

partially disabled for a certain time period, benefits are paid at 66 2/3% of your AWW.

Permanent Partial Disability (PPD): If you have permanent loss of a body member or the use of a body member, benefits are based on a scheduled award.

Permanent Total Disability (PTD): If you are (1) disabled and cannot earn any wages in the same or other employment; or, (2) you have loss of both hands, arms, feet, legs, eyes, or any two thereof. In either case, benefits may be paid at 66 2/3% of your AWW.

Disfigurement: Serious disfigurement to the face, head, neck, or normally exposed bodily area(s) shall entitle you to a compensation award of up to \$7,500.

UNREASONABLE DELAY

In cases where OWC determines that an employer/carrier has unreasonably delayed payment of any installment of compensation in bad faith, the employer shall pay the worker their actual weekly wage in addition to any compensation due and payable during the period of delay.

HEARINGS AND APPEALS

If the claim is denied, OWC will investigate the claim and may conduct an informal conference for dispute resolution. If all interested parties reach an agreement, OWC will issue a Final Order. If one of the parties does not agree with the Memorandum of Informal Conference the aggrieved party has fourteen (14) working days to notify OWC, in writing, and file for a Formal Hearing within thirty-four (34) working days. After the issuance of the Memorandum of Informal Conference, either party may file for

an Application for Formal Hearing (AFH) with the Administrative Hearings Division (AHD). An Administrative Law Judge will conduct a formal hearing and issue a Compensation Order. Any aggrieved party may file an Application For Review (AFR) with the Compensation Review Board (CRB). The AFR must be filed within thirty (30) calendar days. If there is still a dispute, either party may appeal the Decision and Order to the D.C. Court of Appeals within thirty (30) calendar days after the Decision and Order is issued.

If a claim is disputed, no benefits may be paid until the dispute has been resolved.

An employer may not discharge or otherwise discriminate against an employee who files or attempts to file a workers' compensation claim. A worker, who has testified or is about to testify in a workers' compensation proceeding, is also protected. Violation will result in a penalty up to \$1,000. For such violation, you may be restored to your employment and receive back pay.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny compensation benefits if false information materially related to a claim was provided by the applicant.

If you have any questions. . .

Ask your employer or supervisor. The name and address of your employer's workers' compensation insurance company should be posted in a visible area at your workplace.

If you file a claim, be sure to provide your full name, social security number, telephone number, date of injury, and your employer's name when submitting the Form 7, Employee's Notice of Accidental Injury Or Occupational Disease.

For more information or assistance contact:

Department of Employment Services
Office of Workers' Compensation
4058 Minnesota Avenue N.E., 3rd Floor
Washington, D.C. 20019
(202) 671-1000 (voice)
(202) 671-1929 (fax)
Website: www.does.dc.gov

Notice of Non-Discrimination

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code, Section 2-1401.01 et seq., (Act), the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, and place of residence or business.

Sexual harassment is a form of sex discrimination which is prohibited by the Act. Discrimination is in violation of the Act and will not be tolerated. Violators will be subject to disciplinary action.

The Department of Employment Services is an Equal Opportunity Employer/Provider. Auxiliary aids and services are available upon request to persons with disabilities. Interpreters are available upon request.



Workers' compensation is a benefit provided by the employer at no cost to the employee. If you are injured on your job, or become ill because of conditions on your job, the D.C. Workers' Compensation Act of 1979 (as amended) entitles you to full medical care for your work-related injury or illness and provides replacement for lost wages. If death occurs, benefits are paid to the surviving spouse and dependent(s).

Workers' compensation coverage is required for all private employers in the District of Columbia. Benefits are provided either through your employer's insurance company or directly through an employer self-insured program approved by the District of Columbia Department of Employment Services, Office of Workers' Compensation (OWC).

WHO IS COVERED

Employers are required to provide workers' compensation coverage for all of their employees in the District of Columbia. Nearly every District employee working in the private sector is protected by workers' compensation; however there are a few exceptions, such as independent contractors and unpaid volunteers. Employees of the Federal or District Government are covered by similar but different laws. A domestic worker or employees who work a combined 240 hours per 13-week calendar quarter (approximately 19 hours per week) for an employer are covered.

WHAT IS COVERED

Any work-related injury or illness is covered by workers' compensation, no matter how serious or minor the injury. Workers' compensation

protection begins the first minute you start your job in the District.

HOW TO FILE A CLAIM

If you are injured on the job or incur a job-related illness, promptly report the incident to your employer. You are required to report your injury or illness, in writing, to OWC within thirty (30) days of its occurrence or within thirty (30) days of awareness of the relationship between your employment and occupational injury or illness. Complete DCWC Form 7, Employee's Notice of Accidental Injury or Occupational Disease; and DCWC Form 7A, Employee's Claim Application, which may be obtained from your employer, the employer's insurance carrier, or OWC. You may also download both forms from <http://does.dc.gov/page/workers-compensation-does>. Keep a copy of the completed forms for your records, send a copy of each form to your employer, and send the original forms to OWC. DCWC Form 7A must be filed within one (1) year after injury or death, or if payment of compensation has been made without an award within one (1) year after the date of the last payment. This will preserve your rights to current and future workers' compensation benefits.

WHEN BENEFITS ARE PAID

If the employer/insurance carrier accepts your claim, you should receive your first benefit payment within fourteen (14) working days. Payments will continue each succeeding two (2) weeks as long as you are medically disabled. If the claim is denied, the employer/insurance carrier will send you a DCWC Form 11, Notice of Controversion Memo of Denial of Workers' Compensation. You have

a right to appeal the denial. The claim can be resolved informally and/or you may request a formal hearing; however, you cannot request an informal conference and a formal hearing at the same time. OWC must notify you of the informal conference at least ten (10) working days before the conference date. If the case is challenged, you will not be entitled to any benefits until OWC has investigated the claim and rendered a decision. (See Hearings and Appeals for more information).

MEDICAL TREATMENT

A worker injured on the job or with a work-related illness has the right to immediate medical treatment and is free to choose any attending physician for medical care. Your employer/insurance carrier must provide cost-free necessary medical care, including:

- Medical, surgical, and hospital care
- Osteopathic, dental, podiatric, and chiropractic treatment
- Prescribed items such as drugs, x-rays, braces, prosthetic devices, and wheelchairs

Once a medical care provider is selected by the employee, authorization must be obtained prior to any change. A medical care provider cannot collect from the injured employee for any disputed medical bills for a compensable claim.

LOSS OF INCOME BENEFITS

If you cannot work because of a work-related injury or illness for more than three days, you are eligible for benefits to replace part of your lost wages. Benefits are determined by your Average Weekly Wage (AWW) but cannot exceed the maximum weekly benefit amount

which is calculated annually. For injuries occurring on or after March 6, 1991, your weekly benefits for total lost wages will be equal to 66 2/3% of your AWW. If you cannot work for more than fourteen (14) days, the three (3) day waiting period does not apply.

FATAL INJURY BENEFITS

If a worker dies as a result of a compensable injury, the surviving spouse and dependents as defined by law are entitled to death benefits and burial expenses up to \$5,000. The amount of benefits to be paid is computed at 66 2/3% of the deceased worker's AWW; however, benefits cannot exceed the maximum weekly benefit amount. Additional benefits are available for dependents. DCWC Form 16, Notice of Claim for Death Benefits, must be filed with the employer and OWC within thirty (30) days of death of the worker.

VOCATIONAL REHABILITATION SERVICES

The employer provides rehabilitation services for injured workers who need help returning to gainful employment at pre-injury wages or better. A maintenance payment in the amount of \$50.00 per week may also be available. Vocational rehabilitation services provided may include:

- Counseling and evaluation
- Testing and on-the-job training
- Job skill development and placement

TYPES OF DISABILITY

Temporary Total Disability (TTD): If you are totally disabled for a certain time period, benefits are paid at 66 2/3% of your AWW.

Temporary Partial Disability (TPD): If you are