

Workers' Compensation Benefits

A guide for injured workers



*Know your rights
and responsibilities*



Washington State Department of
Labor & Industries

Workers' Compensation Services

Guide to Benefits

This is your guide to workers' compensation (industrial insurance) benefits. It explains the benefits available to you if you are injured on the job or develop an occupational disease. These benefits vary, depending on the injury. They can include paid medical care, wage replacement and other services to aid you in your recovery and return to work.

If you are injured on the job in Washington, you are insured by the Washington State Fund, unless you are employed by one of several hundred employers who are self-insured. The Department of Labor & Industries (L&I) publishes a different guide for workers employed by self-insured businesses.

This guide summarizes what happens when you file a claim, and how you can help make the process work smoothly for you. It also explains your rights and responsibilities, and tells you what choices you have if you disagree with a decision. This booklet, however, is not a legal interpretation of the law.

If your claim is accepted, the benefits and level of service to which you are entitled are set by the state Legislature and administered by L&I. Our goal is to provide quality services to help you recover and return to work as soon as possible.

We encourage you to read this guide and know your rights.

Information is current as of July 2022.
Updates will be made as changes occur.

For more information:

[Lni.wa.gov/InjuredWorker](https://lni.wa.gov/InjuredWorker)

Call L&I's toll-free information line:

1-800-547-8367 or

1-880-547-8367 (international toll free)

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What is Workers' Compensation?

Whether an injured worker is covered by L&I's Washington State Fund, or a self-insured employer, he or she is entitled to no-fault accident and disability coverage. This "workers' compensation insurance" covers medical expenses and pays a portion of wages lost while a worker recovers from a workplace injury. Insurance premiums paid by both workers and employers finance these benefits.

L&I benefits are for job-related injuries only.

Unlike other types of insurance, L&I can cover injuries only if they happen at a definite time and place at work. Also, claims for occupational diseases are accepted only if your work and medical history shows you have an illness or infection that was directly caused by the work you do, and not by something else.

We all work hard to prevent accidents that result in injuries or exposure to hazardous substances that may cause occupational diseases. Still, about 100,000 work-related injuries and occupational diseases are reported to L&I each year. Another 47,500 on-the-job injuries and diseases are reported each year to self-insured companies.

If you need help, please call us. Information is available. Always have your claim number ready:

- To access information about your claim online, go to **Lni.wa.gov/ClaimInfo** and get a user ID and password.
- For fast, automated information about your claim or the status of your check, in English or Spanish, call 1-880-831-5227 outside the U.S.

- To speak with someone in English or Spanish and get current, general information about your claim, call 1-800-LISTENS (1-800-547-8367) or call 1-880-831-5227 outside the U.S. Phone translation services are available for other non-English-speaking customers. Or, you may call 360-902-5797 for hearing/speech impaired TDD service.
- For the phone number of an L&I service center near you, refer to the end of this guide.

What to Do if You Are Injured at Work

1. **Report your injury or exposure to your employer** as soon as possible. Your employer needs to know about your condition and what caused it. Otherwise, he or she may ask us to deny your claim.
2. **File your claim with L&I** by completing a State Fund *Report of Industrial Injury or Occupational Disease*.
 - You have three options for filing:
 - Online at Lni.wa.gov/FileFast.
 - By phone, toll-free 1-877-561-FILE (3453) or call 1-882-561-3453 outside the U.S., Monday–Friday, 8 a.m. to 5 p.m.
 - At your health care provider’s office when you are first seen for your workplace injury or condition.
 - After examining you, your health care provider will complete their section of the form and submit it to L&I.
 - Injury claims must be filed within one year. Occupational disease claims must be filed within two years of receiving written notice from a health care provider that the condition exists and is work-related.

3. **Stay in touch with your employer.** Let your employer know how you are doing and when you expect to return to work. If you are unable to do your old job, ask your employer to explore options for getting you back to work, such as a light-duty or transitional job.
4. **Communicate with your health care provider.** Good communication between your health care provider and your claim manager is essential to the smooth delivery of benefits. You can help by making sure your health care provider regularly sends in the paperwork we require verifying you can't work because of your injury. Your health care provider must clearly explain the medical findings and restrictions that keep you from working. Your claim manager also needs medical reports from your health care provider with a current treatment plan.
5. **Work closely with your claim manager.** Your claim manager will be responsible for seeing that you get all benefits to which you are entitled. Your claim manager's name and phone number will appear on the notice enclosed with your first time-loss compensation check. For best service, always include your claim number when you write to us and have it ready when you call. Let us know immediately if you move, change phone numbers, change health care providers or can't keep a claim-related appointment.

Your Benefits

If you are hurt on the job and your claim is accepted, L&I will pay your claim-related medical bills and will often replace a portion of your lost wages while you recover.

Health-Care Services

What health care services are covered?

If your claim is accepted, L&I pays for health care provider, hospital, surgical, pharmacy and other health care services L&I approves for the treatment of your workplace injury or occupational disease. Health care services are provided until your work-related injury has stabilized and reached a point where further recovery is not expected.

Other services may include, but are not limited to, emergency ambulance service, special or home nursing care, dental repair, convalescent center care, glasses, hearing aids, crutches, braces, and prostheses. Workers with a prosthesis (an artificial limb, for example) also receive lifetime prosthesis maintenance, including replacements needed because of normal wear and tear of the prosthesis or related physical changes.

May I choose my health care provider?

For your initial office or emergency room visit only, you may choose any health care provider who is qualified to treat your injury. For any additional or ongoing care, you must be treated by a provider who is a part of the L&I Medical Provider Network. If your regular provider is not in the network and does not want to enroll, you must transfer to a network provider.

Qualified health care providers include:

medical, osteopathic, chiropractic, naturopathic and podiatric physicians; dentists; optometrists; ophthalmologists; physician assistants; and advanced registered nurse practitioners. To find health care providers in your area, visit Lni.wa.gov/FindaDoc. If you're not certain your health care provider is

authorized to treat workers' compensation patients, call 1-800-547-8367 or call 1-880-547-8367 outside the U.S.

Will L&I pay my medical bills?

Yes. If your claim is accepted, usually there are no out-of-pocket expenses to you for covered treatment. Health care providers — including clinics, therapists and pharmacies — must send their bills directly to L&I for payment. If your claim has been approved and you receive a bill, please contact the sender and ask them to bill L&I. However, if your eligibility for benefits is in doubt, a health care provider may send a bill to you. If so, keep a copy of the bill and send one to L&I. We will pay the bill if your claim is approved.

May I change health care providers once my claim is filed?

You may change health care providers or ask for a consulting opinion from another health care provider if you feel you are not making proper progress with your current health care provider. However, to ensure proper payment of your medical bills, you must get approval from your claim manager. You can request a change of health care providers by:

- Going to Lni.wa.gov/TransferCare, or
- Contacting your claim manager, or
- Completing a Transfer of Care card, available at the nearest L&I service location.

To ask for a consulting opinion, contact your claim manager.

Time-Loss Compensation (Wage-Replacement Benefits)

If you are unable to work as a result of your injury or disease, you will be paid a portion

of your regular wages. These time-loss compensation payments won't provide you with the same income you earned when you were working.

How do I qualify for time-loss compensation?

Your health care provider must certify that your condition is work-related and that you are unable to work. Your health care provider does this by

L&I benefits will never equal the wages you earned while working.

completing and sending to L&I their portion of the Report of Industrial Injury or Occupational Disease. On this form, he or she will estimate how many days you may be unable to work. If you qualify, the amount of the first check will be based on this estimate and information from your employer.

How long do I have to be off work to qualify for time-loss compensation benefits?

These benefits are paid if you are unable to work for more than the three days immediately following the date of your injury. Injured workers are not compensated for those first three days unless they are still unable to work on the seventh day following the injury. (For claims with dates of injury prior to June 6, 2024, the first three days are only paid if the worker is unable to work on the 14th day following the injury.)

There is an exception for healthcare workers who are exposed to or contract a disease that is the subject of a public health emergency (such as COVID-19) or frontline workers who contract the disease. For these workers, time-loss compensation begins the day after the disease was contracted.

When will my first benefit check come in the mail?

First, we must be notified that your health care provider says you can't work. We normally mail the first benefit check within 14 days of being notified.

What happens if I don't cash my check?

Benefit checks expire after 180 days if they are not cashed. You can ask L&I to reissue an expired check, but only if it has been less than two years since the issue date. After that, you'll need to contact the Department of Revenue to file a claim for unclaimed property.

If you have questions about expired checks, contact L&I by email at AcctgSvcsWarrantDesk@Lni.wa.gov.

How long will I receive time-loss compensation benefits?

You will receive time-loss payments approximately twice a month as long as your health care provider verifies that your condition prevents your return to any work. You and your health care provider must communicate regularly with L&I about your progress. Without this information, your time-loss compensation check could be delayed or stopped.

Will I ever have to return time-loss compensation benefits to L&I?

If your claim is ultimately rejected because your claim manager found that your injury or disease wasn't work-related (or if new information shows your check should have been for a lower amount), you will be required to refund all or part of the money you received. Also, time-loss compensation

must be refunded if it is later found that you were able to work, or you did work on days for which you received benefits.

How time-loss compensation is calculated

The amount of your time-loss benefit check is 60 to 75 percent of your total wages and certain benefits, depending on your marital status and number of dependent children you have when you are injured. Also, these benefits can't exceed certain limits based on a percentage of the state's average wage. (The state's average wage varies; it is established by the Department of Employment Security on July 1 of each year.) These benefits are based on a standard formula established by law.

Establishing your gross income

When calculating your benefit, claim managers must first establish your gross income at the time of the injury.* The Wage Order you receive in the mail will show you the information we used to calculate this, including:

- Your wages earned before taxes, including income from a second job.
- Your medical, dental and vision benefits.
- The reasonable value of room and board, housing, heating fuel or similar considerations received from your employer as part of your income.
- Any bonus you received in the last 12 months from the employer you were working for when you were injured.
- Tips you reported to your employer for federal income tax purposes.

* If you have an occupational disease, gross income is based on the date you were last exposed, first required medical treatment, or became disabled, whichever came first.

If your work is exclusively seasonal, essentially part-time or intermittent, we determine your monthly wage by averaging your total wages earned over 12 months. We use any 12 consecutive months that most fairly represent your employment pattern before your injury. Total wages include all overtime pay and tips.

Possible effects on Social Security benefits

You should report to your claim manager any Social Security payments you receive. In some cases, you may receive both time-loss compensation and Social Security disability or retirement benefits. However, if the combined benefits total more than the maximum amount allowed under a formula contained in the federal Social Security law, your time-loss compensation payments will be reduced by the amount that exceeds the maximum.

In no case will your combined benefit amount be reduced to less than the time-loss compensation amount you received from L&I.

Time-loss compensation for asbestos-related occupational diseases

There are a number of people suffering asbestos-related occupational diseases who, during the course of their employment, have worked for several businesses covered by federal, state or maritime workers' compensation laws. In these cases, it often is difficult to determine the responsible employer. Because medical treatment often is urgent, L&I may be able to provide benefits to those who would be eligible under state law.

To be eligible, there must be objective clinical findings to prove that you have an asbestos-related occupational disease. Also, your work history must indicate an injurious exposure

to asbestos fibers while you worked for a covered employer within Washington State.

Once L&I has determined which employer, or employers, are liable, we may pursue repayment of benefits from the appropriate insurance program.

Other Benefits

Refunds for traveling to a medical or job training appointment

In some cases, your benefits may cover transportation, food and lodging costs. Receipts are required for all expenses except parking expenses under \$10. You are eligible for **reimbursement** for the following reasons:

1. If you must travel more than 15 miles one way to get health care services. (*Claim manager must pre-approve.*)
2. The travel is necessary in your approved vocational retraining plan. (*Claim manager must pre-approve.*)
3. If you undergo an independent medical examination arranged or requested by L&I. (*See the following IME-related travel.*)

To request **reimbursement** for item 1 or 2 above, use form F245-145-000, *Travel Reimbursement Request*, available online or from your nearest L&I service location. Your request must be made within one year of the trip and must indicate the date, destination and reason for travel, and include all necessary receipts. Mail your request to the address listed on the form.

IME-related travel: To request reimbursement, use form F245-224-000, *Your Independent Medical Exam*, available from your nearest L&I service location. Be sure to include your

receipts. Your request must be made within one year of the trip and must indicate the date, destination and reason for travel, and include all necessary receipts. Mail your request to the address listed on the form.

Property damage refunds

In some cases, your benefits may cover the cost of items such as personal clothing, eye glasses, footwear or protective equipment that is damaged or lost because of a workplace injury. The same is true if those items are lost or damaged because of emergency treatment offered on the scene. You must provide copies of your receipts to be reimbursed for these costs. Attach the copies to the bill and send it to your claim manager.

Motor vehicle modification

The costs of modifying a motor vehicle may be covered for workers suffering amputation or paralysis. Dollar limits apply. The modification must be necessary to meet the worker's need for safe transportation. Motor vehicle modifications must be pre-approved.

Home modification

The costs of modifying a home may be covered for workers suffering catastrophic injuries. Dollar limits apply. Some examples of catastrophic injuries are brain injury, paralysis, loss of arm(s) or leg(s), and severe or progressive lung or heart disease. The modifications must be necessary to meet the worker's needs for safety, mobility, or activities of daily living. Home modifications must be pre-approved.

Help Getting You Back To Work

Light-duty or transitional work

Studies show that the longer you are off work, the harder it is to get back to your original job and wages. Returning to work may help speed your recovery and preserve your earning power.

Some injuries are so severe you can't go back to work right away. Very often, however, early return to work, even at a lighter job, makes sense.

Our Stay at Work program can help you stay on the job

This L&I program reimburses eligible employers for one-half of an injured worker's base wages (up to 66 days/\$10,000) for providing a light-duty or transitional job, plus some of the cost of required training, tools or clothing.

To return to work as quickly as possible, work closely with your health care provider and your employer. Here's how:

- Stay in touch with your employer and ask if your employer knows about the Stay at Work program.
- Ask your employer to explore options for getting you back to work, such as work-site modifications or a light-duty or transitional job.
- Ask your health care provider about types of jobs you could do safely.
- Learn more at Lni.wa.gov/StayatWork.

Returning to work in a light-duty or transitional job won't affect the status of your claim. However, your time-loss benefits may be affected if your employer offers you light-duty or transitional work. For example,

your time-loss benefits won't be continued if your employer offers you a light-duty or transitional job in writing **and** your attending health care provider agrees the job is within your medical restrictions.

Vocational services

Depending on the severity of the injury or the type of work, you may have difficulty returning to work. In these cases, your claim manager may ask a vocational counselor to help you, your employer and your health care provider with return-to-work options.

If you are assigned a vocational counselor, he or she will begin evaluating your return-to-work options by asking:

- **Can your regular job be temporarily modified?** In some cases, the physical demands of a job can be changed temporarily to accommodate physical restrictions. This may include part-time or lighter-duty work.
- **Can your regular job be permanently modified?** Employers are sometimes able to permanently change the physical demands of the job so that it is tailored to your physical restrictions.
- **Can you return to a new job with your employer?**

A different permanent job, in keeping with your physical restrictions, is sometimes available with your same employer.

Often, injured workers have the skills to do different work.

Employability assessments

Some workers have injuries that make it impossible to return to work with their employer. However, they often have skills to do a different kind of work. If this is the case, your employability may be assessed with the help of a vocational counselor, who can match your experience, education, knowledge, interests, age, skills and physical and mental capabilities to the job market in your area.

Your claim manager will review the vocational counselor's recommendations and determine whether:

- You are employable in your area's job market and not eligible for further vocational services, or
- You are eligible for further vocational services. A vocational counselor then will develop a vocational plan with the goal of helping you become **employable**, or
- You are not able to work and are not eligible for further vocational services.

Vocational benefits

Vocational benefits are discretionary. They are aimed at helping a worker who can't return to their old job due to the effects of their injury and doesn't have the training or skills for a different job to become employable. Vocational benefits may include approved training plans.

While you are actively participating in vocational services, you will continue to receive time-loss compensation benefits. If you fail to participate, your medical and time-loss compensation benefits may be suspended.

Vocational plans

If vocational assistance is necessary to assist you in becoming employable, you and a vocational counselor will develop a training plan for L&I's approval.

A vocational retraining plan includes a job goal based on your skills, interests, and medically documented limitations. The plan can include schooling or on-the-job training and can't exceed two years' duration.

When a vocational retraining plan is approved, you can select one of two options: begin the approved plan with the assistance of the vocational expert, or an alternative that allows you to pursue training independent of L&I.

Protesting decisions about vocational benefits

You have the right to protest decisions L&I makes about your employability or your vocational plan. If you decide to take this step, *you must send a written complaint to L&I within 15 days after receiving the notice with which you disagree.* The address is: Vocational Dispute Resolution Office, Department of Labor & Industries, PO Box 44880, Olympia WA 98504-4880. Explain your concerns in detail. The Vocational Dispute Resolution Office will investigate your complaint and help resolve the dispute. Its recommendations will go to the director of the department, who will make the final decision.

Structured Settlement Agreements

Structured Settlement Agreements, a new option for workers

A structured settlement agreement is an agreement between a worker, the employer, and L&I to resolve future non-medical

benefits on a claim. In most structured settlements, the claim is closed and the worker receives fixed payments over a period of time spelled out in the agreement. Workers who enter into a structured settlement agreement may still receive medical treatment for conditions allowed on their claim.

To be eligible, you must be an injured worker who:

- Is at least 50 years of age, *and*
- Has an accepted workers' compensation claim in Washington, *and*
- Had the claim received by L&I or the self-insured employer at least 180 days before the agreement is signed.

For more information or to apply for a structured settlement agreement, please call 360-902-6101.

Disability Awards and Pensions, Benefits During Terminal Illness, and Survivor Benefits

Awards: Partial Permanent Disabilities

If your injury or occupational disease caused permanent loss of bodily function, you will receive a permanent partial disability award. The amount you receive for any physical loss is established by the Legislature and doesn't include compensation for pain and suffering. There are two types of permanent partial disabilities:

1. **Specified disabilities:** Some disabilities have awards that are already set by law. These are easily quantified losses, such as loss of your vision or hearing, or the loss of an eye, leg, foot, toe, arm or finger by amputation.

2. **Unspecified disabilities:** These disabilities include every other type of impairment caused by an on-the-job injury or occupational illness, including the partial loss of function to a limb.

Rating a worker's unspecified disability

The degree of a partial loss of function is determined by a disability rating. These ratings are conducted either by the health care provider who treated you (the “attending provider”), or by one or more independent medical examiners using established medical standards and guidelines. Normally, ratings are performed after all services have been completed, you are medically stable and no further treatment is appropriate.

If you need to undergo a disability rating, and you have questions, please discuss them with your health care provider.

You won't jeopardize a permanent partial disability award by working. You should return to your job as soon as your health care provider releases you for work. Any permanent partial disability award you receive is based on the degree of damage suffered, not on whether you can work.

Pensions: Total Permanent Disabilities

If your accident results in the loss or total paralysis of both legs or arms, one leg and one arm, or a total loss of eyesight, you are eligible for a pension by law, even if you are able to return to work.

If vocational and medical evaluations determine that your injury prevents you from ever becoming gainfully employed, you may be paid a monthly pension for life. However, this type of “non-statutory” pension may not be payable if you are able to return to work.

Pension benefits are paid monthly. They are based on the amount of time-loss compensation to which you are entitled. As with time-loss compensation benefits, the amount you are eligible to receive depends on factors such as your wages, marital status, number of dependent children, health care benefits, Social Security benefits and the state's average wage at the time of your injury. Previously paid permanent partial disability awards reduce your pension benefit amount or are deducted from your monthly pension payment as an overpayment.

Your pension options

If you are granted a pension, you can choose one of these two options:

- Option 1: You can choose a full pension. However, if you die of causes *unrelated* to the work-related injury or disease, your survivors *won't* be eligible for pension payments.
- Option 2 and 3: You can choose a reduced pension. If you die of causes unrelated to the work-related injury, your designated beneficiary *will* continue to receive pension payments. There are two types of reduced pensions. If you take a slightly reduced pension, your beneficiary will receive *half* the monthly amount you receive. If you choose to further reduce your pension, your beneficiary will continue to receive the same payments you received.

(If your claim was received before July 1, 1986, and you are granted a pension, your eligible survivors will receive survivor benefits when you die, *regardless of the cause of death.*)

Benefits During Terminal Illness

If you have an open and allowed claim and your health care provider has told you that you have a terminal disease or condition related to your employment, you may be eligible for certain benefits. These include medical care and end-of-life care or hospice.

You can get more information in the pamphlet, *L&I Benefits for Workers Who Are Terminally Ill* (F252-094-000), available online or from your nearest L&I service location.

Survivor Benefits

Monthly pension payments

If you are the surviving spouse of someone who dies from a work-related injury or occupational disease, you and your spouse's dependent children will receive a monthly pension. The amount you will receive is based on the formula used for setting time-loss compensation payments.

Immediate cash payment and burial/cremation expenses

You also will receive an immediate cash payment amounting to 100 percent of the state's average monthly wage, a calculation made by the Department of Employment Security and adjusted each year. Also, L&I will pay burial/cremation expenses of up to 200 percent of the state's average monthly wage.

Dependent benefits

Monthly pension payments are made for the worker's children at the time of the injury. Payments continue until they are age 18, or age 23 if they are full-time students at an accredited school. If a dependent child is

an invalid, monthly pension payments are made until he or she is no longer dependent. (If there is no spouse or dependent children, certain relatives who can prove financial dependency on the worker may be eligible for survivor benefits.)

Remarriage

If a surviving spouse remarries, his or her benefits don't continue. Instead, he or she may receive a lump sum settlement or, by not taking the settlement, keep the right to receive monthly pension payments again if the marriage ends because of death or divorce.

Your Legal Rights and Responsibilities

Protesting an L&I Decision about Your Claim

Every claim decision requires the use of judgment, and you may not always agree. It may help to first talk to your claim manager.

If you believe the decision is wrong, you may protest it to L&I. You also have the right to appeal directly to the Board of Industrial Insurance Appeals (Board) without first protesting to L&I. You don't need to hire an attorney for a protest or appeal, but you may if you choose to do so.

Protest to L&I

You must send a written protest within 60 days of receiving L&I's decision. Try to explain in detail why you think the decision is unfair, and supply any additional information you think may help us in our evaluation. Mail your protest to the Claims Section, PO Box 44291, Olympia WA 98504-4291.

We will review your claim and send you a written decision in response to your protest. If you disagree with this decision you may appeal in writing to the Board.

Appeal to the Board after protest to L&I

You must send your appeal to the Board within 60 days of receiving L&I's decision. Write to: Board of Industrial Insurance Appeals, PO Box 42401, Olympia WA 98504-2401 or submit it on an electronic form at **BIIA.wa.gov**. The Board's phone number is 360-753-6823 or 1-800-442-0447 (in-state toll-free line).

The Board, which is independent of L&I, conducts hearings on claim issues that can't otherwise be settled to the satisfaction of you, your employer or the department. The Board issues a written decision about your case after personal arguments and testimony have been taken. This decision may be appealed to a Washington State Superior Court. For more detailed information, ask the Board for its pamphlet, *Your Right to be Heard*.

If you need legal assistance

You are not required to have an attorney to protest any L&I decision. However, you may want an attorney's advice before appealing an L&I decision to the Board of Industrial Insurance Appeals.

You don't need an attorney to protest an L&I decision, though you may choose to have one.

Attorney fees are limited by law to a maximum of 30 percent of any increased benefit you receive as a result of your protest action. Because this maximum fee may not always be reasonable, either L&I or the Board

will set a reasonable fee for your attorney's services upon request.

To request a fee review from L&I, write to the Director of Labor & Industries, PO Box 44000, Olympia WA 98504-4000.

To request a fee review from the Board, write to the Board of Industrial Insurance Appeals, PO Box 42401, Olympia WA 98504-2401.

Reopening a Claim

If objective medical evidence shows the condition caused by your injury or disease has worsened and requires additional health care attention, your claim may be reopened. If you are applying for medical coverage only, you may make this request at any time. In most cases, we will make a decision within 90 days.

However, if you also wish to apply to reopen your claim for time-loss compensation or permanent partial disability benefits, you must make your request within seven years of the date your claim was first closed. (If your claim is for an eye injury, you have 10 years to apply for a reopening.)

Forms to apply to reopen your claim are available through your health care provider's office. If your health care provider doesn't have the form, you can request one by writing or calling one of our service locations. The reopening application should be completed and sent to our Claims Section, PO Box 44291, Olympia WA 98504-4291. Be sure to include your claim number.

Protection from Employer Discrimination

If you believe your employer has discriminated against you because you filed a claim, or expressed an intent to file, you can

submit a discrimination complaint by writing to L&I Investigations, PO Box 44277, Olympia WA 98504-4277.

You must act within 90 days. If we find your complaint is valid, we will take legal action against your employer. Options for settlement include rehiring or reinstatement with back pay.

Revealing of Mental Health Conditions and Treatment

Your employer has the right to access your claim file, including mental health information. An employer can only reveal your mental health conditions or treatment to people who are authorized to access the information.

Examples of authorized people your employer can communicate with about your claim are:

- You or your representative.
- The employer's authorized representatives(s).
- Medical providers treating or examining you.
- Vocational Rehabilitation Counselor(s) who are providing services on the claim.
- Authorized L&I personnel.

Privacy is your right as a patient. L&I understands the need to keep your mental health information confidential, and Washington state law (RCW 51.28.070) helps protect the privacy of your claim file.

If your employer reveals information about your mental health conditions or treatment to an unauthorized person, without written consent, your employer is subject to a civil penalty of \$1,000 per occurrence. All complaints regarding this violation must be

investigated to determine if the employer or their authorized representative violated the law.

Examples

Example 1: An employer sends an electronic correspondence to three people unauthorized to receive claim information. The correspondence shares a worker's mental health condition from the claim file. Since the information was sent through one electronic correspondence, the employer will be charged for one occurrence.

Example 2: One of the unauthorized people in Example 1 forwarded the electronic correspondence to an unauthorized person the next morning. Later that afternoon, that same person sent an additional correspondence to another unauthorized person. Since the unauthorized person sent the mental health information to other unauthorized people on two separate occasions, the employer will be charged for two additional occurrences.

Example 3: On three separate occasions an authorized representative verbally shares mental health information from a worker's claim file with three different unauthorized people. Since the information was shared in three separate conversations, the employer will be charged for three occurrences.

If you believe your confidential mental health information has been shared with unauthorized people, please let us know at Lni.wa.gov/MentalHealthPrivacyWorkers.

Claim Paperwork

Keep a file of the paperwork related to your claim. You will be receiving correspondence, important legal documents and sometimes,

requests for information. Please respond promptly to L&I's requests for information. In many cases, delivery of essential services will depend on it. Call immediately if you have a question or need more information. Put your claim number on any correspondence you send to the department.

Giving L&I false information

Any person claiming benefits under the Workers' Compensation Act who knowingly gives false information relating to their claim will be guilty of a Class C felony when the claim involves \$500 or more. When the claim involves less than \$500, a person knowingly giving false information shall be guilty of a gross misdemeanor.

When Injuries Are Caused by a "Third Party"

In Washington, you can't sue your employer or coworkers when a work-related injury or disease occurs. However, you can sue another company or individual if they are responsible. An example might be a company that manufactured a defective product that caused your injury. Such an individual or company is called a "third party." In these cases, you will be asked to decide whether you want to take legal action against a third party on your own, or have L&I consider taking action for you. In some cases, we may initiate legal action even if you choose not to do so. In any event, you would receive a portion of any resulting financial settlement, though costs related to your claim would be subtracted.

If you decide to pursue legal action on your own, you may wish to seek the advice of an attorney (see Page 21). Your right to workers' compensation benefits won't be jeopardized

by initiating a third-party legal action. You'll receive all the benefits for which you qualify, regardless of the outcome.

If you believe a third party may have been responsible for your injury or occupational disease, contact L&I's Third Party Section, PO Box 44288, Olympia WA 98504-4288, 360-902-5100.

Information and Assistance

About your claim

If you have questions or concerns about your claim, please contact us.

Claim & Account Center

Get the most up-to-date, complete information about your claim by using the online Claim & Account Center. This is a secure website. Log on to **Lni.wa.gov/ClaimInfo** to get your user ID and password.

Automated information by phone

This telephone-based system allows you to retrieve specific details about your claim and listen to the information over your phone. This service is available in English or Spanish.

Talk with an L&I representative

To speak with someone in English or Spanish and get current, general information about your claim, call L&I's Office of Information and Assistance (OIA) at 1-800-547-8367 or call 1-880-547-8367 outside the U.S. Translation services are available for other languages. Please note that OIA cannot connect you with your claim manager.

About medical insurance

Your workers' compensation coverage pays medical costs related to your work injury or occupational disease. It does not provide medical insurance for you or your family.

The SHIBA (Statewide Health Insurance Benefits Advisors) Program in the Office of the Insurance Commissioner provides free, unbiased health care coverage counseling to people of all ages. A SHIBA advisor can help you find information about private insurance and public health care programs.

SHIBA can help you:

- Understand health care coverage options and rights.
- Find affordable health care coverage.
- Evaluate and compare health-insurance plans.

The toll-free number for SHIBA is 1-800-562-6900.

References to marriage apply to registered domestic partnerships

In 2009, the Washington State Legislature passed a law that requires registered domestic partners to be treated the same as married spouses under state law. References in this publication to spouse, marriage, marriage certificate, divorce, divorce decree and other terms related to legal marriage also apply to registered domestic partnerships.

L&I Service Locations throughout Washington State

Customer service representatives in local L&I offices are available to answer questions about claims and workers' compensation benefits. In some of our smaller offices, you may be referred to another number, depending on your needs. Or, you may be asked to leave a voice mail. We will respond as promptly as possible. **Always have your claim number ready.**

For a list of L&I service locations, visit Lni.wa.gov/Offices.

Upon request, language support and formats for persons with disabilities are available.

Call 1-800-547-8367. TDD users, call 711.

L&I is an equal opportunity employer.