

- **An investigation will be conducted.**

The company will thoroughly investigate, in a discreet manner, all reported incidents of sexual harassment and retaliation.

- **Appropriate action will be taken.**

Where evidence of sexual harassment or retaliation is found, prompt action will be taken to stop the harassment and ensure that it does not continue. Disciplinary action, up to and including termination, may result.

Additional Information

The Department of Fair Employment and Housing (DFEH) is the state agency that resolves complaints of unlawful discrimination, including sexual harassment. After a complaint is filed, the DFEH has one year to investigate the complaint.

Contact DFEH at (800) 884-1684 or (800) 700-2320 (toll-free TTY number for individuals with hearing impairments). Visit the DFEH Web site at www.dfeh.ca.gov.

The Equal Employment Opportunity Commission (EEOC) is the federal agency that resolves sexual harassment claims. Contact EEOC at (800) 669-4000 or (800) 669-6820 (toll-free for individuals with hearing impairments). Additional information about EEOC is available at www.eeoc.gov.

There are strict time limits for filing charges of employment discrimination and harassment. Employees who believe they have been sexually harassed may file a complaint of discrimination with DFEH within one year of the harassment. You should contact DFEH or EEOC promptly when harassment is suspected. If they find a complaint is justified, the DFEH is authorized to file harassment cases directly in civil court and a wronged party may be entitled to actual, compensatory and punitive damages, as well as other remedies. The EEOC also has the power to order, among other actions, that the wronged party be hired, given back pay, promoted, reinstated or granted damages for emotional distress. A company may also be ordered to prevent further unlawful activity and be required to change its policies or practices.

Sexual Harassment Complaint Procedure

This company has a policy against harassment due to sex, which includes sexual harassment, gender harassment (including gender identity and gender expression) and harassment due to pregnancy, childbirth, breastfeeding or related medical conditions. If you believe that you have been subjected to harassment, report your complaint immediately as follows:

File your complaint with your supervisor (or with another supervisor if the complaint is against your immediate supervisor), the personnel administrator or the president.

It would be best to communicate your complaint in writing, if possible, but this is not mandatory. Include any relevant details, names of the people involved and the names of any witnesses.

The company will investigate your complaint thoroughly.

The company will act upon your complaint promptly. A representative of the company will tell you the outcome of the investigation.

If the company finds that harassment has occurred, effective action will be taken to stop the harassment and ensure that it will not continue in the future. Any employee determined by the company to be responsible for harassment will be subject to appropriate disciplinary action, up to, and including termination.

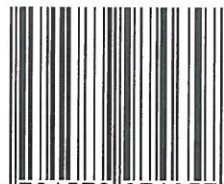
There will be no retaliation against you for filing a complaint.

If you have any questions, contact your personnel administrator.

Sexual Harassment Hurts Everyone



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Sexual Harassment Hurts Everyone

Notice to all Staff

Sexual harassment is prohibited by this company and is against the law.

Every employee and independent contractor should be aware of:

- What sexual harassment is;
- What steps to take if harassment occurs; and
- Prohibition against retaliation for reporting sexual harassment.

Please read this information sheet. If you have any questions or concerns about it, contact your supervisor, personnel department representative or your investigative officer for further information.

What is Sexual Harassment?

Although many people think of sexual harassment as involving a male boss and a female employee, this is not always the case. Sexual harassment often involves co-workers, other employees of the company or other persons doing business with or for the company. It's also against the law for females to sexually harass males or for an employee to sexually harass a person of the same gender.

California Law

California law defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment (including harassment based on gender identity or gender expression); and harassment due to pregnancy, childbirth, breastfeeding or related medical conditions.

1. Verbal harassment

Examples: *Sexual comments, derogatory comments or slurs, epithets, name-calling, belittling, sexually explicit or degrading words to describe an individual, sexually explicit jokes, comments about an employee's anatomy and/or dress, sexually oriented noises or remarks, questions about a person's sexual practices, use of patronizing terms or remarks, verbal abuse, graphic verbal commentaries about the body.*

2. Physical harassment

Examples: *Physical touching, assault, impeding or blocking movement, pinching, patting, grabbing, brushing against or poking another employee's body, hazing or initiation that involves a sexual component, requiring an employee to wear sexually suggestive clothing, any physical interference with normal work or movement, when directed at an individual.*

3. Visual harassment

Examples: *Displaying sexual pictures, derogatory posters, cartoons or drawings, displaying sexual media or electronic information, such as computer images, text messages, emails, web pages, or multimedia content, displaying sexual writings or objects, obscene letters or invitations, staring at an employee's anatomy, leering, sexually oriented gestures, mooning, unwanted love letters or notes.*

4. Sexual favors

Examples: *Unwanted sexual advances or acts which condition an employment benefit upon an exchange of sexual favors. Continued requests for dates, any threat of demotion, termination, etc. if requested sexual favors are not given, making or threatening reprisals after a negative response to sexual advances, propositioning an individual.*

It is impossible to define every action or all words that could be interpreted as sexual harassment. The examples listed above, along with the state definition of sexual harassment, are not meant to be a complete list of objectionable behavior nor do they always constitute sexual harassment.

Federal Law

Under federal law, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Verbal, physical and visual harassment, as discussed in the above list of examples, are also all prohibited under federal law.

Harassers Are Personally Liable

If you, as an employee, are found to have engaged in sexual harassment, or if you as a manager know about the harassing conduct of an employee or non-employee doing business with the company and condone or ratify it, you may be personally liable for monetary damages. This company will **not** pay damages assessed against you personally.

This company takes seriously its obligation to take all reasonable steps to prevent discrimination and harassment from occurring and recognizes its own responsibility and potential liability for harassment by its supervisors or agents.

If harassment does occur, this company will take effective action to stop any further harassment and to correct any effects of the harassment. This company will take appropriate disciplinary measures — termination is one possible action — against any employee who engages in sexual harassment.

Protection Against Retaliation

Company policy and state and federal law forbid retaliation against any employee who opposes sexual harassment, files a complaint, testifies, assists or participates in any manner in an investigation, proceeding or hearing conducted by the company, the Department of Fair Employment and Housing or the Equal Employment Opportunity Commission.

Prohibited retaliation includes but is not limited to:

- Demotion;
- Suspension;
- Failure to hire or consider for hire;
- Failure to give equal consideration in making employment decisions;
- Failure to make impartial employment recommendations; and
- Adversely affecting working conditions or otherwise denying any employment benefit to an individual.

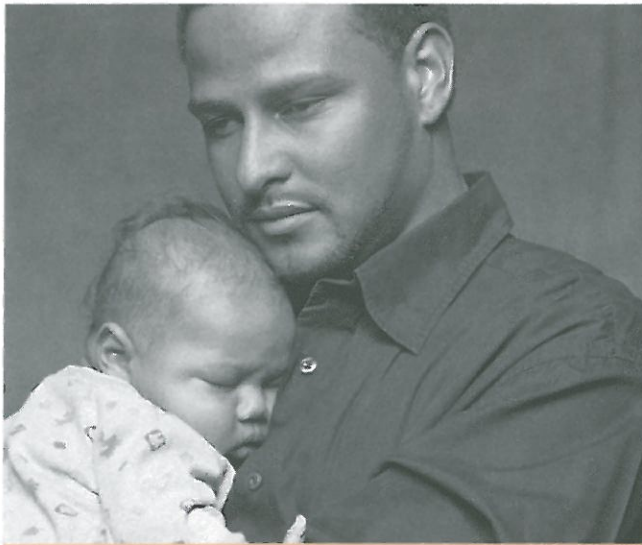
How to Stop Sexual Harassment

- **When possible, talk to the harasser and ask him/her to stop.**

The harasser may not realize the advances or behavior are offensive. When it is appropriate and sensible, you may want to tell the harasser the behavior or advances are unwelcome and must stop. A simple discussion will sometimes end the situation.

- **You are strongly encouraged to report any sexual harassment. Contact your supervisor, personnel department representative or appropriate member of management.**

Sexual harassment or retaliation should be reported in writing or verbally. You may report such activities even though you were not the subject of the harassment. Employees should never pressure other employees not to complain of harassment.



Fast facts about Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers partial wage replacement when taking time off work to care for a parent, child, spouse, registered domestic partner or to bond with a new child.
- Covers employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to 6 weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.
- Paid Family Leave benefits are considered taxable income.



In California, it's the law.

Paid Family Leave Benefits

The time to care. 1-877-238-4373

To apply online or for more
information, visit:

www.edd.ca.gov/disability

1-877-238-4373 (English)

1-877-379-3819 (Español)

1-866-692-5595 (Cantonese)

1-866-692-5596 (Vietnamese)

1-866-627-1567 (Armenian)

1-866-627-1568 (Punjabi)

1-866-627-1569 (Tagalog)

1-800-445-1312 (TTY)

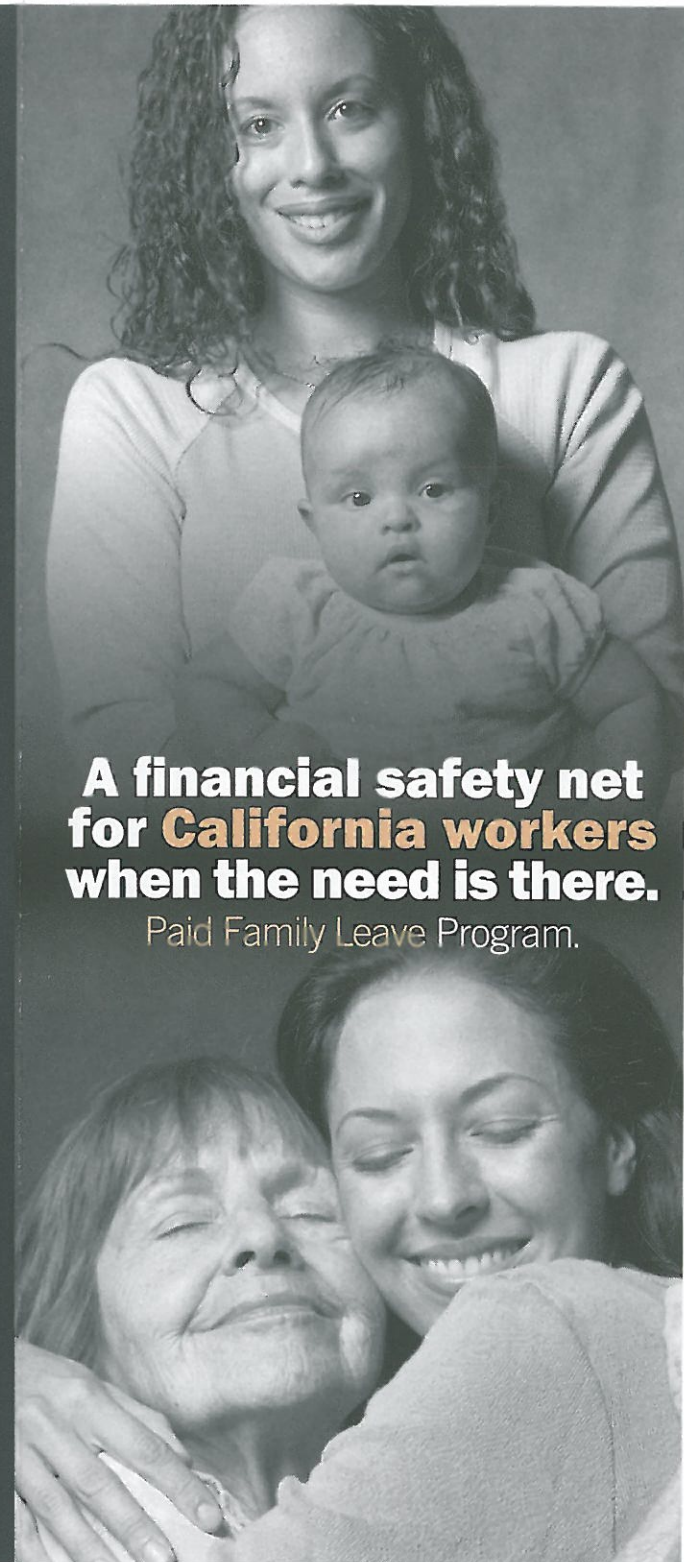
EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-877-238-4373 (voice), or TTY 1-800-445-1312.

This pamphlet is for general information only and does not have the force and effect of law, rule or regulation.

State of California



DE 2511 Rev. 8 (11-12)



A financial safety net for California workers when the need is there.

Paid Family Leave Program.

Paid Family Leave benefits for California workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a newborn, or an employee caring for a seriously ill parent, child, spouse, or registered domestic partner, California's Paid Family Leave program was created for these times (**Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits).



A program benefiting you and your family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. Paid Family Leave (PFL) benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, view the link to the *Disability Insurance (DI) & Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589 at www.edd.ca.gov/disability.

Paid Family Leave for California employees

Paid Family Leave benefits do not provide job protection or return rights. Job protection **may** be provided if your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.

To qualify for Paid Family Leave benefits, you must meet the following requirements:

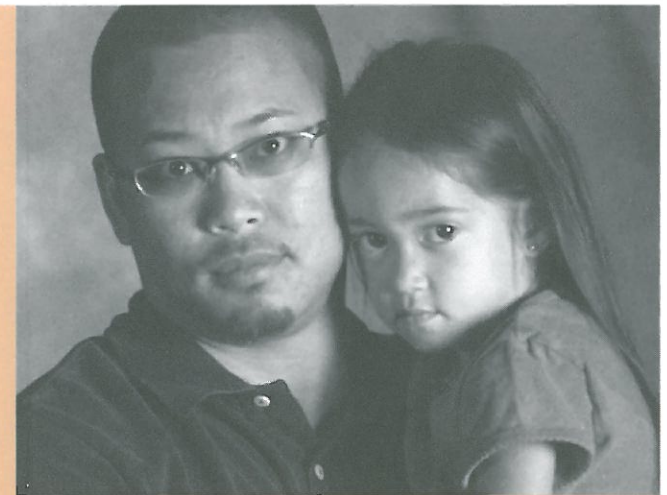
- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
- Submit your claim no earlier than 9 days, but no later than 49 days after the first day your family care leave began.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off (PTO) if required by your employer prior to the initial receipt of benefits.
- Serve a 7-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or Workers' Compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician or practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decision affecting your benefits.
- Appeal decisions about your eligibility for benefits (Appeals must be sent to Paid Family Leave in writing.)



- A hearing of your appeal before an Administrative Law Judge (ALJ). Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy — Information about your claim will be kept confidential except for the purposes allowed by law.

Apply for benefits

Apply for Paid Family Leave benefits online at www.edd.ca.gov/disability. Employers and physicians/practitioners can submit claim information through SDI Online. You may also file a paper form. To request a claim form visit www.edd.ca.gov/disability.

If you are currently receiving SDI pregnancy-related benefits, it is not necessary to request a PFL claim form. PFL claim filing information will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

Contact Paid Family Leave

For questions about Paid Family Leave benefits, please visit www.edd.ca.gov/Disability/Paid_Family_Leave.htm.

1-877-238-4373 (English) **1-877-379-3819 (Español)**
1-866-692-5595 (Cantonese) **1-866-692-5596 (Vietnamese)**
1-866-627-1567 (Armenian) **1-866-627-1568 (Punjabi)**
1-866-627-1569 (Tagalog) **1-800-445-1312 (TTY)**

For more information, visit: www.edd.ca.gov/disability
Claim forms should be mailed to Paid Family Leave at:
P.O. Box 997017, Sacramento, CA 95799-7017

DI Office Locations & Mailing Addresses

- Chico 645 Salem Street
(PO Box 8190, Chico, CA 95927-8190)
- Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100
(PO Box 60006, City of Industry, CA 91716-0006)
- Fresno 2550 Mariposa Mall, Rm. 1080A
(PO Box 32, Fresno, CA 93707-0032)
- Long Beach ... 4300 Long Beach Blvd., Ste. 600
(PO Box 469, Long Beach, CA 90801-0469)
- Los Angeles 888 S. Figueroa Street, Ste. 200
(PO Box 513096, Los Angeles, CA 90051-1096)
- Oakland 7677 Oakport Street, Ste. 325
(PO Box 1857, Oakland, CA 94606-1857)
- Riverside 1190 Palmyrita Avenue, Ste. 100
(PO Box 59903, Riverside, CA 92517-9903)
- Sacramento 5009 Broadway
(PO Box 13140, Sacramento, CA 95813-3140)
- San Bernardino 371 West 3rd Street
(PO Box 781, San Bernardino, CA 92402-0781)
- San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300
(PO Box 120831, San Diego, CA 92112-0831)
- San Francisco 745 Franklin Street, Rm. 300
(PO Box 193534, San Francisco, CA 94119-3534)
- San Jose 297 West Hedding Street
(PO Box 637, San Jose, CA 95106-0637)
- Santa Ana ... 605 West Santa Ana Blvd., Bldg. 28, Rm. 735
(PO Box 1466, Santa Ana, CA 92702-1466)
- Santa Barbara 128 East Ortega Street
(PO Box 1529, Santa Barbara, CA 93102-1529)
- Santa Rosa 606 Healdsburg Avenue
(PO Box 700, Santa Rosa, CA 95402-0700)
- Stockton 3127 Transworld Dr., Ste. 150
(PO Box 201006, Stockton, CA 95201-9006)
- California State Government Employees
(PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys 15400 Sherman Way, Rm. 500
(PO Box 10402, Van Nuys, CA 91410-0402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,
and does not have the force and effect of the law,
rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling DI at 1-866-490-8879 (voice), or through the California Relay Services at 711.



DISABILITY INSURANCE PROVISIONS



Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see “Other Programs,” for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
- **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.

- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3886, or visit our website at www.edd.ca.gov/disability.

How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form.
 - By Internet: www.edd.ca.gov/disability.
 - By phone: **1-800-480-3287**.
 - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
 - In person by visiting any of the DI offices listed under “DI Office Locations.”
 - California state government employees covered by SDI should call **1-866-352-7675**.
2. When filing SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted. If using a paper claim form, complete and sign the “Claim Statement of Employee.” Print clearly, and verify your answers are complete and correct as errors delay payments.
3. Have your physician/practitioner complete the “Physician/Practitioner Certification” online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the “Physician/Practitioner Certification.”

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.
4. File online or submit your paper claim form within 49 days from the first day you were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- The SDI benefits are paid electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit CardSM. The EDD Debit CardSM works like other debit cards, giving you access to funds 24 hours a day, 7 days a week, and can be used everywhere Visa[®] debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for additional information. Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized additional benefits electronically or sent a “continued claim” certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2015,

uses a base period of October 1, 2013, through September 30, 2014.)

- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2015, uses a base period of January 1, 2014, through December 31, 2014.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2015, uses a base period of April 1, 2014, through March 31, 2015.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2015, uses a base period of July 1, 2014, through June 30, 2015.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- were in the military service.
- received workers’ compensation benefits.
- did not work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim form.

Wage Continuation. If your employer continues to pay you wages while you are disabled, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic

recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are disabled.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the “Other Programs” section of this brochure.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time you become disabled.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers’ compensation at a weekly rate equal to or greater than the DI rate. If workers’ compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

Your Rights.

 You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.)
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations.

 Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and Social Security number on letters to DI.

Contact DI

- By **e-mail** at <https://askedd.edd.ca.gov>
- By phone at:
 - English 1-800-480-3287
 - Spanish 1-866-658-8846
- By **U.S. mail** addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By **TTY** (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- **In person** by visiting any of the DI offices listed under “DI Office Locations.”

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer.

If you are able and available to work but unemployed, contact the Unemployment Insurance program of the EDD through the website at www.edd.ca.gov/unemployment, or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America’s Job Center of CaliforniaSM formerly known as One-Stop Career Centers listed at www.servicelocator.org, or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration at www.ssa.gov, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child, including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at www.edd.ca.gov/disability, or by phone at 1-877-238-4373, or through the California Relay Service at 711.

Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the district attorney’s office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).

If You are Hurt on the Job, You Should:

Report the injury to your employer and get emergency medical treatment if needed. If it's a medical emergency, call 9-1-1 for help immediately, or go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job related. If you need first aid, contact your employer.

Workers' Compensation benefits cover injuries or illnesses arising out of employment. If your injury or illness results from your work, your employer is required by law to provide workers' compensation benefits. In some cases, the benefits may include treatment for a psychiatric illness.

A workers' compensation claim may result from a one-time injury such as a fall and injuring your back, a chemical that splashes on your skin and causes a burn, being hurt in a car accident while making deliveries, a workplace crime that results in a physical or psychiatric injury.

A workers' compensation claim may be the result of a repeated exposure at work, such as hurting your wrist from repeated motion, or losing your hearing because of constant loud noise.

- **Get emergency treatment if needed.** If it's a medical emergency, go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job related.

- **Fill out a claim form.** Your employer must give you a claim form within one working day after learning about your injury or illness. You use it to request workers' compensation benefits. Fill out and sign the employee portion of the claim form. Describe your injury completely. Include every part of your body affected by the injury. Give the form to your employer, which is called filing the claim form.

- **Get good medical care.** Get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also, describe your job and your work environment.

- **What happens after I file the claim form?**

Your employer must fill out and sign the "employer" portion of the claim form and give the completed form to a claims administrator. (This person handles claims for your employer and usually works for your employer's insurance company.) Your employer must give you a copy of the completed form and authorize medical treatment within one working day after you file it. Keep this copy.

Benefits through Workers' Compensation include:

- **Medical care** is included in workers' compensation benefits and may include doctor visits, hospital services, physical

therapy, tests and medicines. It is important that you see your Primary Treating Physician—the doctor with overall responsibility for treating your injury or illness. Your employer has the right to select the physician who will treat you for the first 30 days, and you may be able to switch to a doctor of your choice after 30 days.

If you wish to be treated by your own doctor or medical group, you may choose to do so, but only if you complete a written designation before you have a work-related injury or illness. An optional tear-off form is provided on this pamphlet for your use in predesignating your own physician or medical group.

Once you have filed a claim for workers' compensation, you are entitled to up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. If your claim is accepted, you will receive medical care paid by your employer, to help you recover from an injury or illness caused by work. You should never receive a medical bill. For injuries occurring on or after January 1, 2004, there is a limit on some medical services.

- **Temporary Disability (TD) Benefits.** Payments if you lose wages because you can't do your usual job while recovering. As a general rule, you are paid two-thirds of the gross (pre-tax) wages you lose after your third day off work while recovering from an injury. However, you cannot receive more than the maximum weekly amount set by law. (See Table for maximum benefit rates.) Temporary disability payments begin after 3 days of inability to perform your job. If your temporary disability continues for more than 14 days or if you are hospitalized as an inpatient for treatment required by your injury, temporary disability will be paid from the date of the disability. Payments must be made every two weeks, for as long as you are eligible. Temporary disability benefits may not extend for more than 104 compensable weeks within five years from the date of injury for most injuries.

The timely filing of a claim for State Disability Benefits with the Employment Development Department may provide additional wage replacement should Workers' Compensation Temporary Disability Benefits be denied, delayed or ended. You will find the telephone number of your local office of the Employment Development Department in your telephone book.

- **Permanent Disability Benefits.** Payments if your treating doctor says you will never recover completely and will always be somewhat limited in your ability to work. These payments are limited, and may not cover all your lost income. The number of weekly payments you will receive is determined by a permanent disability rating, based on (a) your medical condition, (b) your date of injury, (c) your age when injured, and (d) your occupation. Permanent disability benefit amounts are set by law. (See Table for maximum benefit rates.) After the first payment, permanent disability benefits must be paid every 14 days. They end when

you reach the maximum amount allowed by law or when you settle your case and receive a lump sum.

- **Supplemental Job Displacement Benefit.** A nontransferable voucher payable for education-related retraining or skill enhancement or both, including payment of tuition, fees, books, computer equipment and other expenses required by the school for retraining or skill enhancement; purchase of tools required by a training or educational program in which the employee is enrolled. For injuries occurring on or after 1/1/04, but before 1/1/13, you may be eligible for this benefit if your injury results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work. For injuries occurring on or after 1/1/13, you may be eligible for this benefit if your injury results in a permanent disability that prevents you from returning to work within 60 days of your employer receiving a report from either your primary treating physician, an agreed medical evaluator or a qualified medical evaluator finding all of your conditions permanent and stationary, and your employer does not offer you regular, modified or alternative work.

- **Return to Work Fund.** Supplemental payments to workers whose permanent disability benefits are disproportionately low in comparison to their earning loss. Eligibility to be determined by the Department of Industrial Relations. For more information please contact the Department of Industrial Relations at www.dir.ca.gov

- **Death Benefits.** Payments to the spouse, children, or other dependents of a worker who dies from a job injury or illness. (See Table for maximum benefit rates.) Death benefits must be paid every 14 days. Death benefits are paid in installments at the decedent's temporary disability rate. However, the rate must be no less than \$224 per week. A burial allowance is also paid.

Reporting Requirements

- **Report the injury to your employer.** Tell your supervisor right away. If your injury or illness developed gradually (like tendonitis or hearing loss), report it as soon as you learn it was caused by your job. Reporting promptly helps prevent problems and delays in receiving benefits, including medical care you may need to avoid further injury. If your employer does not learn of your injury within 30 days, you could lose your right to receive workers' compensation benefits.

- **You must file a claim within one year** from the date of the work-related injury or illness, or within one year after you know or reasonably should know that you have suffered a work-related injury or illness, whichever is later.

Discrimination Prohibited

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another

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Discrimination Prohibited

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another

person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state. The California Labor Code (section 132a) prohibits this kind of discrimination.

It's also illegal for your employer to discriminate against you because of a serious disability. The federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA) prohibit this. More information about ADA is available by calling the Equal Employment Opportunity Commission at 800-669-4000. Information about the state FEHA is available by calling 800-884-1684.

An employer's failure to post an approved notice of your rights to Workers' Compensation Benefits is a misdemeanor and such failure, or the failure to provide you with a copy of this pamphlet, gives you the right to be treated by a doctor of your choice for any injury that occurs during that failure.

Learn more information about DWC and DLSE online: www.dwc.ca.gov or www.dir.ca.gov/dlse.

What Should I Do if There Is a Dispute?

If you have a concern, speak up. See whether your employer or claims administrator can agree to resolve the problem. If this doesn't work, don't delay getting help. Try the following:

- **Consult an Attorney.** Lawyers who specialize in helping injured workers with their workers' compensation claims are called applicants' attorneys. Their job is to plan a strategy for your case, gather information to support your claim, keep track of deadlines, and represent you in hearings before a workers' compensation judge of the Workers' Compensation Appeals Board. Most attorneys offer one free consultation. If you hire an attorney, the attorney's fees will be taken out of benefits that you receive later. A workers' compensation judge must approve the fee.

If you have a serious dispute that may require a decision by a workers' compensation judge, an Application for Adjudication must be timely filed, normally within one year from the date of your injury or the last date you were paid benefits.

More about Medical Care

- **Can I choose the doctor who will treat me?** If you don't predesignate, your employer usually will have the right to choose the doctor who treats you during at least the first 30 days after your employer learns about your injury or illness.

- **How can I predesignate my chiropractor or acupuncturist?** A predesignation form (next panel) must be filled out and returned to your employer before you experience a work-related injury or illness. The personal chiropractor may be designated as the treating physician for a maximum of 24 visits per injury.

Personal Chiropractor or Acupuncturist Predesignation Form

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

The personal chiropractor may be designated as the treating physician for a maximum of 24 visits per injury.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Name of Chiropractor or Acupuncturist

Chiropractor's or Acupuncturist's Street Address

Chiropractor's or Acupuncturist's City, State, ZIP

Chiropractor's or Acupuncturist's Telephone Number

Employee Name (please print)

Employee's Address

Employee's City, State, ZIP

Employee's Signature

Date

Notice of Predesignation of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- you have group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispeciality medical group providing comprehensive medical services predominately for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address. You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

Employee: Complete this section.

To: _____ (Name of Employer)

If I have a work-related injury or illness, I choose to be treated by:

Name of Doctor (M.D., D.O., or medical group)

Doctor's Street Address

Doctor's City, State, ZIP

Doctor's Telephone Number

Employee Name (please print)

Employee's Address

Employee's City, State, ZIP

Employee's Signature _____ Date _____

Physician: I agree to this Predesignation:

Signature _____ Date _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

• Why is the choice of doctor important?

Your treating doctor will:

1. Decide what type of medical care you'll get.
2. Help identify the kinds of work you can do safely while recovering.
3. Determine when you can return to work.
4. Write medical reports that will affect the benefits you receive.

Penalties for Fraud

Any person that engages in false or fraudulent conduct in connection with workers' compensation may be subject to significant penalty. This includes making a false or fraudulent material statement or material representation for the purpose of obtaining or denying any of the benefits. These violations may be punished by imprisonment for up to 5 years, or by a fine not exceeding \$150,000 or double the value of the fraud, whichever is greater, or by both imprisonment and fine.

ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY.

Medical Provider Networks (MPN)

Your employer may have chosen to use a Medical Provider Network for treatment of work-related illness and injury. An MPN is a group of health care providers chosen by a self-insured employer or a workers' compensation insurer. The MPN must be approved by the California Division of Workers' Compensation. Employers with an MPN may require employees who have a work-related illness or injury to receive care from the MPN. If your employer is using an MPN, there must be a notice posted in the workplace with additional information about how to contact the MPN, and how to use the MPN. Unless you predesignate a physician or medical group, your work injuries will be treated by providers in the Medical Provider Network beginning with initial treatment, unless emergency care is required.

For more information, see the MPN contact information on the back panel.

- **Contact an Information & Assistance officer.** State I & A officers answer questions and help injured workers. They may provide information and provide forms and help resolve problems with your claim. They hold workshops for injured workers. Find the local Information and Assistance office noted on the back panel of this pamphlet and on the Workers' Compensation poster that is posted in the employer's workplace.

Workers' Compensation Temporary Disability Benefits

FOR DATES OF INJURY ON OR AFTER:	2006	2007	2008	2009	2010 - 2011	2012	2013
Maximum Weekly Benefit	\$840	\$881.66	\$916.33	\$958.01	\$986.69	\$1,010.50	\$1,066.72
Minimum Weekly Benefit	\$126	\$132.25	\$137.45	\$143.70	\$148.00	\$151.57	\$160.00

Workers' Compensation Maximum Permanent Disability Benefits

Disability Rating 2004-2012	2004	2005	2006 - 2012	Disability Rating 2013	2013
Up to 14-3/4%	\$200	\$220	\$230	N/A	N/A
15 - 24-3/4%	\$200	\$220	\$230	Below 55%	\$345
25 - 69-3/4%	\$200	\$220	\$230	55 - 69-3/4%	\$405
70 - 99-3/4%	\$250	\$270	\$270	70 - 99%	\$435

Death Benefits*

Maximum Aggregate Death Benefit	7/1/96 - 12/31/05	After 1/1/2006
Single Total Dependent	\$125,000	\$250,000
No total dependents and one or more partial dependent	\$145,000	\$250,000
Two total dependents	\$145,000	\$290,000
Three or more total dependents	\$160,000	\$320,000

Burial Expenses Paid to a Maximum of \$5,000

*Benefits paid to a totally dependent minor will be continued until the age of 18 regardless of the maximum benefit.

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2008	2009	2010 - 2011	2012	2013
\$916.33	\$958.01	\$986.69	\$1,010.50	\$1,066.72
\$137.45	\$143.70	\$148.00	\$151.57	\$160.00

City Benefits

2006 - 2012	Disability Rating 2013	2013
\$230	N/A	N/A
\$230	Below 55%	\$345
\$230	55 - 69-3/4%	\$405
\$270	70 - 99%	\$435

1/96 - 12/31/05	After 1/1/2006
125,000	\$250,000
145,000	\$250,000
145,000	\$290,000
160,000	\$320,000

age of 18 regardless of the maximum benefit.

You can hand write the information below or you can create stickers; go to www.calchamber.com/support and click on Workers' Compensation pamphlets.

Claims Administrator _____

Address _____

City _____ State ____ Zip _____

Phone _____ Policy Expiration Date _____

The employer is insured for workers' compensation by _____

(Enter "self-insured" if appropriate)

The nearest Information and Assistance Officer is located in _____

Phone _____

(To find a local office, refer to *Workers' Compensation Information and Assistance Offices* found at www.calchamber.com/wcform)

Current MPN's toll free number _____

MPN website: _____

(Enter only if employer has MPN)

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com.

The information in this pamphlet is true in most situations. However some rules, exceptions, and deadlines not covered here may apply to you and affect your case. To learn more, see the fact sheet on the Web site of The Division of Workers' Compensation for more information. This information applies to most private, state, and local government employees whose "date of injury" is 1994 or later.

This pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation and complies with the requirements of Labor Code §138.4, §139.6, §3550, §4600, §4601 and §5401 and Title 8, California Code of Regulations §9880.

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Your Rights to Workers' Compensation Benefits and How to Obtain Them



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Helping California Business Do Business®

This pamphlet has been approved by the Division of Workers' Compensation pursuant to CCR §9883

01/13