

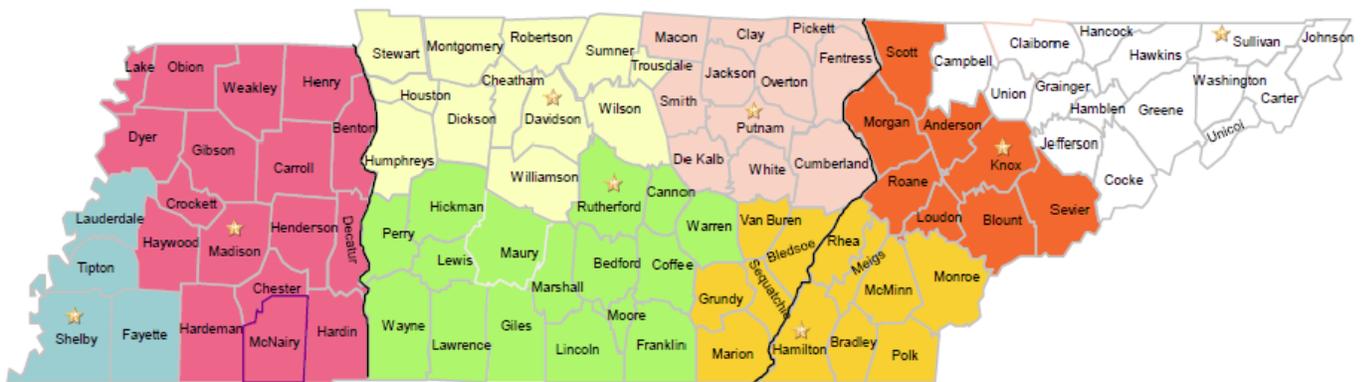
# THE TENNESSEE WORKERS' COMPENSATION PROGRAM

## IN PLAIN ENGLISH

The Division of Workers' Compensation works to promote a better understanding of the benefits and requirements of the Tennessee Workers' Compensation Act by informing all parties of their rights and responsibilities. To assist in reaching this goal, the Division administers a proven system of programs designed to assist both employers and injured workers resolve disputes that occur after a workplace accident or injury.

This publication is designed to provide employees and employers with basic information to help in the event of a workplace injury, in accordance with the Workers' Compensation Reform Act of 2013.

## Division of Workers' Compensation Offices Settlement Approval Times\*



**Memphis**  
 One Commerce Square  
 40 South Main St, Suite 500  
 Memphis, TN 38103-1820  
 Telephone: 901-543-6077  
 Fax: 901-543-6039

**Settlement Times**  
 Monday: Mediated Settlements Only  
 Tuesday: 9 am, 10 am & 1 pm

**Nashville**  
 220 French Landing Dr.  
 Nashville, TN 37243  
 Telephone: 615-741-1383  
 Fax: 615-253-1223

**Settlement Times**  
 M-F 8:00 am – 9:30 am

**Cookeville**  
 444-A Neal Street  
 Cookeville, TN 3850  
 Telephone: 931-520-4290  
 Fax: 931-520-4316

**Settlement Times**  
 2nd & 4th Friday Each Month From  
 9:00 am – 11:00 am

**Knoxville**  
 520 West Summit Hill, Suite 103  
 Knoxville, TN 37902  
 Telephone: 865-594-5177  
 Fax: 865-594-5172

**Settlement Times**  
 Monday: 8:30 am – 3:30 pm  
 Thursday: 8:30 am - 3:30 pm

**Jackson**  
 225 Dr. MLK Drive, 1<sup>st</sup> Fl  
 Jackson, TN 38301-6985  
 Telephone: 731-423-5646  
 Fax: 731-265-7022

**Settlement Times**  
 Tuesday: 1:00 – 4:30 pm  
 Friday: 8:30 am – 2:15 pm

**Murfreesboro**  
 845 Esther Lane  
 Murfreesboro, TN 37219  
 Telephone: 615-848-6743  
 Fax: 615-217-9378

**Settlement Times**  
 1st & 3rd Friday Each Month From  
 9:00 am – 11:00 am

**Chattanooga**  
 540 McCallie Ave., Ste W600  
 Chattanooga, TN 37402  
 Telephone: 423-634-6422  
 Fax: 423-634-3115

**Settlement Times**  
 M-F 8:00 am – 9:00 am  
 Tue & Thurs: 1:00 pm - 2:30 pm

**Kingsport**  
 1908 Bowater Drive  
 Kingsport, TN 37660-4136  
 Telephone: 423-224-2057  
 Fax: 423-224-2056

**Settlement Times**  
 M-F 8:00 am – 9:45 am  
 Tue & Thurs: 1:00 pm - 1:45 pm

*A publication of the Tennessee Department of Labor and Workforce Development, Burns Phillips, Commissioner and the Division of Workers' Compensation, Abbie Hudgens, Administrator.*

## TABLE OF CONTENTS

<b>AN OVERVIEW OF THE DIVISION OF WORKERS' COMPENSATION</b> .....	3
THE OMBUDSMEN PROGRAM .....	3
THE MEDIATORS PROGRAM .....	4
THE COURT OF WORKERS' COMPENSATION CLAIMS .....	5
OTHER SERVICES AND INFORMATION .....	5
<b>PART TWO: WORKERS' COMPENSATION SYNOPSIS</b> .....	6
INTRODUCTION.....	6
COVERED EMPLOYERS .....	7
COVERED INJURIES .....	8
MEDICAL BENEFITS .....	8
DISABILITY BENEFITS .....	10
DEATH BENEFITS.....	16
<b>PART THREE: WORKERS' COMPENSATION CLAIMS PROCESS</b> .....	17
EMERGENCY CARE.....	17
CLAIMS REPORTING.....	17
COMMENCEMENT OF BENEFITS AND RETURN TO WORK .....	17
SETTLEMENTS.....	18
<b>PART FOUR: DISPUTE RESOLUTION</b> .....	20
STATUTE OF LIMITATIONS .....	20
MEDIATION .....	20
COURT.....	21
DISPUTES ABOUT FUTURE MEDICAL BENEFITS .....	22
<b>PART FIVE: INDEMNITY BENEFITS</b> .....	23
MAXIMUM MEDICAL IMPROVEMENT.....	24
INDEMNITY BENEFITS FOR CERTAIN CONDITIONS .....	25
<b>PART SIX: THE ROAD TO RECOVERY</b> .....	26
OTHER ISSUES IN MEDICAL CARE.....	27
BAD ACTIONS AND PENALTIES .....	30
<b>GLOSSARY - definitions of words</b> .....	32
<b>CHECKLIST</b> .....	35
<b>MY CLAIM INFORMATION</b> .....	36
<b>FORMS</b> .....	57

# AN OVERVIEW OF THE DIVISION OF WORKERS' COMPENSATION

The Tennessee Division of Workers' Compensation (sometimes called the "DWC" or the "Division") is an administrative program attached to the Tennessee Department of Labor and Workforce Development. The Division administers the workers' compensation system for the state, and works to help educate employers and employees about their rights and responsibilities related to workers' compensation. There are several different programs within the Division.

## THE OMBUDSMEN PROGRAM

The mission of the Ombudsmen Program is to help employers and employees who do not have attorneys understand their rights and responsibilities under workers' compensation.

Ombudsmen are trained specialists in the area of workers' compensation. They are available to answer questions from anyone who doesn't have an attorney. Ombudsmen are neutral third parties who must treat everyone fairly and equally. They can provide information about procedures and forms related to workers' compensation, and can help those involved in a workers' compensation claim learn about services available through other agencies.

---

***"I can't afford an attorney."***

*Ombudsmen help employers and employees who do not have attorneys understand their rights and obligations. They can provide a wide array of information, but they cannot give legal advice.*

---

This is a free service.

Ombudsmen **can:**

- Answer many questions about workers' compensation laws and rules;
  - Provide copies of or recite rules used by the Division, the courts, or other administrative bodies involved with workers' compensation;
  - Help employers or employees access worker's compensation laws or rules of procedure;
- Identify forms and informational booklets that have been approved as helpful for people without attorneys;
  - Answer questions about how to complete forms;
  - Define or explain terms specific to workers' compensation;
  - Direct employers or employees to other resources or agencies that can help with problems frequently encountered by people involved in workers' compensation, but are outside the scope of the system itself.

**Ombudsmen cannot:**



\*Help anyone represented by an attorney;

\*Provide legal advice or do legal research;

\*Recommend whether to file a petition for benefits or an appeal or give advice regarding what the petition or appeal should say;

\*Fill out forms, under most circumstances;

\*Guide employers or employees in how to handle a workers' compensation claim;

\*Give advice about whether to accept a settlement offer.

## **THE MEDIATORS PROGRAM**

The mission of the Mediators Program is to help parties involved in a dispute about workers' compensation benefits resolve their dispute without incurring the time or expense of going to court.

When the parties involved in a workers' compensation claim disagree about how the claim should proceed, either side can file a Petition for Benefit Determination with the Division to get a mediator involved. Like ombudsmen, mediators are neutral third parties with special training in workers' compensation. Their role is to work with both sides to a disputed claim to try to bring them to an agreement.

This is also a free service.

**Mediators can:**

\* Mediate all disputes between parties involved in a workers' compensation claim;

\*Inform all parties of their rights and responsibilities under workers' compensation law;

\*Accept from the parties all documents related to the resolution of disputed issues in a workers' compensation claim;

\*Prepare settlement documents when the parties reach an agreement about their dispute;

\*Issue a dispute certification notice listing all the remaining issues to be resolved by a workers' compensation judge if the parties do not reach an agreement.

Mediators **cannot**:

- \*Advise, counsel, or represent one side over the other in a workers' compensation claim;
- \*Provide legal advice;
- \*Order or deny workers' compensation benefits.

Mediation is required before any disputed claims can be filed with the Court of Workers' Compensation Claims. The majority of disputes submitted to mediation are resolved by agreement.

For more information on how to prepare for mediation, see page 31.

## THE COURT OF WORKERS' COMPENSATION CLAIMS

The mission of the Court of Workers' Compensation Claims is to provide for the just, efficient and professional disposition of all disputed workers' compensation claims.

The Court of Workers' Compensation Claims is a special court within the Division that has jurisdiction to hear all types of disputes regarding workers' compensation. The Court is staffed by workers' compensation judges with expertise in this area of the law. These judges hold hearings and make final decisions about medical and disability benefits in workers' compensation cases. Their orders are binding on all parties. They also have the authority to approve or reject all workers' compensation settlements.



For more information about how to prepare for a hearing before the Court of Workers' Compensation Claims, see page 22.

## OTHER SERVICES AND INFORMATION

The Division provides links to a variety of other services to employers and employees engaged with the workers' compensation system. For more information about these other services, contact an ombudsman, visit the Division's website or visit one of our area offices.

# PART TWO: WORKERS' COMPENSATION SYNOPSIS

## INTRODUCTION

Workers' compensation is a system of insurance that protects employees and employers from some of the losses caused by on-the-job accidents and work-related illnesses.

Workers' compensation provides three main types of benefits: 1) Payment for medical care for work-related injuries and illnesses; 2) Temporary disability benefits for employees who are unable to work, or who continue to work but at reduced pay while recovering from their injuries; and 3) Additional disability benefits for employees whose injuries have a permanent impact on their ability to work.

This system is designed to help both employees and employers.

Workers' compensation **helps employees** because:

- It is a “no-fault” system. Under workers' compensation, the question of whether an injury was caused by the negligence of the employee, the employer, or a third party is not an issue that can affect whether the employee is entitled to benefits or not;
- It can provide for lifetime medical benefits for work-related injuries;
- It can give injured employees who lose significant work time because of their injuries direct money payments to compensate for some lost wages.

Workers' compensation **helps employers** because:

- It establishes an orderly process to follow for all work-related injuries;
- It is the exclusive remedy for employees hurt at work; this means that, in exchange for the defined benefits they receive under workers' compensation, injured employees give up the right to sue their employers in regular court.

The overall goal of workers' compensation is to provide an organized and efficient process for getting injured workers back to work as soon as safely possible.

## COVERED EMPLOYERS

In Tennessee, unless covered by a specific exemption, **all employers with five or more full- or part-time employees** are required to carry workers' compensation insurance on those employees. In addition, any person engaged in the construction industry is required to carry workers' compensation insurance on his or her employees, even if there are fewer than five; employers in the coal mining industry must also carry workers' compensation coverage if they have at least one employee. In all these cases, corporate officers and family members who are employees count toward the total, regardless of whether those parties choose to decline coverage on themselves.

### **WHERE'S THE NOTICE?**

*Every employer subject to Tennessee's worker's compensation law is REQUIRED to display the "Tennessee Workers' Compensation Insurance" notice. If you are an employer with questions about whether you should have coverage, or if you are an employee who believes your employer should have insurance but is uninsured, contact an ombudsman.*

Some employees are **not covered** Tennessee's workers' compensation law:

- Domestic servants;
- Farm or agricultural workers;

Federal government employees and other workers covered by special federal programs such as maritime workers and railroad workers employed in interstate commerce.

Special rules may also apply to state or local government employees.

**Independent contractors** are not entitled to workers' compensation benefits from those who contract with them to do work. There are several factors that determine whether a person qualifies as an independent

contractor under the law:

- The right to control the conduct of work;
- The right of termination;
- The method of payment;
- The freedom to select and hire helpers;
- The furnishing of tools and equipment;
- Self-scheduling of working hours; and,
- The freedom to offer services to others.

Every employer subject to Tennessee's workers' compensation law is required to display the "Tennessee Workers' Compensation Insurance" notice, which is available online at

[http://www.tn.gov/labor-wfd/forms/WC\\_Certificate.pdf](http://www.tn.gov/labor-wfd/forms/WC_Certificate.pdf). This notice should contain contact information for the employer's insurance company and the person to notify in the event of an injury.

## COVERED INJURIES

Workers' compensation covers work-related injuries and illnesses that are “**primarily**” caused by work or where the need for treatment is “primarily” caused by work. This means that work activities must be more than 50 percent of the cause of the injury or need for treatment. This includes accidental injuries, mental injuries, occupational diseases and repetitive trauma injuries. Whether an injury, illness or need for treatment is primarily caused by employment is usually determined by a worker's authorized treating physician.

The general rule as to whether an injury will be covered is that it must primarily arise out of and occur during the course and scope of employment. This means that not every injury that occurs at the work place is covered. For example, injuries caused by an employee's intoxication or illegal drug use would not be covered by workers' compensation. Other exceptions and defenses also apply; see pages 31 through 33.

Employees of covered employers who suffer from a work-related injury or illness may be entitled to receive medical or disability benefits.

## MEDICAL BENEFITS

Unless they agree to exchange this right for a monetary award at the time their claim is settled, employees with on-the-job injuries are entitled to receive all reasonable and necessary medical care for their injuries for the rest of their lives. There is no dollar limit on these lifetime medical benefits. The only requirement for treatment to be covered is that it is reasonable, necessary and related to the work injury. An injured worker's authorized treating physician usually determines what treatment meets this standard.



### *Panels*

The employer is required by law to provide a **panel of physicians** upon receiving notice of a work-related injury. The panel must consist of at least three physicians in his or her local area, unless the injury requires immediate treatment through emergency care. If emergency treatment is required, the panel will be provided to the employee as soon as practicable. Once the panel has been provided, the employee then chooses his or her treating physician, also called the “**authorized treating physician**” or ATP.

The employer can select any independent, reputable physician in the employee's community to be on the panel. If there are not enough physicians in the employee's community

to fill out the panel, the employer must provide a list of three physicians within a 100-mile radius of the employee's community.

If the injured employee has to travel more than 15 miles one way for treatment with an authorized provider, he or she is entitled to mileage reimbursement.

Once an authorized treating physician is selected, that physician will be in charge of the injured employee's medical care. If needed, the physician can make a referral to a specialist (such as an orthopedist) for further treatment or surgery. When that happens, the employer can either provide a panel of specialty physicians or allow treatment with the specific specialist referred to by the authorized treating physician. Once referred, the new physician becomes the authorized treating physician.

Under most circumstances, the employer is only obligated to pay for medical treatment provided or recommended by an authorized treating physician. This means that, if they want their treatment **injured workers should not seek treatment from their own primary-care doctors** to be covered by workers' compensation, without at least giving the employer the opportunity to provide treatment with an authorized provider. The major exception to this rule is emergency treatment. True emergency care is always covered.

### *Reasonable and Necessary Medical Care*

Only reasonable and necessary medical care related to the work injury or illness is covered. Most of the time, the authorized treating physician gets to decide what treatment is reasonable and necessary.

Employers and insurance carriers who believe that an authorized treating physician's recommended treatment is not reasonable or necessary can engage in a process called **utilization review**. Utilization review gives employers a chance to make sure that specific treatment really is needed before they have to cover it under workers' compensation. Under some circumstances, utilization review may be required by law before specific treatment can occur.

Employees who disagree with a decision made by a utilization review provider can challenge that decision through the Division of Workers' Compensation.



### *Medical Bills*

Medical bills are paid directly by employers or workers' compensation insurance carriers for authorized care. Most of the time, injured employees should not receive a bill for any part of their care. There are three exceptions:

1. The injured employee may be billed for care if the injury is found not to be covered under workers' compensation.

---

### **CALCULATING COMP RATES**

*Example: Will Worker is injured on July 1, 2014. He has worked for the same Acme Employer for the last six years. To help calculate Will's comp rate, Acme provides a wage statement to its insurance carrier listing Will's gross earnings from July 1, 2013 to July 1, 2014, the whole year before he was hurt. From the wage statement, the insurance carrier can see that Will's average weekly wage during this time was \$500. His comp rate is therefore \$333.33, or two-thirds of \$500.*

---

2. The injured employee may be billed if he or she seeks treatment from someone who he or she knows is not an authorized physician.

3. The injured employee may be billed for treatments from providers that the employee knows are not authorized, as long as the treatment is not for an emergency.

Injured employees should never have to pay a co-pay or deductible for authorized care.

Employers should never pay out-of-pocket for an injured worker's medical bills to avoid submitting a claim to an insurance carrier. They should also never tell an injured worker to submit medical bills for a work-related injury to a health insurance plan.

### **DISABILITY BENEFITS**

In addition to medical benefits, some injured employees may be entitled to receive disability benefits under workers' compensation.

Disability payments are **not reported to the IRS as income** to the employee; they will not be counted on the W-2 form the employee receives from the employer; and the employee will not receive a 1099 form for these payments. There may be reasons why the employee and employer needs to know exactly how much money was received. Indemnity payments are paid by the employer's insurance company or self-insurance program. They are not payments from the state.

Two key terms need to be defined to help explain disability benefits: compensation rate and maximum medical improvement.

An employee's **compensation rate**, or "comp rate," is equal to two-thirds of his or her average weekly wage during the 52 weeks before he or she was injured.

The average can include regular pay plus overtime, reported tips or other cash, and some non-cash benefits such as meals or living quarters. Comp rates are based on pre-tax, gross earnings, not net pay after payroll reductions.

Compensation rate is calculated based on wage statements. Wage statements are forms prepared by employers listing all of an injured employee's earnings from that employer during the year prior to the injury. Employers are required to submit these to their insurance carriers when an injured employee files a Petition for Benefit Determination.

Comp rates are subject to maximum and minimum amounts, defined by law. These figures are listed on the Division's website.

In cases where an injured employee has worked for the employer for less than a year or has missed work during the year before the injury because of circumstances beyond the employee's control, alternate methods of calculating the comp rate may apply.

---

### **Calculating Temporary Partial Disability Benefits**

*Example: Will Worker hurt his back while working for Acme Employer on July 1, 2014. His doctor allowed him to return to work, but only for 30 hours per week, and Acme allows Will to return to work with that restriction. Before the injury, Will's average weekly wage was \$500; since returning to work 30 hours per week, he has earned only \$375 per week. The difference between Will's pre-injury wage (\$500) and his post-injury wage (\$375) is \$125. Will is entitled to receive two-thirds of that, or \$83.33, per week in temporary partial disability benefits. He will receive these payments until his doctor places him at maximum medical improvement, or he is able to return to regular-duty work earning \$500 per week, whichever comes first.*

---

**Maximum medical improvement**, or MMI, is the date an injured employee's physician determines that the employee's condition has improved as much as possible. Reaching MMI does not mean that an employee has recovered 100 percent from his or her injury, or that no further medical treatment will be offered. It only means that, as of the MMI date, the physician does not anticipate that the employee's ability to function will continue to improve.

### **Temporary Disability Benefits**

Injured employees who are unable to work or who return to limited duty while they are recovering from their injuries may be entitled to temporary disability benefits. Workers' compensation provides for two types of temporary disability benefits: partial and total.

Both temporary and partial disability benefits are a type of indemnity benefits, described in greater detail in Part Five, Indemnity Benefits. For more information, see page 23.

### **Temporary Partial Disability Benefits**

Temporary partial disability benefits are available for employees whose work-related injuries temporarily disable them from performing their job duties and cause them to earn a lesser wage. This

might happen when, for example, a physician returns an employee to light-duty work or restricts the number of hours an employee can work at a regular-duty job.

An injured employee who qualifies for temporary partial disability benefits receives **two-thirds of the difference between his or her pre-injury wage and the post injury wage**. These benefits are payable until the injured employee reaches maximum medical improvement or returns to full duty.

---

### ***Calculating Temporary Total Disability Benefits (TTD)***

*Example: Will Worker hurt his back while working on July 1, 2014. His doctor took him off work completely, saying he will be out for at least a month, until August 1, 2014. His average weekly wage for the year before the injury was \$500. For the first week he is off (until July 8), Will is not entitled to receive any benefits. Beginning July 8, TTD benefits will begin, and Will should receive benefits in the amount of his compensation rate -- \$333.33—for every week he misses work. Once Will has missed two full weeks, these benefits will be calculated from the first day he missed, July 1, 2014. The benefits will continue until Will reaches maximum medical improvement or until his doctor returns him to work, whichever comes first.*

---

### ***Temporary Total Disability Benefits***

Temporary total disability benefits, or “TTD,” are available for employees whose work-related injuries temporarily disable them from performing any job, according to their physicians. Temporary total disability benefits are not available for the first seven days an employee misses work. Benefits begin on the eighth day missed, and if the employee misses 14 or more days of work because of the work injury, benefits are paid back to the first date the employee’s physician determined that he or she was unable to work. Temporary total disability benefits are equal to an injured employee’s compensation rate.

This is just a short overview of temporary disability benefits. For specific questions about how these benefits work, contact an ombudsman.

### ***Permanent Disability Benefits***

Unfortunately, not all injured employees make a full recovery after their injuries. Employees whose doctors believe they have been left with a permanent disability because of their injuries may be entitled to receive permanent disability benefits. As with temporary disability benefits, there are two types of permanent disability benefits: partial and total.

### ***Permanent Partial Disability Benefits***

Permanent partial disability benefits are available to injured employees who retain a permanent disability because of their work injuries after reaching maximum medical improvement, but are still able to return to a job on the open market.

### ***Initial Permanent Partial Disability Benefits***

When an injured employee reaches maximum medical improvement, his or her treating physician will usually make a determination as to whether the employee has any permanent impairment because of the work injury. If the physician believes that the employee has a

permanent impairment, the physician will evaluate the employee under the *American Medical Association Guides to the Evaluation of Permanent Impairment* (often called “*the Guides*”) to see if, according to *the Guides*, the employee should receive a permanent partial impairment rating. This number will be given as a percentage of impairment. If *the Guides* allow for an

impairment rating for an employee’s particular situation, then the employee may be entitled to permanent partial disability benefits.

### ***Calculating Initial Permanent Partial Disability Benefits***

*Example: After Will Worker’s July 1, 2014 back injury, his doctor has decided he reached maximum medical improvement on January 1, 2015. After evaluating him according to the Guides, the doctor assigns an impairment rating of 8 percent. Given his comp rate of \$333.33, Will’s initial permanent partial disability award will be calculated as follows:*

*8% x 450 weeks = 36 weeks*

*36 weeks x \$333.33 =  
\$11,999.88 in benefits.*

*In other words, because of his 8 percent impairment rating, Will is entitled to 36 weeks of permanent partial disability benefits. With his comp rate of \$333.33, he should receive \$11,999.88.*

Workers’ compensation uses a formula to determine the amount of permanent partial disability benefits an employee may receive, based on the employee’s comp rate and permanent partial impairment rating. The maximum amount an employee can receive for permanent partial disability is 450 weeks of benefits at his or her compensation rate. An employee’s impairment rating helps determine what percentage of this maximum 450 weeks an employee may receive.

An injured employee’s initial permanent partial disability award is equal to his or her impairment rating, multiplied by 450 weeks, multiplied by his or her compensation rate.

One important issue to understand here is that this formula is based on impairment ratings to an injured employee’s **whole body**. *The Guides* allow for impairment ratings to be assigned too many different parts of the body, or to the body as a whole. For example, ratings can be assigned to individual fingers, or to a hand, or to an arm, and so forth. When *the Guides* allow for a rating to be assigned to something smaller than the whole body—like a finger, or a hand—the rating to that individual body part can be converted

to a rating to the whole person. Only whole-person ratings are used in the formula to determine permanent partial disability benefits. Most of the time treating physicians will convert ratings to the whole body without being asked, but occasionally they need a reminder.

### ***Increased Permanent Partial Disability Benefits***

The formula above applies to initial awards of permanent partial disability benefits. Under some circumstances, injured employees may be entitled to additional permanent partial disability benefits. Usually, an employee has to wait the number of weeks represented by the initial permanent partial disability award after maximum medical improvement to see if he or she

will qualify for additional benefits. To qualify, the employee must be able to show that he or she either has not returned to work at all, or has returned to work (with any employer) but is receiving wages or a salary less than he or she received from the pre-injury employer on the date of injury.

If the employee has not returned to work or is earning less, his or her award is increased by multiplying it by 1.35. In addition, the award can be further increased by the product of the following factors:

\*1.45 If the employee lacks a high school diploma or a general equivalency diploma;

\*1.2 If the employee is over 40 years old at the end of the initial award period;

\*1.3 If the unemployment rate in the Tennessee county where the employee was working for the employer on the date of injury was two percentage points higher than the yearly average unemployment rate in Tennessee according to the yearly average unemployment rate for the year immediately prior to the expiration of the initial award period.

After these increases, the employer is given credit for the amount paid in initial benefits against any increased award.

### Calculating Increased Permanent Partial Disability Benefits

*Example: Because Will Worker's doctor assigned him an 8 percent impairment rating, he was initially entitled to 36 weeks of benefits. To see if he may be entitled to additional benefits, he first has to wait until September 10, 2015, which is 36 weeks from his maximum medical improvement date of January 1, 2015. Assume that on September 10, 2015, Will has returned to work for a new employer, ABC Corp., but he is only making \$10 per hour instead of the \$12.50 per hour he made with his previous employer, Acme, on the date of his injury. On September 10, 2015, Will is 45 years old. He does not have a high school diploma or a GED. On the date of injury, Will was employed in Putnam County, and the unemployment rate there was not two points higher than the state average in 2014. Will is therefore entitled to increased benefits, which would be calculated as follows:*



*Based on his comp rate, his impairment rating and the increased award factors, Will should receive a total permanent partial disability award of \$28,187.72. This amount included the initial award of \$11,999.88, as well as the increase Will should get because of the factors outlined above. Will can claim the final sum of \$28,187.72, but Acme gets to deduct the amount of the initial benefit it paid Will. That leaves a total increased award of \$16,187.84, which Will should receive as of September 10, 2015. He should already have been paid the initial award of \$11,999.88.*

The previously-outlined formula will dictate the amount of permanent partial disability benefits in the great majority of cases. There are very limited circumstances under which a

workers' compensation judge may have the authority to award benefits beyond those provided by the formula.

Calculating a permanent partial disability award can be complicated. For questions about how this works, contact an ombudsman.

### *Permanent Total Disability Benefits*

#### ***Calculating Permanent Total Disability Benefits***

*Example: Will Worker's back injury sustained on July 1, 2014 has left him completely unable to return to any job. His date of birth is August 1, 1970, so he will be eligible for full Social Security retirement benefits on August 1, 2037. He should receive permanent total disability benefits of \$333.33 every week from his maximum medical improvement date of January 1, 2015 until August 1, 2037.*

The great majority of employees injured on the job are able to return to work, even if they retain a permanent disability. If an injured employee is unable to return to any job on the open market because of a work injury, however, he or she may be entitled to permanent total disability benefits.

An employee entitled to receive permanent total disability benefits must demonstrate that there is no job on the open market he or she can do because of his or her injury. If the injured employee can meet this burden, he or she will receive benefits in the amount of his or her compensation rate until he or she is eligible for full retirement benefits under Social Security. These benefits are payable from the date of maximum medical improvement.

Permanent total disability cases have a number of further complications outside the scope of this publication. For further questions about how these cases

work, contact an ombudsman.

## **DEATH BENEFITS**

Specific benefits are available in cases where an employee dies as a result of a work injury. Workers' compensation will cover:

- Medical care up to the time of death;
- Burial expenses up to \$7,500.00; and,
- A lump-sum of \$20,000 to the estate of a deceased employee who leaves no dependents; or,
- Survivor benefits are available when a deceased employee leaves dependents.

# PART THREE: WORKERS' COMPENSATION CLAIMS PROCESS

Tennessee law establishes a step-by-step process to follow when an employee is injured at work. The information in this publication offers a short overview of what to do.



## EMERGENCY CARE

If an injury requires emergency care, the employee should seek treatment immediately. Care for true emergencies is always covered.

## CLAIMS REPORTING

Injured workers should **immediately notify** their employers of any work accident, injury or illness. The law requires injured workers to give their employers notice within 30 days of the date of injury or when a physician first tells them that the injury or illness is work-related. It is best if employees give this notice in writing. It is against the law to fire an employee for reporting a work injury.

Employers covered under Tennessee's workers' compensation law must report all known injuries to their insurance carriers on a form called Employer's First Report of Work Injury or Illness (Form C-20). This must be done within one day of the employer's knowledge of the injury. Insurance carriers must then file this form electronically with the state within 14 days after they are notified of the injury or illness.

Even injuries the employers believe are not work-related **must be reported** to the insurance carrier. The insurance carrier will then investigate the claim and pay or deny it, whichever is appropriate.

## COMMENCEMENT OF BENEFITS AND RETURN TO WORK

As soon as they are notified of a work injury or illness, employers should provide the injured worker with a panel of three physicians. The form for this is called Agreement Between Employer/Employee Choice of Physician (Form C-42). The injured employee should then select one of the physicians from the form to be the authorized treating physician. The employee's

selection should be noted on the form. Once a selection is made, the worker should sign the form. The original should be kept by the employer, and the employee should be given a copy.

Scheduling of appointments with the authorized treating physician will usually be handled by the physician's office and the insurance carrier, or sometimes by a person hired by the insurance carrier called a **case manager**. Case managers are generally nurses whose job is to help manage an injured employee's care and to assist with communication between the employee, employer, insurance carrier and authorized treating physician about the employee's medical care. Case managers often attend doctor appointments with employees and report back to the insurance carrier about the employee's progress.



Authorized treating physicians will usually be asked to address an employee's work status during most medical appointments. A physician may take an employee off work entirely because of an injury, or may allow the employee to return to work with specific restrictions. Employers who are able to accommodate the work restrictions from an authorized treating physician should bring the injured employee back to work. If this happens, and the employee is earning the same wages as before the injury, the employee will not receive any temporary disability benefits. If the employee is earning less, however, or if the employee does not return to work and misses more than 14 days because of the work injury, the injured employee should begin receiving temporary disability benefits as described on page 12 of this booklet.

Even after injured employees return to work, they generally will have periodic appointments with their authorized treating physicians until they reach maximum medical improvement. This may mean they have to miss work to attend the appointments. Injured employees are not usually compensated for this lost time (either by wages or by temporary disability benefits), unless the employer's policy dictates otherwise. They will still receive mileage payments, if appropriate.

## SETTLEMENTS

After an injured employee reaches maximum medical improvement, the treating physician will determine whether the employee should receive an impairment rating. If the employee has a permanent impairment, his or her permanent disability benefits can then be calculated as previously described; see pages 13 through 17.

The employee and the insurance carrier will often enter into negotiations to settle the employee's claim for permanent disability benefits. All settlements of permanent disability benefits must be approved by a workers' compensation judge.

Workers' compensation law allows for permanent disability benefits to be paid to employees in two different ways: **periodically or lump sum**. Benefits paid periodically are generally paid every two weeks, just like temporary disability benefits, until the full amount of

benefits has been paid. Lump-sum benefits are paid all at one time. Most settlements are done as lump sums, but in cases involving permanent total disability benefits, there are limitations on what can be paid as a lump sum. The final decision as to how benefits should be paid rests with the workers' compensation judge.



In permanent partial disability cases, the parties can reach an agreement on the initial benefits and then wait to settle a claim for increased benefits when the initial benefit period has lapsed, or they can instead negotiate the whole award at one time. It will then be up to the workers' compensation judge to decide whether to approve any settlement the parties reach.

Injured employees can also agree to settle their right to future medical treatment in exchange for a cash payment. This is referred to as "closing" future medical benefits. If this is done, the injured employee will no longer have the right to have medical treatment for his or her work injury paid for by the insurance carrier or employer. These settlements must be approved by a workers' compensation judge, just like settlements for disability benefits.

## PART FOUR: DISPUTE RESOLUTION

Workers' compensation is designed to provide all parties with a streamlined process for resolving claims for benefits. Even so, disputes do arise about any number of issues in workers' compensation claims. Workers' compensation cases follow a unique process for resolving these disputes.

### STATUTE OF LIMITATIONS

Workers' compensation claims in Tennessee are subject to a **one-year** statute of limitations. The one-year period begins to run on the date of injury for claims where the employer or its insurance carrier refuse to pay benefits, or on the date of the last payment for authorized treatment or disability benefit payment in cases where the employer or insurance carrier voluntarily pays benefits. It is important to know that, according to the law, the date of a disability benefit payment is the date the payment is issued, not the date it is received by the injured employee.

An injured employee's claim will be barred after the one-year statute of limitations period unless the employee takes two steps:

- (1) Gives notice of the work injury to the employer, and
- (2) Files a Petition for Benefit Determination with the Division.

Employees involved in disputed workers' compensation claims should do both of these immediately to protect their claims.

There is also a separate statute of limitations applicable to claims for increased permanent partial disability benefits. To claim these benefits, an injured employee must file a new Petition for Benefit Determination within one year after the initial period of compensation ends. This is a second, separate petition from the one filed to protect the original claim for benefits.

### MEDIATION

When the parties involved in a disputed workers' compensation claim are unable to resolve their difference on their own, they can submit their dispute to mediation. Either party can do this by filing the appropriate form with the Division.

Mediation is a **mandatory** step before any case can proceed to the Court of Workers' Compensation Claims. The Division's mediators are available to help parties work out their differences on all manner of issues that can arise in a workers' compensation claim, from disputes about medical care or mileage benefits to resolution of claims for permanent disability benefits and everything in between. Disputes about issues other than permanent disability benefits are usually handled over the telephone. Mediations regarding permanent disability benefits are done in person at one of the Division's regional offices.

Any party to a disputed workers' compensation claim can be represented by an attorney for any part of the mediation process, but attorneys are not required. This is also true in the Court of Workers' Compensation Claims.



If the parties are successful in settling their differences during mediation, the Division mediator will prepare a settlement agreement outlining all of the terms the parties have agreed to. This agreement will become final once it has been approved by a workers' compensation judge.

If the parties do not settle their dispute during mediation, the mediator must prepare a dispute certification notice outlining all of the unresolved issues for hearing by a workers' compensation judge. Usually, only those issues listed on the dispute certification notice can be decided by a judge, so it is essential that the parties make sure the mediator is aware of all the issues; there is also a process for requesting an amendment to the dispute certification notice, if necessary, but this is subject to specific deadlines.

All parties are required by law cooperate with the Division mediator and to negotiate in good faith during mediation.

## COURT

When the parties are unable to resolve their differences at mediation, they can proceed to the Court of Workers' Compensation Claims to let a workers' compensation judge decide their case.

Any party who wishes to have a claim decided by a workers' compensation judge must file a request for hearing with the Division. This document must be submitted to the Clerk of the Court of Workers' Compensation Claims **within 60 days** after the issuance of a dispute certification notice by a workers' compensation mediator. Once a request for hearing has been filed, the case will be assigned to one of the Division's workers' compensation judges.

Workers' compensation judges have the authority to decide all disputed issues in workers' compensation cases. Cases proceed much like they would in any other court, though the process is designed to move much more quickly than ordinary litigation. The Court of Workers' Compensation Claims also has its own rules of procedure. Any party involved in a claim before the Court of Workers' Compensation Claims should become familiar with these rules, available on the Division's website at <http://www.tn.gov/labor-wfd/wcomp.shtml>.



The Tennessee Rules of Evidence and the Tennessee Rules of Civil Procedure apply at all hearings before the Court of Workers' Compensation Claims. In particular, the parties may move into evidence only certified copies of health-care records or they may introduce medical evidence from testimony given at a deposition. All witnesses will give sworn testimony. Hearsay evidence will not be admitted unless the Court rules that an

exception applies. This means the Court generally will not consider third-party written or verbal statements made out of court. Rather, that third party must be present for the court to consider whether his or her testimony will be admitted into evidence. Adverse witnesses must be subpoenaed and they must be compensated for attendance and mileage. Subpoenas may be obtained from the court clerk and must be personally served no less than five days before a scheduled hearing.

At hearings, the employee bears the burden of proving each and every element of the claim by a preponderance, or the greater weight, of the evidence.

A compensation order from the Court of Workers' Compensation Claims becomes final if none of the parties files an appeal to the Workers' Compensation Appeals Board within 30 days of its issuance. If no one files an appeal with the Appeals Board, any party may appeal a judgment from the Court of Workers' Compensation Claims to the Tennessee Supreme Court.

## **DISPUTES ABOUT FUTURE MEDICAL BENEFITS**

Disputes sometimes arise in cases where injured employees have kept their right to future medical treatment open. These cases where disability benefits have been settled, and the only dispute is about medical treatment, are often called **“future meds”** or **“open meds”** cases. The dispute resolution process for these cases is the same as for any other case under workers' compensation. The parties will start with mediation, and if they are unable to resolve their differences, can proceed to the Court of Workers' Compensation Claims.

## PART FIVE: INDEMNITY BENEFITS

Indemnity benefits are money benefits that an injured employee receives while recovering he or she and cannot earn wages. The benefits are regular payments based upon a portion of the worker's average wage. Once the worker reaches maximum medical improvement, or MMI, he or she may be eligible for a settlement if there is a permanent impairment.

For employees who are temporarily totally disabled, as previously described on pages 12 and 13, the first check should be mailed within 14 days after the employee has missed more than seven days of work due to the injury. After that, usually he or she will receive checks every two weeks. The checks will probably come with forms or other paperwork. Every time the worker receives a check, he or she should write the date and the amount on the form in this publication entitled "Record of Indemnity Benefits." If an employee does not get a check within a reasonable amount of time, he or she should call an ombudsman.

---

### ***Bridging the Gap***

*Workers' Compensation is designed to provide an injured worker with TEMPORARY help while he or she recovers and prepares to go back to work. Even if the employee has to go back to work at lower pay, he or she will ALWAYS get more money by working than by staying out of work. The goal should be to get well as soon as reasonably possible and return to gainful employment. **If an employee is able to go back to work, but refuses jobs that are offered to him or her, the worker could lose all benefits.***

---

The amount of money the worker receives depends on the injury, how long it takes to recover, and how much money he or she was earning before your injury.

If the worker is able to keep on working, does not lose any pay, and has reached maximum medical improvement with a permanent disability rating, he or she might qualify for permanent partial disability benefits, as described on pages 13 through 17.

If the injury prevents the employee from doing his or her old job, and he or she continues working at a different job with lower pay, the employee might qualify for temporary partial disability benefits until he or she reaches MMI based on the difference between the old wage and the new wage.

The injured worker is entitled to receive temporary total disability benefits if he or she loses more than seven days' work under a doctor's instruction because of an injury. The seven days do not have to be consecutive. On the eighth day out of work, the worker is eligible for temporary total disability benefits. Specific guidelines in the law determine how much the employee will receive for

these benefits.

For most workers the amount of the TTD is two-thirds of their average weekly wage. The average is based on gross wages earned from the employment in which he or she was injured during the 52 weeks before the accident. If the employee has not worked for the employer for at least 52 weeks, gross wages for the actual number of weeks worked will be considered to calculate the average weekly wage.

For workers who earn higher than average wages, there is a limit set by the state. There is also a statutory minimum compensation rate. To determine the minimum and maximum for the year, call an ombudsman or visit the Division of Workers' Compensation website, [www.tn.gov/labor-wfd](http://www.tn.gov/labor-wfd). The amount of weekly temporary total disability benefit is also called the compensation rate or comp rate.

---

***If the Employee Disagrees with the Amount of Benefits Received***

*The amount of indemnity benefits under workers' compensation is ALWAYS less pay than the worker was receiving before the injury. Some workers are surprised by this. The claims representative is required to pay benefits in accordance with the law and nothing more. An employee who has questions about the benefits provision of the law should contact an ombudsman for a more detailed explanation.*

---

If the worker is able to return to work soon, there will be no benefits for the first seven days he or she was out of work. If the employee is out of work more than seven days, he or she is entitled to a TTD payment for each day beyond seven days. If the employee is out of work for more than 14 days on the doctor's instructions, he or she is also entitled to a TTD benefit payment for those first seven days. The employee should keep detailed records so he or she can tell whether payment is received (Use the form "Record of Indemnity Benefits" in this booklet). If the employee has not received timely payment, he or she should remind the claims representative and ask for the check number. If the claims representative does not send the check, he or she should call an ombudsman.

## **MAXIMUM MEDICAL IMPROVEMENT**

Maximum medical improvement or MMI is a time after your injury when the doctor decides that:

- The employee has fully recovered from an injury, or,
- Medical treatment has contributed to the worker's recovery as much as it can.

When MMI is reached, temporary disability indemnity payments will STOP. For most workers, MMI is the time to go back to work, if he or she is not already back at work. Benefits either will stop or be reduced depending on the degree of recovery at MMI.

A doctor makes the decision about MMI. The employee should ask the doctor to tell him or her when MMI is approaching. The situation will change, so the worker should stay informed and be prepared.

The employee can return to work at any time if the doctor approves. The doctor might give restrictions so that the worker does not complicate the injury or hurt him- or herself again.

If the employee reaches maximum medical improvement, and the doctor says he or she is fully recovered without any residual impairment, the worker won't receive any more indemnity payments.



If the doctor says an employee has fully recovered from an injury, or that the worker has reached MMI, but he or she disagrees, the worker should call an ombudsman to explore any options that may be available.

### *Permanent Disability Benefits*

When the employee reaches MMI, the doctor will assign a whole-body impairment, if any applies to the injury.

The employee may receive permanent partial disability benefits, or PPD, as previously described on pages 12 through 16. A “whole-body” impairment is a physical problem or limitation that is expected to continue for the rest of the employee’s life. The doctor will rate the impairment according to a reference book published by the American Medical Association called *the Guides*, and assign a number called an “impairment rating.” The impairment rating is a percentage, and is used to determine how much money the worker receives.

If the employee goes back to work at the same pay as before, he or she will receive PPD benefits based on the impairment rating. If the worker goes back to work at lower pay, or if he or she is not able to return to work, then the employee is entitled to an extended benefit based on the impairment rating and several other factors. This is called the PPD formula. See the PPD worksheet on page 49 to calculate a worker’s approximate benefit.

Some workers may receive permanent total disability benefits, which they will continue to receive until they are eligible for full retirement Social Security benefits; see page 17.

## **INDEMNITY BENEFITS FOR CERTAIN CONDITIONS**

**Mental impairments** may be covered, but ordinary emotional stress associated with work is not, nor are mental-health problems not connected to work. The injured employee may discuss with the doctor the impact of a physical injury on his or her mental health. If a worker believes he or she has suffered a mental injury apart from physical trauma, the employee should report this to the employer in the same manner as a physical injury.



**A hernia** is covered only if it meets certain conditions. The employee must prove:

- \*There was a work injury resulting in a hernia;
- \*The hernia appeared suddenly and was accompanied by pain;
- \***The hernia immediately followed the work incident; and**
- \*The hernia did not exist prior to the work incident.

## PART SIX: THE ROAD TO RECOVERY

### *Making the most of the situation*

Being out of work because of an injury is a difficult time for an employee. It is in the best interests of both the employer and the employee that the worker get well as soon possible and return to work. If the employee stays away from work a long time, it is less likely that he or she will be able to return to that job. The money received in workers' compensation weekly benefits is always less than the pre-injury wages. Below are a few suggestions for employees to make the most of the situation.

---

#### **Going Back to School?**

*Workers' compensation does NOT pay for educational expenses – but by the same token, an employee who seeks additional education and training will not lose benefits on that basis. Going back to school might enable the employee to earn more money than before the injury because of his or her new skills. An ombudsman can help the employee get connected with educational opportunities.*

---

**Follow the doctor's instructions closely.** Work hard at physical therapy or whatever else the doctor asks the employee to do.

**Check into training and education opportunities now** — as soon as the employee thinks he or she may not be able to do the same work done before the injury. He or she might be able to use this recovery period to go to school and get ready for a different job. There are many choices available, including programs for workers who did not finish high school. Some of these programs are free. Injured employees can contact their local public school or community college.

### *Returning to work*

When the employee is ready to go back to work, even on a limited basis, he or she should contact the employer. If the employer refuses to provide work for the employee, he or she should call an ombudsman.

The decision about a worker can and cannot do at work is up to his or her health-care provider. The employee and employer should work together to determine what jobs the employee can do with any new medical restrictions. If the employer offers the worker any job that the doctor says the employee can do, and the employee does not accept it, he or she could lose benefits.

Communication is critical. The employee should keep the employer and claims representative informed about his or her progress, to make the transition back to work as smooth as possible.

## *Lump-sum Settlements*

The Workers' Compensation Act allows a worker and the employer to resolve a claim for injury as long as all parties are in full agreement of the appropriateness of the resolution with a lump-sum payment and the settlement is approved by a workers' compensation judge.

Under Tennessee law, an employee is entitled to future medical care related to the injury for the rest of his or her life if needed. The law also allows a worker to give up this right for money. If an employee is offered money in exchange for signing a document giving up his or her right to future medical care, the worker may call an ombudsman to answer questions about his or her rights and responsibilities. However, an ombudsman cannot give legal advice to either the employee or the employer.

If the employee is entitled to indemnity benefits after going back to work, he or she can get all future indemnity paid in a Return to Work lump-sum payment. The lump sum ends his or her right to any more indemnity pay. If the worker accepts a lump sum for Return to Work, he or she will still be entitled to medical care, but may not be entitled to any more indemnity benefits if the injury causes health problems in the future. The indemnity claim **may** be closed. Before accepting a lump sum, an employee should discuss it with a doctor who knows his or her medical history.

## **OTHER ISSUES IN MEDICAL CARE**

### *Communication*

An injured employees should communicate fully and frequently with his or her health-care provider. The doctor is responsible for deciding when the worker will be able to go back to work, what restrictions he or she might have, when maximum medical improvement is attained and other important matters. The doctor may also be aware of possible long-term effects of the injury or condition. An employee should ask the doctor to discuss these matters, especially while approaching the end of treatment. The doctor can also tell the employee what to do to stay healthy.

The claims representative and employer are also interested in the doctor's decisions because these decisions affect the cost of the claim and the employee's future at work. The claims representative has the right to receive written reports from the doctor, while the employee has a right to get copies of those reports, if desired.

The employer or claims representative may want to talk to the doctor to help arrange for the employee to go back to work, to discuss the cause of the accident, the nature of the impairment, further medical care, referrals to specialists and other topics. The employee has a

right to participate in any of these conferences between the doctor and the employer or claims representative.

An **Independent Medical Examination**, or “IME,” is a medical examination by another doctor who has not treated the employee. Some IMEs are performed by a group of doctors including different specialists.

The purpose of the IME is not to treat the employee, but to get an evaluation and medical opinion. Either the worker or your claims representative may request an IME, but whoever requests the IME must pay for it. If the employee refuses to go to an IME set in accordance with the Workers’ Compensation Act, he or she can lose benefits. To be set in accordance with the Workers’ Compensation Act, the IME must be by agreement of both parties or by order of the Court of Workers’ Compensation Claims.

Employees who have questions about going to an IME set up by a claims representative should contact an ombudsman.

### *Disagreements and Disputes*

If the employee disagrees with the employer, health-care provider or claims representative about the workers’ compensation claim, there are different steps he or she can take:

- Try to get the problem worked out by him- or herself.
- Call an ombudsman, who may be able to talk to the other parties to resolve the problem.
- File a petition in workers’ compensation court and go to a mediation conference.
- Hire a lawyer to file the petition and represent the worker’s interests.
- Go on to a full trial in workers’ compensation court in front of a workers’ compensation judge if mediation is unsuccessful. At that point, a lawyer can be very helpful.

Either party can appeal the final decision of the workers’ compensation judge.

Either party may call an ombudsman just to ask questions if they are self-represented.

The ombudsman can help by making sure everyone understands the basic rights and obligations regarding benefits under the Workers’ Compensation Act.

#### ***If you cannot speak English***

*Persons needing help with translation or interpretation should notify the Division.*

An ombudsman does not take sides, nor can he or she give legal advice, represent a party or act as an advocate. If either party decides to file a formal complaint with the Court of Workers’ Compensation Claims, and does not have a lawyer, the ombudsman can tell him or her what forms to use and can explain the procedures, so he or she knows what to expect.

The employer or employee may hire a lawyer for the workers’ compensation claim, but once a party has an attorney the ombudsmen are not allowed to talk to him or her any further.

The claims representative will also be unable to talk to an employee directly. If the claims representative calls the employee, he or she should instruct the representative to talk to the lawyer exclusively.

Any party may also receive help from someone who is not a lawyer, such as a union representative or relative. However, a non-lawyer may not act as a legal representative, and should not be paid. If this should happen, the non-lawyer could be charged with the unauthorized practice of law and be penalized.

A disagreement may result in a dispute that can only be resolved by filing a Petition for Benefit Determination with the Division. When you file a petition and do not have a lawyer, an ombudsman can help but cannot act as a legal representative or as an advocate. Petitions are filed with the Clerk of the Workers' Compensation Claims Court.

### *Getting ready for mediation*

When either party files a petition, the DWC will schedule the case for mediation. This is an attempt to solve your dispute without a formal trial. The mediation will be scheduled as soon as possible, probably three to seven weeks from the time the petition has been filed.

#### *What to Bring to Mediation:*

- *Copies of all unpaid bills relating to the case.*
- *Copies of all medical records relating to the case.*
- *Copies of any witness statements.*
- *Evidence of wages, tips of benefits that may figure into compensation rate.*
- *An open mind, a cooperative attitude and authority to settle the case.*

All the information collected during the case will be very helpful in preparing for mediation.

If the employer or employee plans to go to mediation without a lawyer, he or she should spend some time preparing. Learn as much as possible about the law affecting the case, so that everyone will have a better idea of what might be a reasonable or fair resolution of the case.

The mediation conference is a meeting where the parties try to agree on how to resolve the case. An experienced professional

mediator from the DWC is in charge.

If the other parties agree on a solution to the dispute, the mediator will write down the agreement. If no agreement results, the mediator will certify the disputed issues and issue a report to the clerk of the court. Either side may then be able to request a formal trial.

Any time before trial, the parties are encouraged to get together and come to an agreement so the trial is not needed, but it is not required.

## BAD ACTIONS AND PENALTIES

There are many ways both employees and employers can jeopardize their positions in a workers' compensation claim. The section below is a primer on **what not to do**.

### *Drug or alcohol use*

If the employee was under the influence of illegal drugs or alcohol when the accident occurred:

- The claim could be denied completely and the employee would get nothing, not even medical care.
- Legally speaking, if a drug or alcohol test proves the employee was under the influence, the presumption is that the drug or alcohol use was the proximate cause of the accident or injury. This presumption can be rebutted by a preponderance, or greater weight, of the evidence.
- The employer may have policies or rules that would require the employee to take drug or alcohol tests after an accident.

### *Safety devices*

These might be a seatbelt in a car; personal items such as hard hats, goggles or gloves; guards or shields on machinery; or anything else that is provided to help make an employee safe.



- If the employer provided a safety device, and the employee did not use it, the employee could lose benefits.
- If the employer should have provided a safety device but did not provide one, then the employee could be entitled to benefits. The claims representative or an ombudsman should be informed about this.

### *Filing a false claim*

It is a crime to fake an injury, to falsely claim to have been an employee or to claim workers' compensation benefits for an injury that did not occur at work. The employee who does so could be prosecuted, sent to prison and/or ordered to pay a fine.

If the employer or claims representative suspects a false claim, they can investigate. The claims representative can stop paying benefits and stop paying for medical care. If they do this and the employee's claim was not false, he or she might have to go to workers' compensation court to prove it.

The employer or claims representative may also tell the DWC about what they suspect. The Division can investigate the charge, and can potentially work with a district attorney to have the employee charged with a crime.

### *Self-inflicted injuries*

If an employee injures him- or herself on purpose to collect money, the claim can be denied. He or she may be prosecuted for fraud by lying about the cause of the injury.

The claim can be dismissed and benefits can stop if:

- After an employee has started receiving benefits, the employee hurts him- or herself on purpose to delay or prevent recovery.
- The employee engages in activities that harm his or her health, or are unsafe.
- The employee refuses reasonable medical or surgical treatment.

Another reason the employer or claims representative may stop paying benefits is for the employee's refusal to go to a periodic medical examination or an independent medical examination.

Insurance companies and self-insurance programs sometimes hire private investigators. The DWC cannot stop a private investigator from investigating an employee, but the law does not allow private investigators to violate anyone's rights.

The employer or claims representative can file a petition with the DWC to ask a judge for an order to stop the employee's benefits, or the claims representative can terminate benefits should the employee fail to fulfill his or her obligations under the Workers' Compensation Act. If the claims representative stops paying benefits and the employee believes he or she was not doing anything wrong, the worker may have to file a petition to start benefits again. The petition must be filed **within one year** from the time that benefits were ended.

### *Bad Faith*

The DWC Penalty Program investigates charges of employers and/or insurance companies denying benefits the employee is legally entitled to receive. This is called bad faith denial or nonpayment of benefits. An employee who believes another party is acting in bad faith should contact an ombudsman.

## **GLOSSARY - DEFINITIONS OF WORDS**

### **Adjuster**

A person who “adjusts” claims while working for an insurance company, a self-insurance program, or a third-party administrator. An adjuster makes decisions about benefit payments and authorizes writing the checks. He or she is one type of claims representative.

### **AMA Guides**

A book published by the American Medical Association for health care providers, describing how to rate the impairments of injured workers. *The Guides* is the official standard for rating workers’ compensation injuries in Tennessee.

### **Bad Faith**

Unreasonable, intentional or malicious denial or refusal to pay a claim without any reasonable basis.

### **Benefit**

Any payment to an injured worker or in behalf of an injured or deceased worker for compensation, medical treatment, legal expenses, funeral or travel costs resulting from a work-related injury, illness or death.

### **Burden of Proof**

In legal disputes, when one side has a right to something and the other side challenges it, the side making the challenge has the burden of proof. That side has to show the judge why it should win the dispute or the other side will win.

### **Claim**

A legal demand from the worker to the employer for workers’ compensation benefits.

### **Claims Representative**

A person from an insurance company, self-insurance program or third-party administrator who works on the worker’s claim. This person is the worker’s contact person for matters concerning the worker’s claim, benefits, payments and other matters.

### **Compensation**

Payments to an injured or ill worker for lost work time due to a job-related injury or illness.

### **Impairment**

Injury-caused mental or bodily damage that is expected to be permanent.

### **Impairment Rating**

A percentage number used to “rate” the permanent impairment of an injured worker. An impairment rating can only be given by the authorized health care provider or an independent medical examiner and must be based on a reference book called *the Guides*.

**Indemnity Payment**

A payment to the injured or ill worker or dependents to compensate for wage loss, functional impairment, or death.

**Lump-Sum Payment**

A single workers' compensation indemnity payment in place of future installment payments.

**Maximum Medical Improvement (MMI)**

The date after which further recovery from or lasting improvement to an injury can no longer be reasonably anticipated as a result of further medical treatment, based upon reasonable medical probability as determined by a health care provider.

**Medical Benefits**

Payment by the insurer to a health care provider for an injured worker's medical care.

**Mediation**

An informal meeting involving both sides of a workers' compensation dispute with a DWC mediator to try to resolve the dispute.

**Mediator**

A dispute resolution specialist from the DWC who meets with the disputing parties, out of court, to try to reach an agreement.

**Mileage Rate**

An amount of money paid for every mile approved for travel to get to medical treatment that is required by the worker's compensation claim; paid only if the worker has to travel 15 miles or more each way.

**Modified Work**

Work that has been changed to allow an injured worker to do it.

**No-fault**

A concept in the law that says the claim will be covered no matter who caused the accident.

**Occupational Disease**

A disease that is caused by the specific job a worker does.

**Occupational Injury**

An injury that primarily arises out of and in the course of employment.

**Party**

The worker or the employer and insurer or self-insurance program. Each is a "party" in a dispute over a claim.

**Permanent Partial Disability (PPD)**

A category of indemnity benefit, payable when a worker has a permanent physical impairment after reaching maximum medical improvement. The amount of benefits is determined by the worker's physical impairment, as rated by *the AMA Guides*.

**Permanent Total Disability (PTD)**

A category of indemnity benefits payable when a worker has been left with the permanent and total disability.

**Pre-existing Condition**

A physical condition that the worker had before the work-related accident.

**Pro Se**

A person representing himself in a legal proceeding without any representation from a lawyer.

**Repetitive Motion Injury**

An injury caused by doing the same physical motion repeatedly over a long time.

**Rules**

Additional requirements related to laws. Rules are made by government agencies and add details and definitions to laws.

**Temporary Total Disability (TTD)**

Indemnity payments made to the worker based on the inability of the worker, by reason of accidental injury arising out of and in the course of his employment, to perform his duties, up to the date of maximum medical improvement.

**Third-party administrator (TPA)**

A representative hired by an insurance company or self-insurance program to handle workers' compensation claims.

# CHECKLIST

- ✓ General information
- ✓ Record of medical treatment
- ✓ Claims representative information
- ✓ Record of indemnity benefits
- ✓ Transportation expenses worksheet

## Checklist

This form is to assist you to keep track of your records. It is extremely important that you keep all documents, medical records, insurance forms and correspondence, copies of any forms or documents filed with the DWC, and any other record that concerns your case.

## KEEP EVERYTHING!

- Copy of Notice of Injury Form
- Copies of 52 weeks of pay vouchers
- Copies of any non-monetary wages received from the employer (lodging, fuel, etc.)
- Copy of each check received from the insurance company (TTD, PPD)

## Medical Treatment

- Copies of all medical records
- Copies of all instructions from the doctor
- Copies of any medical bills sent to you
- Copies of prescriptions

## Travel Expenses

- Mileage
- Public transportation costs –tickets, receipts, itineraries

**If you need help, call 1-800-332-2667 to speak with an Ombudsman.**

# MY CLAIM INFORMATION

This form will help you keep important information you will need if you are injured on-the-job.  
(Make copies of this form for co-workers and friends)

**My Employer's Name:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Injury Contact Person: \_\_\_\_\_

**Employer is insured by:**

Insurance Company's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Employer's instructions** for work-related medical care:

**Nearest Emergency Room:** \_\_\_\_\_

(Note: In an emergency I may go to the nearest emergency room if it is closer than the one named here.)

**Non-emergency** medical care located at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill this form out NOW so it will be ready if you need it.

Tennessee Division of Workers' Compensation Workbook for Injured Workers.

**If you need help, call 1-800-332-2667 to speak with an Ombudsman.**

# Accident Details

Date of accident: \_\_\_\_\_

Time: \_\_\_\_\_

Location (give an exact description): \_\_\_\_\_

Describe the accident (what happened):

\_\_\_\_\_

Describe the injury (what part of the body was injured and how):

\_\_\_\_\_

Witnesses (who was present at the accident):

\_\_\_\_\_

I reported the injury to:

\_\_\_\_\_

I completed an accident form for my Employer: Yes\_\_\_ No\_\_\_

The date I filled out the Accident Form: \_\_\_\_\_

I gave a copy of the Accident Form to: \_\_\_\_\_

**If you did not fill out an Accident Form, does your employer have Accident Forms at your workplace? GO FIND ONE AND FILL IT OUT!**

**PLACE YOUR COPY OF THE ACCIDENT FORM IN YOUR WORKERS' COMPENSATION CLAIM FILE.**

# Record of First Treatment

**ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.** Keeping records of all of your medical treatment is absolutely necessary. If you should have a disagreement with your medical treatment, the insurance company or your employer, you will need them. Fill out this form as soon as possible.

**Check one:**

This was emergency treatment \_\_\_\_ This was not emergency treatment \_\_\_\_

**Name of Doctor:** \_\_\_\_\_

**Name of Hospital or Clinic:** \_\_\_\_\_

**Date and time of treatment:** \_\_\_\_\_

**Check one:**

- \_\_\_\_ I went to a doctor I chose from a list of doctors my employer gave me
- \_\_\_\_ My employer told me to go to this doctor
- \_\_\_\_ It was an emergency and this was the nearest available doctor
- \_\_\_\_ I went to my own physician

**Driving to the hospital or clinic:**

(If you drove 15 miles or more one way you will be entitled to payment for mileage, so keep this record.)

I drove from:

- \_\_\_\_ home
- \_\_\_\_ work
- \_\_\_\_ other \_\_\_\_\_

How many miles one way: \_\_\_\_\_ round trip: \_\_\_\_\_

**Write down the medication prescribed by the doctor:**

\_\_\_\_\_  
\_\_\_\_\_

**Instructions from the doctor. What I have been told to do:**

(Examples: work full duty, work with restrictions, do not work, exercise, home physical therapy, see a specialist, get an MRI)

\_\_\_\_\_  
\_\_\_\_\_

**Next appointment: Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

If this was emergency medical care, and you have received instructions from your employer about which doctor to use, follow your employer's instructions.

**If you need help, call 1-800-332-2667 to speak with an Ombudsman.**

**ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.**

# Record of Medical Treatment

Use this form **after** your first medical treatment for **each visit** you make to the doctor or health care professional. *Make copies of this form BEFORE you fill this out.*

**Name of Doctor:** \_\_\_\_\_

**Name of Hospital or Clinic:** \_\_\_\_\_

**Date and time of treatment:** \_\_\_\_\_

**Check one:**

- I went to a doctor I chose from a list of doctors my employer gave me
- My employer told me to go to this doctor

- It was an emergency and this was the nearest available doctor
- I went to my own physician

**This is a change of doctor:** Yes /No

I selected the new doctor: \_\_\_\_\_

My employer selected the new doctor: \_\_\_\_\_

My claims representative selected the new doctor: \_\_\_\_\_

**Driving to the hospital or clinic:**

(If you drove 15 miles or more one way you will be entitled to payment for mileage, so keep this record.)

I drove from:

- home
- work

\_\_\_\_\_ other

How many miles one way: \_\_ round trip: \_\_

**Write down the medication prescribed by the doctor:**

---

---

**Instructions from the doctor. What I have been told to do:**

(Examples: work full duty, work with restrictions, do not work, exercise, home physical therapy, see a specialist, get an MRI)

---

---

**Next appointment: Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

If you need help, call 1-800-332-2667 to speak with an Ombudsman.

**ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.**

# Transportation Expenses for Medical Treatment

You are entitled to reimbursement for mileage expenses when you have to travel more than 15 miles one way to a medical provider. To get reimbursed for travel to medical appointments, write dates of visits and costs:

Date	Doctor	Departed from:	Arrived at:	Mileage	Costs
__/__/__	_____	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	_____	\$ _____

**If you need help, call 1-800-332-2667 to speak with an Ombudsman.**

**ALL CHECK STUBS FOR MILEAGE PAYMENTS ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.**











# Record of Indemnity Benefits

This form is to help you keep a record of all your indemnity benefit payments. After 14 days of being out of work, you are entitled to benefit payment for the first 7 days you were not at work.

Date of Check	Check #	Date of Benefit from	Date of Benefit to	Amount
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____
__/__/__	_____	_____	_____	\$ _____

**If you need help, call 1-800-332-2667 to speak with an Ombudsman.**

**ALL CHECK STUBS ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.**

# Temporary Total Disability Calculator

(Use this form to calculate your temporary total disability benefit)

As previously discussed in this handbook, if your authorized treating physician tells you that you cannot work because of the work injury, you may be entitled to a temporary total disability benefit or TTD.

Before you can calculate your temporary total disability benefit you will need a wage statement to calculate your compensation rate.

1. State Form C-41 Wage Statement. If your employer or insurance representative will not provide a copy of this form contact your ombudsman.
2. You can complete a blank copy of this form on your own by filling in your gross wages from your paycheck checks. You will only use the 52 weeks prior to your injury.
3. If you have been employed by your employer for less than 52 weeks, then only use the weeks you were employed prior to the injury.
4. If you only worked a very short period of time, to where it is not practicable for you to use your wages, you can use the wages of a co-worker who is a similar employee or another similar employee in your industry. (This is only used in rare circumstances and if this can be avoided, it will be.)

## Compensation Rate Calculation

1. Add together all of your wages earned on the wage statement.
2. Divide the total by the number of weeks on the wage statement.
3. Your total provides your average weekly wage or AWW.
4. Multiply the AWW by 0.6667.
5. This is your compensation rate or CR.

$$\frac{\text{Total Wages}}{\text{Weeks}} = \text{AWW} \quad \text{AWW} \times 0.6667 = \text{CR}$$

Your TTD benefit is equal to your compensation rate, unless your compensation rate is below the State mandated minimum benefit or above the State mandated maximum benefit. See the chart on page \_\_\_\_\_. In this event, your TTD benefit is the minimum benefit or maximum benefit.

\_\_\_\_\_ is my TTD benefit.

**If you have any questions about temporary total disability benefits, contact your ombudsman.**

**(Insert Max/Min TTD/ PPD Rate table here)**

# Temporary Partial Disability Calculator

(Use this form to calculate your temporary partial disability benefit)

Temporary Partial Disability (TPD) benefits may be owed under either of the following scenarios:

1. Your authorized treating physician assigned you light duty work restrictions and your employer is unwilling or unable to provide you work within those restrictions. In the scenario, your temporary partial disability is equal to the temporary total disability benefits.
2. Your authorized treating physician assigned you light duty work restrictions and your employer does have work within these restrictions, but you are making less money with restrictions than you were before you were injured as measured by your average weekly wage.

In this scenario, your temporary partial disability benefit is calculated by determining the difference between what you are able to earn in your partially disability condition and your average weekly wage. The benefit is 2/3rds of that difference and is calculated on a weekly basis or as close to a weekly basis as possible.

$$\frac{\text{AWW}}{\text{AWW}} - \frac{\text{current earnings}}{\text{current earnings}} = \frac{\text{Difference}}{\text{Difference}}$$

$$\frac{\text{Difference}}{\text{Difference}} \times 0.6667 = \frac{\text{TPD Benefit}}{\text{TPD Benefit}}$$

**There are certain scenarios where you may feel that you are entitled to a benefit, but because of laws and court rulings, you may not be. If you have any questions about temporary partial disability benefits, contact your ombudsman.**

# Permanent Partial Disability Calculator

This form is to help you understand permanent partial disability benefits, what benefits you are eligible for, and how to calculate that benefit.

**When you reach MMI and your physician opines you retain a permanent anatomical impairment, you may be entitled to a permanent partial disability benefit.**

For injuries after July 1, 2014, there are two types of permanent partial disability benefits:

1. Initial permanent partial disability benefit
2. Additional permanent partial disability benefit

## **Initial Permanent Partial Disability Benefit**

The Initial permanent partial disability benefit applies to all cases of permanent anatomical impairment. To calculate your standard benefit, multiply the following:

Impairment Rating assigned by the Doctor x 450 = Initial Benefit Period

Initial Benefit Period x Compensation Rate = Initial Permanent Partial Disability Benefit

## **Additional Permanent Partial Disability Benefit**

An injured employee may be entitled to the additional permanent partial disability benefit if at the end of the number of weeks beyond MMI represented by the Initial Benefit Period, the employee has not returned to work with any employer or has returned to work and is receiving wages or a salary that is less than one hundred percent (100%) of the wages or salary the employee received from his pre-injury employer on the date of injury,

The additional permanent partial disability benefit is calculated by multiplying the standard permanent partial disability benefit by 1.35 and, if applicable, by the following factors:

(1) Education: One and forty-five one hundredths (1.45), if the employee lacks a high school diploma or general equivalency diploma;

(2) Age: One and two tenths (1.2), if the employee was more than forty (40) years of age at the time the period of compensation ends; and

(3) Unemployment rate: One and three tenths (1.3), if the unemployment rate, in the Tennessee county where the employee was employed by the employer on the date of the workers' compensation injury, was at least two (2) percentage points greater than the yearly average unemployment rate in Tennessee according to the yearly average unemployment rate compiled by the department for the year immediately prior to the expiration of the period of compensation.

**Additional Permanent Partial Disability Benefit** = Initial permanent partial disability benefit x 1.35 x 1.45(if applicable) x 1.2(if applicable) x 1.3(if applicable) – any initial permanent partial disability received previously.

## **Social Security Disability**

If you are receiving Social Security Disability or Social Security Supplemental Income, your benefits from these Federal programs may be reduced by your receipt of Permanent Disability Benefits. For more information contact the Social Security Administration or your ombudsman.



\_\_\_\_If No, you may not be eligible for the Additional Permanent Partial Disability Benefit. \*There are circumstances when this may not be true for everyone.

**Step 2 - Multiply the Initial Permanent Partial Disability Benefit by 1.35**

$$\underline{\hspace{2cm}} \text{ x } 1.35 = \underline{\hspace{2cm}} \text{ (A)}$$

Initial Permanent Partial Disability Benefit

**Step 3 - Multiply (A) by:**

1.45 if you do not have GED or High School Diploma or  
1.00 if you do have a GED or High School Diploma

$$\underline{\hspace{2cm}} \text{ (A) x } 1.45 \text{ or } 1.00 = \underline{\hspace{2cm}} \text{ (B)}$$

**Step 4 – Multiply (B) by:**

1.20 if you were 40 years or older on the last day of the Initial Benefit Period or  
1.00 if you were less than 40 year old on the last day of the Initial Benefit Period.

$$\underline{\hspace{2cm}} \text{ (B) x } 1.20 \text{ or } 1.00 = \underline{\hspace{2cm}} \text{ (C)}$$

**Step 5 – Multiply (C) by:**

1.3 If the county you live in has an unemployment rate that is 2 or more points higher than average yearly unemployment rate for the State of Tennessee or

1.0 If the county you live in has an unemployment rate that is less than 2 points higher than average yearly unemployment rate for the State of Tennessee.

$$\underline{\hspace{2cm}} \text{ (C) x } 1.3 \text{ or } 1.0 = \underline{\hspace{2cm}} \text{ (D) = } \underline{\hspace{2cm}} \text{ (E)}$$

**Step 6 – Subtract the Initial Permanent Partial Disability Benefit, if you have already received it.**

$$\underline{\hspace{2cm}} \text{ (E) - } \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

Initial Permanent Partial Disability Benefit      Additional Permanent Partial Disability Benefit

If you have not already received the Initial Permanent Partial Disability Benefit, then \_\_\_\_\_(E) is your permanent partial disability benefit.

**If you need help, call 1-800-332-2667 to speak with an Ombudsman.**

# Do I Qualify for Additional Permanent Partial Disability Benefits

## How

You may file a claim for Increase Permanent Partial Disability Benefits by filing a Petition for Benefit Determination with the Tennessee Division of Workers' Compensation within 1 year of the Standard Benefit Period. A Petition for Benefit Determination is included in this workbook. (See forms)

## When

The law permits the parties to settle the issue of additional benefits at any time after the employee reaches maximum medical improvement. Any settlement or award of additional permanent partial disability benefits pursuant to this subdivision shall give the employer credit for prior permanent partial disability benefits paid to the employee for the subject injury.

If you wait more than 1 year after your Initial Benefit Period to file a Petition for Benefit Determination, you will lose your right to an Additional Permanent Partial Disability Benefit.

## Why Am I Not Eligible for the Additional Permanent Partial Disability Benefit?

You are not eligible when:

1. You are employed with any employer at the end of your Standard Benefit Period at a wage or salary equal to or greater than 100% of your wage or salary on your date of injury.
2. You voluntarily resigned from your job or retire, unless your work related disability caused you to resign or retire.
3. Your loss of employment was due to your misconduct connected with your employment.
4. You remain employed but receive a reduction in salary, wages, or hours, and at least fifty percent (50%) of all hourly employees operating at your same workplace have the same reduction.
5. You are not authorized or eligible for employment within the United States under Federal Immigration Laws.

# Permanent Total Disability Calculator

This form is to help you understand permanent total disability benefits, what benefits you are eligible for, and how to calculate that benefit.

A person unable to return to any job in the open market because they retain a permanent disability from a work-related injury may be entitled to Permanent Total Disability (PTD) benefits under the Workers' Compensation Law. This benefit pays you your compensation rate until you become eligible for full old age retirement benefits under the social security law or death, whichever occurs first. If you receive PTD benefits, this amount will be paid out over time, the law prohibits commuting the payments to a lump sum.

To determine the total value of a Permanent Total Disability Benefit you will need to the following information.

1. \_\_\_\_\_ Your Normal Retirement Age, NRA, as defined by the Social Security Administration. To determine your normal retirement age, go to: <http://www.ssa.gov/retire2/agereduction.htm>
2. \_\_\_\_\_ Your date of birth.
3. \_\_\_\_\_ Your MMI Date.
4. \_\_\_\_\_ Your Compensation Rate
5. \_\_\_\_\_ If you are currently on Social Security Old Age, your monthly benefit.

## Step 1 – Determine your compensation rate

My compensation rate is \_\_\_\_\_.

If you are currently receiving Social Security Old Age Benefits based upon your lifetime earnings and not someone else's, then your compensation rate is reduced by your Social Security Benefit.

To determine the extent of your compensation rate reduction, use the following formula:

$$\frac{\text{_____}}{\text{Monthly Benefit}} \times 12 = \frac{\text{_____}}{\text{yearly benefit}} \quad \frac{\text{_____}}{\text{yearly benefit}} \div 52 = \frac{\text{_____}}{\text{weekly benefit}}$$

$$\frac{\text{_____}}{\text{Weekly benefit}} \div 2 = \frac{\text{_____}}{\text{amount of compensation reduction}}$$

$$\frac{\text{_____}}{\text{Compensation rate}} - \frac{\text{_____}}{\text{amount of reduction}} = \frac{\text{_____}}{\text{reduced compensation rate}}$$

## Step 2 – Determine the number of years between your date of injury and your normal retirement age.

$$\frac{\text{_____}}{\text{Normal Retirement Age}} + \frac{\text{_____}}{\text{Date of Birth}} = \frac{\text{_____}}{\text{Date you are eligible for full Social Security Old Age Benefit}}$$

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Date eligible for full Social Security Old Age Benefit    Date of Injury    # of years between DOI  
 and NRA

-If your number of years between DOI and NRA is greater than 5, go to Step 3.  
 -If your number of years between DOI and NRA is less than 5, the law entitles you weekly payments until either: 260 weeks have passed after MMI or upon your death, whichever occurs first.

\_\_\_\_\_ x 260 = \_\_\_\_\_  
 Compensation Rate                      Total Value of PTD \* See Disclaimer on Page 51  
 or Reduced Compensation Rate  
 if applicable

**The rest of this form only applies to claims where the number of years between the date of injury and the date you are eligible for full Social Security Old Age Benefit is greater than 5 years.**

**Step 3 – Determine the number of years between your MMI date and the date you are eligible for the full social security old age benefit**

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ yrs \_\_\_\_\_ months \_\_\_\_\_ days  
 Date eligible for full Social Security Old Age    Benefit    MMI Date                      Eligible PTD Period

**Step 4 – Determine the number of weeks represented by the Eligible PTD Period.**

A. This is not a simple calculation and must utilize a calendar as some years and months have a different number of days.

For Example:

5/16/2019 - 1/3/2014 = 5 yrs 4 months 13 days  
 Date eligible for full Social Security Old Age Benefit    MMI Date                      Eligible PTD Period

These 5 years include a leap year (2016) 365 days per year x 5 years + 1 day = 1,826 days

These 4 months include Jan (31 days) Feb (28 days) Mar (31 days) Apr (30 days) = 120 days

B. Determine the sum of all days 1826 + 120 + 13 = 1,959 days

C. Divide the number of days 1959 by 7 = 279.86 weeks

**Use this section for your calculation**

$$\frac{\text{Date eligible for full Social Security Old Age Benefit}}{\text{MMI Date}} - \frac{\text{MMI Date}}{\text{Eligible PTD Period}} = \text{___ yrs ___ months ___ days}$$

These \_\_\_ years include \_\_\_ leap years

$$365 \text{ days per year} \times \text{___ years} + \text{___ leap days} = \text{___ days}$$

These \_\_\_ months include:

\_\_\_ (\_\_\_ days),  
 \_\_\_ (\_\_\_ days), \_\_\_ (\_\_\_ days), \_\_\_ (\_\_\_ days), \_\_\_ (\_\_\_ days), \_\_\_ (\_\_\_ days), = \_\_\_\_\_ days

A. Determine the sum of all days \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ days

B. Divide the number of days \_\_\_\_\_ by 7 = \_\_\_\_\_ weeks

**The total future value of your PTD benefit is:**

$$\frac{\text{Compensation rate}}{\text{Weeks}} \times \text{_____} = \text{_____ Total PTD Benefit *See disclaimer below.}$$

**Disclaimer:**

This is a representation of the total value of the PTD payments you will receive for the subject injury. You will not receive a single lump payment in this amount.

The law provides for a lump sum payment of PTD benefits of 100 weeks for the payment of litigation expenses and to pay pre-injury obligations in arrears.

After the payment of the lump sum, your compensation rate will be reduced to distribute the lump sum value over the life of your PTD award.

$$\frac{\text{Total PTD}}{\text{Value of 100 weeks}} - \frac{\text{Value of 100 weeks}}{\text{Value of 100 weeks}} = \text{Net PPD}$$

$$\frac{\text{Net PPD}}{\text{Weeks of benefits}} \div \frac{\text{Value of 100 weeks}}{\text{Value of 100 weeks}} = \text{Weekly payment after Lump Sum}$$

If you are receiving Social Security Disability or Social Security Supplemental Income, your benefits from these Federal programs may be reduced by your receipt of Permanent Disability Benefits. For more information, contact the Social Security Administration or your ombudsman.

# TENNESSEE DIVISION OF WORKERS' COMPENSATION FORMS

A complete list of forms may be found at  
<http://www.tn.gov/labor-wfd/mainforms.shtml>

## Frequently Used Forms - Attached

Petition for Benefit Determination .....	Page 58
Dispute Certification Notice .....	Page 61
Request for Expedited Hearing .....	Page 64
Request for Initial Hearing .....	Page 66
Compensation Hearing Notice of Appeal .....	Page 68
Expedited Hearing Notice of Appeal .....	Page 70
Medical Record Certification .....	Page 72



Filed Date Stamp Here

PETITION FOR BENEFIT DETERMINATION

Tennessee Division of Workers' Compensation
www.tn.gov/labor-wfd/wcomp.shtml
wc.courtclerk@tn.gov
1-800-332-2667

Docket #:
StateFile#/YR:
RFA #:
Date of Injury:
SSN:

PLEASE COMPLETE ALL INFORMATION FOR INJURIES ON OR AFTER JULY 1, 2014:
(FORM MUST BE TYPED)

THIS PETITION IS FOR: (PLEASE CHECK ALL THAT APPLY)

- Temporary disability benefits
Medical benefits for current injury
Medical benefits under prior order
Discovery
Permanent Disability Benefits
Mediation for increased benefits
Approval of a settlement
Death Benefits Dependent Children? Yes No

Brief Explanation of any Disputed Issues:

Employee Name
Address
City State Zip Code
County of Residence
Date of Injury
Date of Birth Social Security No.
Phone No. Fax No.
Email Address

Employer Name
Address
City State Zip Code
Employer County
Phone No. Fax No.
Email Address
Contact Person
Contact Person's Email Address

Employee's Attorney
BPR Number
Address
City State Zip Code
Phone No. Fax No.
Email Address
Contact Person
Contact Person's Email Address

Employer's Attorney
BPR Number
Address
City State Zip Code
Phone No. Fax No.
Email Address
Contact Person
Contact Person's Email Address

Insurance Carrier
Third Party Administrator
Address
City State Zip Code
Primary Adjuster for Claim
Phone Number Fax Number
Email Address
Claim Number

DESCRIPTION OF INJURY

Employee's Job/Occupation on Date of Injury/Illness

Name of Body Parts Injured or Description of Occupational Disease:

Where did the Injury/ Illness Occur:

County State

Brief Description of How Injury/Illness Occurred:

The Petitioner, alleges that a dispute among the parties exists in this case and requests that the matter be set for mediation.

**MEDICAL CARE**

Has the Employee Been Provided a Panel of Physicians?  Yes  No If yes, Name Physician Selected \_\_\_\_\_  
Has the Employee Been Issued a Permanent Impairment Rating?  Yes  No  
If so, please provide the Maximum Medical Improvement (MMI) date, the Impairment Rating and a copy of the Final Medical Report (Form C-30A), if available \_\_\_\_\_  
Name all doctors seen for this injury: \_\_\_\_\_  
Brief Description of Medical Care Provided: \_\_\_\_\_

**DATE SELECTIONS FOR EMPLOYEE'S AT MMI ONLY**

The Parties have discussed possible dates for conducting the mediation and all parties have agreed upon the three dates and times listed below.

\_\_\_\_\_ Time zones provided are \_\_\_\_\_ Central \_\_\_\_\_ Eastern \_\_\_\_\_

**FOR SETTLEMENT APPROVALS ONLY, PLEASE CALL THE LOCAL OFFICE TO VERIFY AVAILABILITY.**

**WAGE AND TEMPORARY DISABILITY INFORMATION**

Number of Weeks (if any) requested for Temporary Disability Benefits \_\_\_\_\_  
Employee's Average Weekly Wage on Date of Injury: \$\_\_\_\_\_/per week  
Has the Employee Returned to Work?  Yes  No

**THE SECOND INJURY FUND (SIF):**

Is the Second Injury Fund (SIF) involved in this claim? Yes  No  Unknown   
If the SIF is already involved, please name the SIF attorney: \_\_\_\_\_  
*To preserve a claim against the SIF, you must fax a copy of this form to the SIF fax number 615-741-4169 or mail a copy to: Legal Services Director, Legal Section, 220 French Landing Drive, 3B, Nashville, TN 37243.*

**DOCUMENTATION OF CLAIM**

**TO SUPPORT THIS PETITION, I HAVE INCLUDED THE FOLLOWING:**

- If medical treatment has been denied, please provide a copy of the denial.
- ALL relevant medical records including office notes, test results, physical therapy notes and physician's letters.
- If you are requesting temporary disability benefits, please include a note from your physician removing you from or restricting your work duties.  
 If you are requesting payment of medical bills, please provide copies of itemized bills and the medical records related related to these bills.
- If payment of mileage is being requested, please provide dates and proof of medical visit as well as round trip mileage amount. *(Please provide a separate attachment with mileage amounts.)*
- Job Description of Employee, if available.
- Any additional information and/or documentation you would like the Mediator to review.

**STATEMENT**

I, the Petitioner or the Petitioner's representative, affirm that the information provided in this petition for benefit determination is true and accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature Date

**STATEMENT**

The undersigned certifies on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ a true and correct copy of the Petition for Benefit Determination has been forwarded via facsimile, email and/or U.S. Mail, first class postage prepaid to:

- Employee \_\_\_\_\_
- Employee's Attorney, \_\_\_\_\_
- Employer, \_\_\_\_\_
- Employer's Attorney, \_\_\_\_\_
- Carrier/Adjuster, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



**TENNESSEE DEPT OF LABOR & WORKFORCE DEVELOPMENT**  
**Division of Workers' Compensation**  
<http://www.tn.gov/labor-wfd/wcomp.html>  
Toll Free: 1-800-332-2667

**Please return the completed form to the office listed below that is closest to the home address of the Employee.**

**If you need help completing this form, please call the toll free number listed above.**

**CHATTANOOGA**

TDLWD/WORKERS' COMPENSATION DIVISION  
State Office Bldg, 600W  
540 McCallie Avenue  
Chattanooga, TN 37402-2066  
Phone: 423-634-6422  
Fax: 423-634-3115

**KINGSPORT**

TDLWD/WORKERS' COMPENSATION DIVISION  
1908 Bowater Drive  
Kingsport, TN 37660-4136  
Phone: 423-224-2057  
Fax: 423-224-2056

**KNOXVILLE**

TDLWD/WORKERS' COMPENSATION DIVISION  
520 Summit Hill, Suite 103  
Knoxville, TN 37902  
Phone: 865-594-5177  
Fax: 865-594-5172

**COOKEVILLE**

TDLWD/WORKERS' COMPENSATION DIVISION  
444 – A Neal Street  
Cookeville, TN 38501-4027  
Phone: 931-520-4290  
Fax: 931-520-4316

**MURFREESBORO**

TDLWD/WORKERS' COMPENSATION DIVISION  
845 Esther Lane  
Murfreesboro, TN 37129-5537  
Phone: 615-848-6743  
Fax: 615-217-9378

**NASHVILLE**

TDLWD/WORKERS' COMPENSATION DIVISION  
220 French Landing Dr.  
Nashville, TN 37243  
Phone: 615-741-1383  
Fax: 615-253-1223

**JACKSON**

TDLWD/WORKERS' COMPENSATION DIVISION  
225 Dr. Martin L. King Jr. Drive  
1<sup>st</sup> Floor, Suite 120, Box 26  
Jackson, TN 38301-6985  
Phone: 731-423-5646  
Fax: 731-265-7022

**MEMPHIS**

TDLWD/WORKERS' COMPENSATION DIVISION  
One Commerce Square  
40 South Main Street, Suite 500  
Memphis, TN 38103-1820  
Phone: 901-543-6077  
Fax: 901-543-6039



Filed Date Stamp Here

**DISPUTE CERTIFICATION NOTICE**

Tennessee Division of Workers' Compensation  
[www.tn.gov/labor-wfd/wcomp.shtml](http://www.tn.gov/labor-wfd/wcomp.shtml)  
wc.courtclerk@tn.gov  
1-800-332-2667

Docket #: \_\_\_\_\_  
State File #/YR: \_\_\_\_\_  
RFA #: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
SSN: \_\_\_\_\_

This **DISPUTE CERTIFICATION NOTICE** is being issued due to an unresolved:

- Mediation regarding temporary disability and/or medical benefits
- Pre-discovery mediation proceeding regarding permanent disability benefits
- Post-discovery mediation proceeding regarding permanent disability benefits

Employee Name: \_\_\_\_\_  
Employer and Carrier Name: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
Body Part Injured: \_\_\_\_\_

**WAGE INFORMATION**

The employer has filed a completed wage statement      Yes      No

At the time of injury, the employee's Compensation Rate was \$ \_\_\_\_\_/per week based on an average weekly wage of \$ \_\_\_\_\_ per week.

**MEDICAL RECORDS**

The parties:

- |  |  |
|--|--|
| Have exchanged medical records   | Have not exchanged medical records       |
| Have exchanged medical records and agreed to their admissibility in future hearings. | There are no medical records to exchange |

**DISPUTED ISSUES**

Issues in dispute (check all that apply):

- |                               |                                      |
|-------------------------------|--------------------------------------|
| Medical Benefits              | Employee's Average Weekly Wage       |
| Temporary Disability Benefits | Other (please use additional sheets) |
| Compensability                | Number of sheets? _____              |

**DEFENSES**

List all defenses asserted by Employer (please specify and use additional sheets if necessary or designate on the attached Dispute Certification Checklist):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional sheets detailing defenses is attached.      Number of sheets? \_\_\_\_\_

PRINTED NAME OF MEDIATOR: \_\_\_\_\_

MEDIATOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DISPUTE CERTIFICATION CHECKLIST**

- Whether Tennessee has jurisdiction over Employee's claim for workers' compensation benefits.
- Whether Employer is exempt by law from the obligation to provide workers' compensation benefits to Employee.
- Whether Employee sustained an injury that arose primarily out of and in the course and scope of employment with Employer.
  - Whether Employee's injury was idiopathic in nature.
  - Whether Employee suffered from a pre-existing condition that was aggravated by a work-related injury.
- Whether Employee sustained an injury in the course of employment with Employer
  - Whether Employee was injured while engaged in a significant deviation from his work duties.
  - Whether the alleged Employee would be deemed an independent contractor, casual employee or volunteer at the time of the alleged injury, and therefore, not entitled to workers' compensation benefits.
- What is the date of the alleged work-related injury.
- Which Employer/Carrier was obligated to provide benefits to Employee at the time of the work-related injury.
- Whether Employee provided adequate notice to Employer of an alleged injury during employment with Employer.
- Whether Employer is obligated to provide a panel of physicians upon notice from Employee of an alleged injury.
- Whether the panel of physicians provided by Employer was in compliance with the law.
- Whether Employee is entitled to another panel of physicians in compliance with the law.
- Whether Employer is obligated to pay for any past medical expenses and/or mileage expense.
- Whether Employee is entitled to additional medical care as recommended by a physician.
- Whether Employee is entitled to an evaluation by another physician.
- Whether Employee is entitled to any past or future temporary total disability benefits, and if so, in what amount.
- Whether Employee is entitled to any past or future temporary partial disability benefits, and if so, in what amount.
- Whether Employee's compensation rate has been calculated correctly.
- Whether Employer has adequate grounds to deny Employee's claim based on the following affirmative defenses:
  - Statute of Limitations
  - Intentional Misrepresentation at the time of hire
  - Intoxication
  - Voluntary participation in non-work activity
  - Willful Misconduct
- Whether Employer is obligated to pay for any additional medical care pursuant to the terms of a settlement agreement or judgment.
- Whether requesting party is entitled to responses to submitted interrogatories, and if so, to what extent.
- Whether Employer is entitled to take the deposition of Employee.
- Whether requesting party is entitled to authorizations and/or subpoenas for medical records, and if so, to what extent.
- Whether requesting party is entitled to take the depositions of fact witnesses, and if so, to what extent.
- Whether requesting party is entitled to take medical depositions, and if so, to what extent.
- Whether requesting party is entitled to an independent medical or vocational evaluation.
- Whether requesting party is entitled to employment records, and if so, to what extent.
- Whether requesting party is entitled to authorizations and/or subpoenas for the records of previous employers.
- Whether non-requesting party is entitled to a protective order limiting the scope and use of the discovery

Mediator: \_\_\_\_\_ Date: \_\_\_\_\_

**INCLUSION OF ADDITIONAL ISSUES**

- None of the parties submitted a list of additional issues for inclusion in this dispute certification notice after a copy of the notice was provided to the parties.
- A party submitted a list of additional issues for inclusion in this dispute certification notice after a copy of the notice was provided to the parties (if this box is checked a copy of the list(s) must be attached to this document. Also, the following information must be provided for each party that submitted a list of additional issues).

Identity of party submitting list of additional issues:

Name of Party: \_\_\_\_\_

Date List Received by Mediator: \_\_\_\_\_

Number of Pages Submitted: \_\_\_\_\_

Identity of party submitting list of additional issues:

Name of Party: \_\_\_\_\_

Date List Received by Mediator: \_\_\_\_\_

Number of Pages Submitted: \_\_\_\_\_

Identity of party submitting list of additional issues:

Name of Party: \_\_\_\_\_

Date List Received by Mediator: \_\_\_\_\_

Number of Pages Submitted: \_\_\_\_\_

**CERTIFICATION BY MEDIATOR**

By the inclusion of my signature below, I, the mediator in this matter, hereby affirm that the contents of this dispute certification notice is complete and accurate to the best of my knowledge, information and belief, and that this dispute certification notice contains \_\_\_\_\_ pages which includes the following:

Petition for Benefit Determination

Wage Statement

Medical Records

List(s) of Additional Issues

List(s) of Defenses Raised

Other Additional Documents (if selected please attach a list of additional documents)

And further certify that a true and correct copy of this dispute certification notice with the above checked attachments was filed with the clerk and a true and correct copy of this three (3) page notice only was forwarded to the parties on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PRINTED NAME OF MEDIATOR: \_\_\_\_\_

MEDIATOR SIGNATURE \_\_\_\_\_

MEDIATOR'S ADDRESS \_\_\_\_\_

MEDIATOR'S PHONE/EMAIL \_\_\_\_\_



Filed Date Stamp Here

**REQUEST FOR EXPEDITED HEARING**

Tennessee Division of Workers' Compensation  
Court of Workers' Compensation Claims  
[www.tn.gov/labor-wfd/wcomp.shtml](http://www.tn.gov/labor-wfd/wcomp.shtml)  
wc.courtclerk@tn.gov  
1-800-332-2667

Docket #: \_\_\_\_\_  
State File #/YR: \_\_\_\_\_  
RFA #: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
SSN: \_\_\_\_\_

**REQUEST FOR EXPEDITED HEARING**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Employer and Carrier

Pursuant to Rule 0800-02-21.14, the undersigned party or representative hereby requests an Expedited Hearing regarding temporary disability and/or medical benefits and asks that the following occur (choose one):

- The assigned judge issue a ruling based on a review of the file without an evidentiary hearing.
  - The assigned judge convene an evidentiary hearing to consider the request so that testimony/evidence may be presented. (If selected, please provide reason(s) why you believe an evidentiary hearing is necessary.)
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is requested that the evidentiary hearing be conducted:  By telephone  In person

**If an evidentiary hearing is requested, please provide four (4) different agreed upon dates and specific times the parties are available to participate in a judicial conference within thirty (30) days from the date this notice is filed with the clerk.**

\_\_\_\_\_  
1st Date & Time    2nd Date & Time    3rd Date & Time    4th Date & Time

Time zones provided are  Central Time  Eastern Time

Pursuant to Division Rule 0800-02-21-.14 Requests for Expedited Hearing must be accompanied by affidavits and any other evidence demonstrating the employee is entitled to temporary disability or medical benefits. PLEASE NOTE: The hearings will be conducted in accordance with the Tennessee Rules of Evidence and Rules of Civil Procedure [T.C.A. 50-6-239 (c)(1)].

**IDENTIFY WITNESSES**

List any witnesses you may call to testify at the hearing in this matter and state whether the witnesses will appear:

_____	<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit
_____	<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit
_____	<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit
_____	<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit

Employee Name: \_\_\_\_\_ SF#: \_\_\_\_\_ DOI: \_\_\_\_\_

**CERTIFICATION OF SERVICE**

The undersigned certifies on this \_\_\_ day of \_\_\_\_\_, 20\_\_ a true and correct copy of the Request for Expedited Hearing has been forwarded via facsimile, email and/or U.S. Mail, first class postage prepaid to:

- Mediator, \_\_\_\_\_
- Employee, \_\_\_\_\_
- Employee's Attorney, \_\_\_\_\_
- Employer, \_\_\_\_\_
- Employer's Attorney, \_\_\_\_\_
- Carrier/Adjuster, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**Please file with your assigned mediator**



**TENNESSEE DEPT OF LABOR & WORKFORCE DEVELOPMENT**  
**Division of Workers' Compensation**  
<http://www.tn.gov/labor-wfd/wcomp.html>  
Toll Free: 1-800-332-2667

**Please file the completed form with your assigned mediator.**

**CHATTANOOGA**

TDLWD/WORKERS' COMPENSATION DIVISION  
State Office Bldg, 600W  
540 McCallie Avenue  
Chattanooga, TN 37402-2066  
Phone: 423-634-6422  
Fax: 423-634-3115

**KNOXVILLE**

TDLWD/WORKERS' COMPENSATION DIVISION  
520 Summit Hill, Suite 103  
Knoxville, TN 37902  
Phone: 865-594-5177  
Fax: 865-594-5172

**MURFREESBORO**

TDLWD/WORKERS' COMPENSATION DIVISION  
845 Esther Lane  
Murfreesboro, TN 37129-5537  
Phone: 615-848-6743  
Fax: 615-217-9378

**JACKSON**

TDLWD/WORKERS' COMPENSATION DIVISION  
225 Dr. Martin L. King Jr. Drive  
1<sup>st</sup> Floor, Suite 120, Box 26  
Jackson, TN 38301-6985  
Phone: 731-423-5646  
Fax: 731-265-7022

**KINGSPORT**

TDLWD/WORKERS' COMPENSATION DIVISION  
1908 Bowater Drive  
Kingsport, TN 37660-4136  
Phone: 423-224-2057  
Fax: 423-224-2056

**COOKEVILLE**

TDLWD/WORKERS' COMPENSATION DIVISION  
444 – A Neal Street  
Cookeville, TN 38501-4027  
Phone: 931-520-4290  
Fax: 931-520-4316

**NASHVILLE**

TDLWD/WORKERS' COMPENSATION DIVISION  
220 French Landing Dr.  
Nashville, TN 37243  
Phone: 615-741-1383  
Fax: 615-253-1223

**MEMPHIS**

TDLWD/WORKERS' COMPENSATION DIVISION  
One Commerce Square  
40 South Main Street, Suite 500  
Memphis, TN 38103-1820  
Phone: 901-543-6077  
Fax: 901-543-6039



File Date Stamp Here

**REQUEST FOR INITIAL HEARING**

Tennessee Division of Workers' Compensation  
220 French Landing Drive, 1st Floor  
Nashville, TN 37243-1002  
Facsimile: 615-253-2480

[www.tn.gov/labor-wfd/wcomp.shtml](http://www.tn.gov/labor-wfd/wcomp.shtml)  
Email: [wc.courtclerk@tn.gov](mailto:wc.courtclerk@tn.gov)  
1-800-332-2667

Docket #: \_\_\_\_\_

State File #/YR \_\_\_\_\_/\_\_\_\_\_

RFA #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

SSN: \_\_\_\_\_

**REQUEST FOR INITIAL HEARING**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Employer and Carrier

Pursuant to Rule 0800-02-21.13, the undersigned party or representative hereby requests an Initial Hearing for the purpose of developing a discovery plan and a scheduling order.

**Please provide four (4) different agreed upon dates and specific times the parties are available to participate in a judicial conference between fifteen (15) and forty-five (45) days from the date this notice is filed with the clerk.**

\_\_\_\_\_  
1st Date & Time

\_\_\_\_\_  
2nd Date & Time

\_\_\_\_\_  
3rd Date & Time

\_\_\_\_\_  
4th Date & Time

Time zones provided are  Central Time  Eastern Time

**CERTIFICATION OF SERVICE**

The undersigned certifies on this \_\_\_ day of \_\_\_\_\_, 2\_\_\_ a true and correct copy of the Request for Initial Hearing has been forwarded via facsimile, email and/or U.S. Mail, first class postage prepaid to:

- Employee \_\_\_\_\_
- Employee's Attorney, \_\_\_\_\_
- Employer, \_\_\_\_\_
- Employer's Attorney, \_\_\_\_\_
- Carrier/Adjuster, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



Filed Date Stamp Here

**COMPENSATION HEARING NOTICE OF APPEAL**

Tennessee Division of Workers' Compensation  
220 French Landing Drive, 1st Floor  
Nashville, TN 37243-1002  
Facsimile: 615-253-2480

[www.tn.gov/labor-wfd/wcomp.shtml](http://www.tn.gov/labor-wfd/wcomp.shtml)  
Email: [wc.courtclerk@tn.gov](mailto:wc.courtclerk@tn.gov)  
1-800-332-2667

Docket #: \_\_\_\_\_

State File #/YR: \_\_\_\_\_ / \_\_\_\_\_

RFA #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Employer and Carrier**

**Notice**

Notice is given that \_\_\_\_\_  
[List name(s) of all appealing party(ies) on separate sheet if necessary]

appeals the order(s) of the Court of Workers' Compensation Claims at \_\_\_\_\_

\_\_\_\_\_ to the Workers' Compensation Appeals Board.  
[List the date(s) the order(s) was filed in the court clerk's office]

**Judge** \_\_\_\_\_

**List of Parties**

**Appellant (Requesting Party):** \_\_\_\_\_ At Hearing:  Employer  Employee

Address: \_\_\_\_\_

Party's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ BPR#: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's City, State & Zip code: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

**\* Attach an additional sheet for each additional Appellant \***

Employee Name: \_\_\_\_\_ SF#: \_\_\_\_\_ DOI: \_\_\_\_\_

**Appellee(s)**

**Appellee (Opposing Party):** \_\_\_\_\_ At Hearing:  Employer  Employee

Appellee's Address: \_\_\_\_\_

Appellee's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ BPR#: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's City, State & Zip code: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

***\* Attach an additional sheet for each additional Appellee \****

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, certify that I have forwarded a true and exact copy of this Compensation Hearing Notice of Appeal by First Class, United States Mail, postage prepaid, to all parties and/or their attorneys in this case in accordance with Rule 0800-02-22.01(2) of the Tennessee Rules of Board of Workers' Compensation Appeals on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Signature of appellant or attorney for appellant] \_\_\_\_\_

Attention: This form should only be used when filing an appeal to the Workers' Compensation Appeals Board. If you wish to appeal a case to the Tennessee Supreme Court, please utilize the form provided by the Court which can be found on their website at the following address:  
[http://www.tncourts.gov/sites/default/files/docs/notice\\_of\\_appeal\\_-\\_civil\\_or\\_criminal.pdf](http://www.tncourts.gov/sites/default/files/docs/notice_of_appeal_-_civil_or_criminal.pdf)



Filed Date Stamp Here

**EXPEDITED HEARING NOTICE OF APPEAL**

Tennessee Division of Workers' Compensation  
220 French Landing Drive, 1st Floor  
Nashville, TN 37243-1002  
Facsimile: 615-253-2480

[www.tn.gov/labor-wfd/wcomp.shtml](http://www.tn.gov/labor-wfd/wcomp.shtml)  
Email: [wc.courtclerk@tn.gov](mailto:wc.courtclerk@tn.gov)  
1-800-332-2667

Docket #: \_\_\_\_\_

State File #/YR: \_\_\_\_\_ / \_\_\_\_\_

RFA #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Employer and Carrier**

**Notice**

Notice is given that \_\_\_\_\_  
[List name(s) of all appealing party(ies) on separate sheet if necessary]

appeals the order(s) of the Court of Workers' Compensation Claims at \_\_\_\_\_

\_\_\_\_\_ to the Workers' Compensation Appeals Board.  
[List the date(s) the order(s) was filed in the court clerk's office]

**Additional Information**

**Type of Case** [Check the most appropriate item]

- Temporary disability benefits
- Medical benefits for current injury
- Medical benefits under prior order issued by the Court

**Judge** \_\_\_\_\_

**List of Parties**

**Appellant (Requesting Party):** \_\_\_\_\_ At Hearing:  Employer  Employee

Address: \_\_\_\_\_

Party's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ BPR#: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's City, State & Zip code: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

**\* Attach an additional sheet for each additional Appellant \***

Employee Name: \_\_\_\_\_ SF#: \_\_\_\_\_ DOI: \_\_\_\_\_

**Appellee(s)**

**Appellee (Opposing Party):** \_\_\_\_\_ At Hearing:  Employer  Employee

Appellee's Address: \_\_\_\_\_

Appellee's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ BPR#: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's City, State & Zip code: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

***\* Attach an additional sheet for each additional Appellee \****

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, certify that I have forwarded a true and exact copy of this Expedited Hearing Notice of Appeal by First Class, United States Mail, postage prepaid, to all parties and/or their attorneys in this case in accordance with Rule 0800-02-22.01(2) of the Tennessee Rules of Board of Workers' Compensation Appeals on this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

[Signature of appellant or attorney for appellant] \_\_\_\_\_



Filed Date Stamp Here

**MEDICAL RECORD CERTIFICATION**

Tennessee Division of Workers' Compensation  
[www.state.tn.us/labor-wfd/wcomp.shtml](http://www.state.tn.us/labor-wfd/wcomp.shtml)  
wc.courtclerk@tn.gov  
1-800-332-2667

Docket #: \_\_\_\_\_

State File #/YR: \_\_\_\_\_ / \_\_\_\_\_

RFA #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

SSN: \_\_\_\_\_

**MEDICAL RECORD CERTIFICATION**

\_\_\_\_\_

Employee

v.

\_\_\_\_\_

Employer

Pursuant to Rule 0800-02-21.16(6)(b), the undersigned

- medical provider
- custodian of the records

certifies that the attached medical records of \_\_\_\_\_ are true and accurate. (name of medical provider)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name