or caused to be instituted any proceeding under or related to this Chapter or has testified or is about to testify in any such proceedings. Any person who violates any provision of this Code section shall, upon conviction thereof, be punished by a fine not to exceed \$100.00. (OCGA Section 34-5-3.)

FOR INFORMATION ON EQUAL PAY FOR EQUAL WORK ACT CONTACT:

Georgia Department of Labor
Office of Equal Opportunity
148 Andrew Young International Blvd., N. E.
Atlanta, Georgia 30303-1751

FOR ADDITIONAL POSTERS PHONE: (404) 232-3392

POST IN PROMINENT PLACE AS REQUIRED BY LAW

Georgia Department of Labor
Mark Butler, Commissioner

ACTA DE IGUAL PAGO POR IGUAL TRABAJO

DECLARACION

La Asamblea General de Georgia por esta Acta declara que la práctica de discriminación basada en sexo mediante el pago de menor salario a miembros de un sexo que el pagado a miembros del sexo opuesto por trabajo similar y que requiera el mismo, o esencialmente igual conocimiento, destreza, esfuerzo y responsabilidad, injustamente discrimina hacia la persona quien recibe el menor salario.

Se declara aqui que será la práctica del Estado de Georgia mediante el ejercicio de los poderes de vigilancia de este Estado, el corregir y tan rápidamente como sea posible, eliminar la discriminación de salario basado en sexo.

PROHIBICION DE DISCRIMINACION

Ningun Empleador quien tiene empleados sujetos a cualquier provision de esta sección podra discriminar, dentro de cualquier establecimiento donde tales trabajadores están empleados, hacia trabajadores con base en sexo mediante el pago de sueldos menores que los pagados a miembros del sexo opuesto, EXCEPTO CUANDO TALES PAGOS SE HACEN DE ACUERDO A :

1. Un sistema de antigüedad en el empleo. (Señorío).
2. Un sistema de Servicio Civil (Merit System)
3. Un sistema de salario basado en cantidad o cualidad de producción, o
4. Una diferencia en salario basada en cualquier otro factor que no sea SEXO, siempre que el Empleador que se encuentre pagando una diferencia de salario en violación de esta sub-sección no reduzca el salario básico del empleado para dar cumplimiento.

Asimismo es ilegal que alguna persona cause o atente a causar que un Empleador discrimine hacia un empleado en violación de las disposiciones de este Capítulo.

Es ilegal el que una persona despida o discrimine en cualquier otra forma hacia una persona cubierta por este Capítulo porque el empleado haya reclamado contra el empleador o cualquier otra persona o haya iniciado o tomado parte en la iniciación de algun proceso relacionado con este Capítulo o ha sido testigo o esté a punto de atestiguar en tales procesos. La persona que viole cualquier estipulación de este Código será, previa convicción, sancionado con una multa máxima de \$100.00. (OCGA Sección 34-5-3)

PARA INFORMACION DE IGUAL PAGO POR IGUAL TRABAJO, DIRIJASE A:

Georgia Department of Labor
Office of Equal Opportunity
148 Andrew Young International Blvd., N.E.
Atlanta, Georgia 30303-1751

PARA CARTELES ADICIONALES LLAME AL TELEFONO: (404) 232-3392

DEBE EXHIBIRSE EN LUGAR VISIBLE DE ACUERDO CON LA LEY

GEORGIA DEPARTMENT OF LABOR
(Departamento del Trabajo de Georgia)

An Equal Opportunity Employer
(Empleador con Igualdad de Oportunidades)

CHILD LABOR SUMMARY SHEET

When there is a difference in state, federal or local law regarding child labor, the law providing the most protection to the minor takes precedence.

Below are the more restrictive requirements for employing a minor.

JURISDICTION

MINIMUM AGE	14 Years of Age	FEDERAL
EMPLOYMENT CERTIFICATE (Work Permit)	15 Years of Age & Under	STATE
(Includes home schooled minors & minors from out-of-state working in Georgia)	Obtained from Georgia School attended OR County School Superintendent Ga Dept. of Labor Home School Form	
HOURS OF WORK Minors 14 & 15 Years of Age	3 Hours (school day) 8 Hours (non-school day) 18 Hours (school week) 40 Hours (non-school week) Not during normal school hours. Not before 7 a.m. Not after 7 p.m. (Evening hours extended to 9 p.m. June 1 to Labor Day).	FEDERAL
HAZARDOUS OCCUPATIONS Minors 17 Years of Age & Younger	http://www.youthrules.gov/know-the-limits/hazards/index.htm	FEDERAL
ALCOHOLIC BEVERAGES Minors 17 Years of Age & Younger	May not: Dispense, serve, sell or take orders for alcoholic beverages. (EXCEPTION: Where alcohol is sold for consumption OFF the premises). NOTE: Local law may be more restrictive.	STATE
PROHIBITED OCCUPATIONS Minors 15 Years of Age & Younger	http://dol.georgia.gov/child-labor-hazardous-occupations	STATE
	http://www.youthrules.gov/know-the-limits/hazards/index.htm	FEDERAL
MINORS IN ENTERTAINMENT Minors 17 Years of Age & Younger	Requires special application and certificate of consent. Certificate of consent must be issued by Georgia Child Labor Section prior to minor beginning work.	STATE

NOTE: Minors working for a parent/guardian who owns the business are exempt from all but the hazardous/prohibited occupation restrictions.

Child Labor personnel are available, when scheduling is possible, for presentations to school classes, issuing officers, PTA's, employer groups, etc. Please contact the Child Labor Section if you are interested.

FOR MORE DETAILED INFORMATION ON CHILD LABOR PLEASE CALL:

Georgia Department of Labor
Child Labor Section(404) 232-3260
www.dol.georgia.gov

U.S. Department of Labor
Wage & Hour Division (678) 237-0521 (Atlanta)
(912) 652-4221 (Savannah)

HOJA RESUMEN SOBRE TRABAJO DEL MENOR

Quando hay diferencias entre las leyes estatales, federales o locales que regulan el trabajo de menores, prevalece la que otorga mayor protección al menor.

Se indican a continuación los requisitos más restrictivos para emplear a un menor.

JURISDICCIÓN

EDAD MÍNIMA	14 a ños de edad	FEDERAL
CERTIFICADO DE EMPLEO (Permiso de trabajo) (Incluye los menores con escolaridad en la casa y los de fuera del estado que trabajan en Georgia)	15 años de edad y menos Obtenido de la escuela de Georgia a la que asisten O Superintendente de Escuelas del condado	ESTADO
HORAS DE TRABAJO Menores 14 y 15 años de edad	3 horas (día escolar) 8 horas (día no escolar) 18 horas (semana escolar) 40 horas (semana no escolar) No durante las horas de clase normales. No antes de las 7 a.m. No después de las 7 p.m. (Horas nocturnas extendidas hasta 9 p.m. del 1° de junio hasta el Día del Trabajo).	FEDERAL
OCUPACIONES PELIGROSAS Menores 17 años de edad y menos	http://www.youthrules.gov/know-the-limits/hazards/index.htm	FEDERAL
BEBIDAS ALCOHÓLICAS	No pueden: Dispensar, servir, vender o tomar pedidos de bebidas alcohólicas. (EXCEPCIÓN: Cuando el alcohol se vende para consumo FUERA del establecimiento). NOTA: La legislación local puede ser más restrictiva.	ESTADO
OCUPACIONES PROHIBIDAS Menores 15 años de edad y menos	http://dol.georgia.gov/child-labor-hazardous-occupations http://www.youthrules.gov/know-the-limits/hazards/index.htm	ESTADO FEDERAL
MENORES EN EL ENTRETENIMIENTO	Requiere solicitud especial y certificado de consentimiento. La Sección de Trabajo del Menor de Georgia debe emitir el certificado de consentimiento antes que el menor comience a trabajar.	ESTADO

NOTA: Los menores que trabajan para el padre o tutor que es propietario de la empresa o negocio están exentos de todas las restricciones excepto las de ocupaciones peligrosas y prohibidas.

El personal de la Sección de Trabajo del Menor está disponible, cuando la programación lo permite, para realizar presentaciones a escuelas, funcionarios expedidores, PTA, grupos de empleadores, etc. Si está interesado, comuníquese con la Sección de Trabajo del Menor.

PARA INFORMACIÓN MÁS DETALLADA SOBRE EL TRABAJO DEL MENOR, LLAME A:

Departamento de Trabajo de Georgia
Sección de Trabajo del Menor(404) 232-3260
www.dol.georgia.gov

Departamento de Trabajo de EE.UU.
División de Salarios y (678) 237-0521 (Atlanta)
Horas de Trabajo (912) 652-4221 (Savannah)



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name _____ 2. SSN _____

a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From _____ To _____

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation:

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
_____ per month _____ of contributions paid by employer

6. Did this employee earn at least \$7,300.00 in your employ? YES NO If NO, how much? \$ _____

Average Weekly Wage _____

AMERICAN PAYROLL AND

Employer's Name **BENEFITS I, LLC**

Address **2935 SE 58TH AVENUE**
(Street or RFD)

City **OCALA** State **FL** | **34480**
| ZIP Code

Employer's Telephone No. **(352) 624-1999**
(Area Code) (Number)

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

Ga. D. O. L. Account Number 427751-03

This is the number assigned to the employer by Georgia Department of Labor.

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer
or authorized agent for the employer

Title of Person Signing

Date Completed and Released to Employee

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

INSTRUCTIONS TO EMPLOYER FOR COMPLETION
OF THIS SEPARATION NOTICE

In accordance with the Employment Security Law, OCGA Section 34-8-190(c) and Rules pursuant thereto, a Separation Notice **must** be completed for each worker who leaves your employment, regardless of the reason for the separation. This notice shall be used where the employer-employee relationship is terminated and shall not be used when partial (DOL-408) or mass separation (DOL-402) notices are filed.

- Item 1. Enter employee's name as it appears on your records. If it is different from the name appearing on the employee's Social Security Card, report both names.
- Item 2. Enter the employee's Social Security Number. **Verify for correctness.**
- Item 3. Enter the dates of employee's most recent work period.
- Item 4.
 - a. If the reason for separation is for "LACK OF WORK," check box indicated.
 - b. If the reason for separation is OTHER THAN "lack of work," give complete details about the separation in space provided. If needed, add a separate sheet of paper.
- Item 5. If any type payment, (i.e. Separation Pay, Wages-in-lieu of Notice, etc.) was made, indicate the type of payment and the period for which payment was made beyond the last day. Give the date on which the payment was/will be issued to the employee. DO NOT include vacation pay or earned wages.
- Item 6. Check the appropriate block YES or NO to indicate whether this employee earned at least \$7,300.00 in your employ. If you check NO, enter amount earned in your employ. Give average weekly wage (without overtime) at the time of separation.

Employer's Name. Give full name of employer under which the business is operated.

Address. Give full mailing address of the employer where communications are to be sent in regard to any potential claim.

Company's Georgia DOL Account Number. Your state DOL Unemployment Insurance Account Number as it appears on your Quarterly Tax and Wage Report, Form DOL-4.

Signature. This notice must be signed by an officer or employee of the employer or authorized agent for the employer, and this person's title or position held with the employer must be shown.

Date. This notice must be dated as of the date it is handed to the worker. If the employee is no longer available at the time employment ceases, mail this form (DOL-800) to the employee's last known address and enter date the form is mailed.

OCGA Section 34-8-256(b)

PENALTY FOR OFFENSES BY EMPLOYERS. "Any employing unit or any officer or agent of an employing unit or any other person who knowingly makes a false statement or representation or who knowingly fails to disclose a material fact in order to prevent or reduce the payment of benefits to any individual entitled thereto or to avoid becoming or remaining subject to this chapter or to avoid or reduce any contribution or other payment required from an employing unit under this chapter or who willfully fails or refuses to make any such contributions or other payment or to furnish any reports required under this chapter or to produce or permit the inspection or copying of records as required under this chapter shall upon conviction be guilty of a misdemeanor and shall be punished by imprisonment not to exceed one year or fined not more than \$1,000.00 or shall be subject to both such fine and imprisonment. Each such act shall constitute a separate offense."

OCGA Section 34-8-122(a)

PRIVILEGED STATUS OF LETTERS, REPORTS, ETC., RELATING TO ADMINISTRATION OF CHAPTER. "All letters, reports, communications, or any other matters, either oral or written, from the employer or employee to each other or to the department or any of its agents, representatives, or employees, which letters, reports, or other communications shall have been written, sent, delivered, or made in connection with the requirements of the administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any action for slander or libel in any court of the State of Georgia."

EMPLOYEES OF THE STATE OF GEORGIA

PUBLIC EMPLOYEE HAZARDOUS CHEMICAL PROTECTION AND RIGHT TO KNOW ACT OF 1988

Under the Act, you have the right to know about the hazardous chemicals in your workplace. You must be informed of the following:

- The Requirements of the law;
- Your right to receive information regarding hazardous chemicals on your job;
- Your right to receive formal training and education on hazardous chemicals;
- What a Material Safety Data Sheet is, and how to use it;
- Where hazardous materials are used in your work area;
- Your physician's right to receive information on the chemicals to which you may be exposed.

YOU CANNOT BE FIRED, DISCRIMINATED AGAINST, OR DICIPLINED FOR EXERCISING YOUR RIGHT TO KNOW

No pay, position, seniority, or other benefits may be lost for exercising your right to know.

You may present a written request to receive Material Safety Data Sheet for any chemical used on your job.

You have the right to refuse to work with a hazardous chemical if a Material Safety Data Sheet in your employer's possession has not been provided to you within five (5) working days after your written request, unless you are required to perform essential services.

GRIEVANCE PROCEDURE

1. File a grievance through the established procedure for your agency.
2. Any employee dissatisfied with a final decision of an appointing authority with regard to a grievance filed pursuant to subsection (a) of this Code section shall be entitled to judicial review in the same manner as provided for judicial review of contested cases in Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act'

(Authority O.C.G.A 45-22-11)

Are you or someone you know being sold for sex or made/forced to work for little or no pay and cannot leave?

Call the National Human Trafficking Resource Center at [1-888-373-7888](tel:1-888-373-7888) for help.

All victims of slavery and human trafficking have rights and are protected by international, federal, and state law.

The hotline is:

- (1) Anonymous and confidential;
- (2) Available 24 hours a day, seven days a week;
- (3) Able to provide help, referral to services, training, and general information;
- (4) Accessible in 170 languages;
- (5) Operated by a nonprofit, nongovernmental organization; and
- (6) Toll free.

¿Usted o alguien que usted conoce está siendo vendido para sexo o forzado a trabajar por poco o ningún salario y no lo puede dejar?

Llame al Centro de Recursos Nacionales de Tráfico Humano al [1-888-373-7888](tel:1-888-373-7888) para obtener ayuda.

Todas las víctimas de esclavitud y tráfico humano tienen derechos y están protegidos por las leyes internacionales, federales y estatales.

La línea telefónica es:

- (1) Anónimo y confidencial;
- (2) Disponible las 24 horas al día, siete días a la semana;
- (3) Capaz de proveer ayuda, referencias a servicios, entrenamiento e información general;
- (4) Accesible en 170 idiomas;
- (5) Operado por una organización no gubernamental sin fines de lucro, y;
- (6) Libre de cargo.

NO SMOKING



**Georgia Smokefree Air Act of 2005
O.C.G.A. § 31-12A-1 et seq.**



Georgia
State Board of Workers'
Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299

Georgia State Board of Workers' Compensation Enforcement Division



WORKERS' COMPENSATION FRAUD AND INSURANCE NON-COMPLIANCE

Everyone pays the price for W.C. Fraud!

Contact the Workers' Compensation Enforcement Division.



Toll Free Fraud Hotline: 1-800-533-0682

Office: (404) 657-7285

Fax: (404) 651-7390

Visit our Website at www.sbcw.georgia.gov

WORKERS' COMPENSATION FRAUD WILL BE PROSECUTED



Georgia
State Board of Workers'
Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299

Junta Estatal de Compensación al Trabajador de Georgia

División de Cumplimiento



FRAUDE DE COMPENSACIÓN AL TRABAJADOR

¿Conoce usted a alguien que esté defraudando al sistema?

¡Todos pagan el precio por fraude de compensación al trabajador!

Llame a la División de Cumplimiento de Compensación al Trabajador



Línea Gratuita contra el Fraude: 1-800-533-0682

Oficina: (404) 657-7285

Fax: (404) 651-7390

Visite nuestro sitio web www.sbwc.georgia.gov

**EL FRAUDE DE COMPENSACIÓN AL
TRABAJADOR SERÁ ENCAUSADO**

WHAT IS WORKERS' COMPENSATION?

Workers' compensation is an accident insurance program paid by your employer which may provide you with medical, rehabilitation and income benefits if you are injured on the job. These benefits are provided to help you return to work. It also provides benefits to your dependents if you die as a result of a job related injury.

HOW LONG DO I HAVE TO WORK TO BE COVERED UNDER WORKERS' COMPENSATION?

You are covered from the first day on your job.

HOW DO I KNOW IF THE COMPANY I WORK FOR IS COVERED BY WORKERS' COMPENSATION?

The law requires any business with three or more workers, including regular part-time workers, to have workers' compensation insurance. Coverage can be verified by going to www.sbwg.org and click on "How Do I verify an employer's workers' compensation insurance coverage".

WHEN SHOULD I REPORT AN ACCIDENT THAT HAPPENED ON THE JOB?

You should report any accident occurring on the job to your employer (boss, foreman, or supervisor) immediately. If you wait longer than 30 days, you may lose your benefits.

WHAT DO I DO ABOUT A DOCTOR?

Your employer is required to post information identifying medical care providers. Your employer may satisfy this requirement in one of the following ways:

1. Post a Traditional Panel of Physicians consisting of a minimum of six doctors. You may choose any one of the six. However, the Board may grant exceptions to the required size of the panel where it is demonstrated that six physicians or groups of physicians are not reasonably accessible. The panel must include one orthopedic physician and not more than two industrial clinics. Where possible a minority physician must be included. You may make one

change to another doctor on the list without the permission of your employer.

2. Post the name of the Workers' Compensation Managed Care Organization (WC/MCO) certified by the Board which your employer has contracted with to provide medical services. Your employer must give you a notice of the eligible medical service providers and post a 24 hour toll free number for the managed care organization. A managed care representative will assist you in scheduling an appointment with the eligible medical provider of your choice. You may make one change to another eligible physician at any time, without the permission of your employer.

WHO PAYS FOR THE DOCTOR?

Your company's workers' compensation insurance carrier will pay for your authorized medical treatment, if the treatment was for an on-the-job injury.

WHAT MEDICAL TREATMENT WILL BE PAID?

All authorized doctor bills, hospital bills, physical therapy, prescriptions, and necessary travel expenses if the injury or illness was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum period of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.

WHEN DO I GET MY BENEFITS?

You are entitled to weekly income benefits if you are unable to work for more than 7 days. Your first check should be mailed to you within 21 days after the first day you missed work. If you miss more than 21 consecutive days, you will be paid for the first week.

HOW MUCH WILL MY WEEKLY BENEFITS BE?

You will receive two-thirds of your average weekly wage, but not more than \$575.00 per

week for an accident which occurred on or after July 1, 2016.

WHAT IF I AM ABLE TO RETURN TO WORK BUT CAN ONLY GET A LOWER PAYING JOB AS A RESULT OF MY INJURY?

You will receive a reduced benefit based upon your earnings for a maximum of 350 weeks from the date of injury. This benefit will not exceed \$383.00 per week, if your accident occurred on or after July 1, 2016.

HOW LONG WILL I RECEIVE WEEKLY BENEFITS?

If your accident occurred on or after July 1, 1992, you are entitled to benefits for up to 400 weeks. If your injury is catastrophic in nature you may be entitled to lifetime benefits. In certain circumstances, your benefits may be reduced after you have been released to return to work with limitations or restrictions, or suspended if you are released to return to work with no limitations or restrictions.

WHAT IF MY INJURY KEEPS ME FROM GETTING A JOB?

Under the law, if you sustain a catastrophic injury, you are entitled to receive help in getting another job or learning to do another job. If you need help in this area, call the State Board of Workers' Compensation at (404) 656-0849.

WHAT KIND OF BENEFITS WILL I RECEIVE IF I HAVE A PERMANENT DISABILITY?

You will receive weekly benefits based on the type and extent of your permanent disability. The authorized treating physician determines ratings based upon Guides to the Evaluation of Permanent Impairment fifth edition, published by the American Medical Association.

WHAT BENEFITS WILL I RECEIVE IF I LOSE A LEG, ARM OR OTHER PART OF MY BODY?

You will receive benefits based upon an amount set by law. For example, if you lost an arm or leg you will receive benefits of 225 weeks.

CAN I BE COMPENSATED FOR LOSS OF SIGHT OR HEARING?

Yes.

CAN I RECEIVE BENEFITS IF I HAVE LOST THE USE OF A PART OF MY BODY?

Yes. Benefits are based upon the extent of loss of use of a part of your body as determined by the authorized treating physician.

IF I DIE AS THE RESULT OF AN ON-THE-JOB ACCIDENT, WHAT BENEFITS WILL MY DEPENDENTS RECEIVE?

Your dependents will receive two-thirds of your average weekly wage or a maximum of \$575.00 per week for death on or after July 1, 2016. Your dependents are your surviving spouse, children or dependent stepchildren. A widowed spouse with no children is limited to a total amount of \$230,000.00, unless he or she remarries or cohabitates in a meretricious relationship.

CAN I BE PAID SOCIAL SECURITY AND WORKERS' COMPENSATION AT THE SAME TIME?

Yes, but social security benefits may be reduced.

WHAT IF I DON'T RECEIVE MY WORKERS' COMPENSATION BENEFITS?

You must file a claim to protect your rights within one year from the date of your accident. This is accomplished by filing Form WC-14 with the State Board of Workers' Compensation.

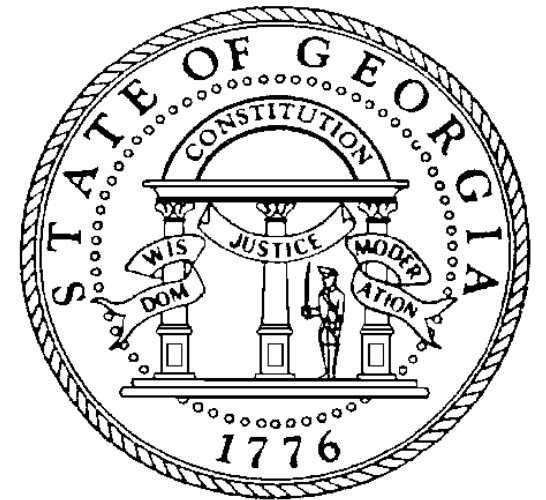
HOW DO I FILE A CLAIM?

The State Board of Workers' Compensation will provide you with Form WC-14 to file a claim. In the metro Atlanta dialing area call (404) 656-3818 and outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at:

State Board of Workers' Compensation
270 Peachtree Street, NW
Atlanta, GA 30303-1299

You may also obtain a Form WC-14 from the State Board of Workers' Compensation website www.sbwg.org.

Questions & Answers About Georgia's Workers' Compensation Law



State Board of Workers' Compensation
270 Peachtree Street, NW
Atlanta, GA 30303-1299

WHAT HAPPENS AFTER I FILE A CLAIM?

If you do not receive any benefits, you may request a hearing before the State Board of Workers' Compensation at the above address. A hearing is like a trial in the courts of Georgia. Your claim will be decided by an Administrative Law Judge who listens to both sides of the claim and determines what benefits, if any, you should receive. The judge's decision will be based on the law and the facts involved.

WHEN WILL THE HEARING TAKE PLACE?

The hearing generally will be scheduled within 60 days from the time the judge receives the Form WC-14.

WHERE WILL THE HEARING TAKE PLACE?

The hearing will generally be held in or near the county where you were injured.

DO I HAVE TO HAVE A LAWYER REPRESENT ME AT THE HEARING?

Everyone has the right to represent him or herself. However, your employer may be represented at the hearing by a lawyer. You may need help from a lawyer in order to present your claim properly.

WHAT IF I WANT TO HIRE A LAWYER BUT I DO NOT KNOW ONE?

You may call the Atlanta Bar Association Lawyer Referral Service by dialing (404) 521-0777. You may also call the Georgia Bar Association at 1-800-334-6865 or check your telephone directory for the number of a local lawyer referral service.

HOW MUCH WILL MY LAWYER CHARGE ME?

The attorney fee will be based on an agreement between you and your lawyer, subject to the approval of the State Board of Workers' Compensation if the fee is greater than \$100.00. No fee greater than 25% of the employee's award of weekly benefits or settlement shall be approved.

CIVIL PENALTIES

Any person who knowingly and intentionally makes a false or misleading statement for the

purpose of obtaining or denying benefits or payment under the law may be assessed a civil penalty of not less than \$1,000.00 or more than \$10,000.00 per violation. The Board may assess a penalty of not less than \$500.00 nor more than \$5,000.00 per violation for an employer's failure to be insured for workers' compensation.

CRIMINAL PENALTIES

In addition to civil penalties, a person, firm or corporation who makes false and misleading statements or representations may face criminal sanctions by imprisonment not to exceed 12 months.

Any employer who refuses or willfully neglects to have workers' compensation insurance shall be guilty of a misdemeanor.

ENFORCEMENT DIVISION

An Enforcement Division has been established at the State Board of Workers' Compensation. You may report fraud, including the failure to secure workers' compensation coverage, by calling (404) 657-7285.

If you still have questions, call (404) 656-3818 in the Atlanta area or 1-800-533-0682 outside the Atlanta area, or visit our website at www.sbwg.georgia.gov.

TO:

PURPOSE

The Workers' Compensation Act defines the responsibility of the employer to provide prompt medical and disability benefits for injuries sustained on the job by workers, resulting in partial or total incapacity or death. In return, the employer is shielded from tort liability for these injuries.

EMPLOYER

Every employer, individual, firm, association, or corporation, regularly employing three or more persons, part-time or full time, shall provide workers' compensation insurance coverage. Exempted officers of corporations or exempted members of limited liability companies shall not reduce the number of employees for this purpose.

EMPLOYEE

"Employee" or "worker" shall include every person, including minors, working full-time or part-time under a contract of hire, written or implied.

CORPORATE OFFICERS/LIMITED LIABILITY COMPANY MEMBERS

Corporate officers and limited liability company members are considered employees of the company. Any officer or member of a limited liability company (maximum of 5) may exempt themselves from coverage by filing a Form WC-10 with their insurance company. The exemptions shall not decrease the number of employees for purposes of determining the employer's obligations under the Workers' Compensation Act.

PARTNER/SOLE PROPRIETOR

A partner or sole proprietor is not an employee of the business unless he or she wishes to be

included as an employee in the coverage provided and so advises his or her insurance company on Form WC-10.

CONTRACTOR

A contractor who is subject to the Workers' Compensation Law, who sublets any part of his or her contract work to a subcontractor, may be liable for coverage for the employees of the subcontractor if the subcontractor has not obtained workers' compensation insurance coverage.

COVERAGE

Every employer subject to the workers' compensation law must insure payment of benefits to injured workers by securing a policy of insurance or by qualifying and being approved as a self-insurer. Employers desiring insurance coverage should contact an insurance agency representing a company licensed to write workers' compensation insurance in this state.

RATES

Employers having questions regarding insurance rates or premiums should contact the Office of Insurance and Safety Fire Commissioner, 2 Martin Luther King, Jr., Drive, Atlanta, GA 30334. The telephone number is (404) 656-2056.

SELF-INSURANCE

Employers desiring to be self-insured must file an application with the Board and include three years of audited financial statements and a non-refundable \$500.00 application fee made payable to the Georgia Self-Insurers Guaranty Trust Fund. If the application is approved by the Board and the Trust Fund, a surety bond or letter of credit will be required. The amount of security that is required is determined after a

thorough review of the application and financial statements.

LIABILITY

An employer failing to provide coverage, as required by law, shall be held responsible for compensable injuries in the same manner as an employer having coverage. In addition, the Board may assess attorney's fees, civil penalties, and a 10% increase in compensation to the employee, if the employer refuses or willfully neglects to secure insurance

CIVIL PENALTIES

Any person who willfully fails to file any form or report required by the Board, fails to follow any order of the Board, or violates any rule or regulation of the Board shall be assessed a civil penalty of not less than \$100.00 or more than \$1,000.00 per violation.

Any person who knowingly and intentionally makes any false or misleading statements for the purpose of obtaining or denying benefits or payment under the law may be assessed a civil penalty of not less than \$1,000.00 or more than \$10,000 per violation

The Board may assess a civil penalty of not less than \$500.00 or more than \$5,000.00 per occurrence for violation of an employer's duty to provide coverage under the Workers' Compensation Act.

CRIMINAL PROVISION

Employers refusing or willfully neglecting to secure insurance coverage as required by law shall be guilty of a misdemeanor and upon conviction thereof shall be punishable by a fine of not less than \$1,000.00 or more than \$10,000.00 or imprisonment not to exceed 12 months, or both.

ENFORCEMENT UNIT

The Enforcement Division investigates incidents of non-compliance and allegations of fraud. The number to call or report fraud, including failure to secure workers' compensation coverage, is (404) 657-7285.

NOTICE

Employers must post a notice reflecting their compliance with the law and post the State Board of Workers' Compensation Bill of Rights for the injured worker, along with a Panel of Physicians (P1, P3), in a conspicuous place. These notices may be obtained by calling 404-656-3870.

The insurance company's name must be posted, or if self-insured the certificate of self-insurance must be posted in a prominent place.

REPORTING

Immediately upon knowledge of an injury, an employer must complete and file with its insurer's or self-insurer's claims office, an Employer's First Report of Injury or Occupational Disease (Form WC-1). Injuries involving seven or more days of lost time must be reported to the Board within 21 days of the employer's knowledge of disability.

Failure to file timely reports with the Board and/or make timely payments of income or medical benefits will result in late payment penalties and may result in late filing penalties and the assessment of attorney's fees.

LAW AND RULES

For \$57.00 prepaid, Lexis-Nexis, Matthew Bender, 1275 Broadway, Albany, N.Y. 12204-4024, 1-800-533-1637, will furnish a copy of Workers' Compensation Law and the Rules and Regulations of the Board.

MEDICAL CARE FOR INJURED EMPLOYEES

Employers must select ONE of the following three options to provide medical care for injured employees. The choices will be known as Option 1, Traditional Panel of Physicians and Option 3, a panel listing a Workers' Compensation Managed Care Organization certified by the Board.

Option 1. The employer may maintain a Traditional Panel of Physicians that shall consist of at least six non-associated physicians, but is not limited to six. However, the Board may grant exceptions to the required size of the panel where it is demonstrated that more than six physicians or groups of physicians are not reasonably accessible. The minimum panel shall include an orthopedic physician and no more than two physicians shall be from industrial clinics. The panel shall include a minority physician, where feasible.

Option 2. The employer or workers' compensation insurer of an employer may contract with a Workers' Compensation Managed Care Organization certified by the Board. A "Workers' Compensation Managed Care Organization" means a plan certified by the Board that provides for the delivery and management of treatment to injured employees under the Georgia Workers' Compensation Act. The managed care organization must include minority providers.

The employer must post their Panel of Physicians in prominent places within the workplace. If the employer is using an MCO to provide medical care, the list of all network physicians must be available to the employee. An employee may select any physician on the panel and may make one change to another physician on the panel without approval from the employer. Further changes require approval of the employer/insurer or the Board. Employers must fully explain the purpose of the

panel to all employees and must assist employees in obtaining medical care when an injury occurs.

Failure to comply with these rules may result in the employee having the freedom to select any physician he/she chooses to provide the employee with care for his/her injuries, and may result in an assessment of penalties and attorney's fees against the employer.

SUBSEQUENT INJURY

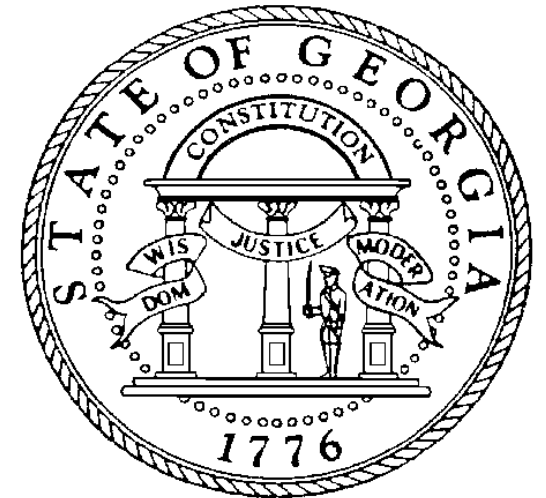
The Official Code of Georgia Chapter 34-9-368 was amended by establishing June 30, 2006 as the last date of injury eligible for reimbursement by the Fund. For information, about the Subsequent Injury Trust Fund, write or call the Administrator, Subsequent Injury Trust Fund, Marquis II Tower, Suite 1250, 285 Peachtree Center Avenue, Atlanta, GA 30303, (404) 656-7000 or visit their website at sitf.georgia.gov.

INFORMATION

For additional information, you may call (404) 656-3818 in the Atlanta area or 1-800-533-0682 outside the Atlanta area, or visit our website at www.sbcw.georgia.gov.

Rev. (7/16)

HOW THE WORKERS' COMPENSATION LAW APPLIES TO EMPLOYERS



State Board of Workers Compensation
270 Peachtree Street, NW
Atlanta, GA 30303-1299

TO:

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY. MUST BE TYPED OR PRINTED IN BLACK INK.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
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A. IDENTIFYING INFORMATION

EMPLOYEE	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Phone Number	Employee E-mail
Address		City	State	Zip Code
EMPLOYER	Name AMERICAN PAYROLL AND BENEFITS I, LLC	NAICS Code	Nature of Business (Trade, Transport, Mfg., etc.)	
Address PO BOX 189		Phone Number 352-624-1999	Employer FEIN 46-2047314	
City OCALA	State FL	Zip Code 34480	Employer E-mail	
INSURER / SELF-INSURER	Name	Insurer/Self-Insurer FEIN	Insurer/ Self-Insurer File #	
CLAIMS OFFICE	Name	Claims Office FEIN #	Claims Office Phone	Claims Office E-mail
SBWC ID# (five digit no.)	Address	City	State	Zip Code
EMPLOYMENT/WAGE	Date Hired by Employer	Job Classified Code No.	Number of Days Worked Per Week	Wage rate at time of Injury or Disease: <input type="checkbox"/> per Hour <input type="checkbox"/> per Day <input type="checkbox"/> per Week <input type="checkbox"/> per Month
Insurer Type Code <input type="checkbox"/> - Insurer <input type="checkbox"/> S-Self-insurer <input type="checkbox"/> Group Fund		List Normally Scheduled Days Off		
INJURY/ILLNESS & MEDICAL	Time of Injury <input type="checkbox"/> am <input type="checkbox"/> pm	County of Injury	Date Employer had knowledge of Injury	Enter First Date Employee Failed to Work a Full Day
Did Employee Receive Full Pay on Date of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Injury/Illness Occur on Employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Injury/Illness	Body Part Affected	
How Injury or Illness / Abnormal Health Condition Occurred				
Treating Physician (Name and Address)		Initial Treatment Given: <input type="checkbox"/> None <input type="checkbox"/> Minor: By Employer <input type="checkbox"/> Minor: Clinical/Hospital <input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalized > 24hrs	Hospital / Treating Facility (Name and Address)	If Returned to Work, Give Date: Returned at what wage _____ per Week If Fatal, Enter Complete Date of Death

Report Prepared By (Print or Type)	Telephone Number	Date of Report
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B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum

Previously Medical Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Weekly Wage: \$ _____ Weekly benefit: \$ _____	Date of disability:
Date of first Payment: _____ Compensation paid: \$ _____ or Date salary paid: _____ Penalty paid: \$ _____	BENEFITS ARE PAYABLE FROM _____ FOR:	
<input type="checkbox"/> Temporary total disability <input type="checkbox"/> Temporary partial disability <input type="checkbox"/> Permanent partial disability of _____ % to _____ for _____ weeks.		
UNTIL _____ WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITHOUT RESTRICTIONS. ALL OTHER SUSPENSIONS REQUIRE THE FILING OF FORM WC-2 WITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYEE.		

C. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION

Benefits will not be paid because:

D. MEDICAL ONLY No disability paid or controverted

Insurer / Self-Insurer: Type or Print Name of Person Filing Form	Signature	Date
Phone and Ext.	E-mail	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE TO EMPLOYER

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel, and explain the panel to the employee.
2. Complete Section A of this form immediately upon your knowledge of an injury and send the WC-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN A PENALTY.** Do not send this form to the State Board of Workers' Compensation.
3. If you need additional help, call your insurance company or self-insurer claims office.
4. Report serious injuries immediately by telephone to your insurer's claims department, then file this form with your insurance company or self-insurer claims office.

NOTICE TO INSURER / SELF-INSURER

1. Complete Section B, C, or D.
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form W-6 must be filed if weekly benefits are less than the maximum.

NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not receive payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self-insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

STATE BOARD OF WORKERS' COMPENSATION

Toll Free Telephone: 1-800-533-0682

In Atlanta: (404) 656-3818

<http://www.sbwc.georgia.gov>

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