



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

勞工索賠表（勞工補償署表格 1）和潛在合格通知

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.

如果您在工作時遭受了身體或是精神上的傷害或患上了疾病（這包括因職場犯罪所造成的傷病），那麼您有權申請勞工賠償。使用隨附的表格向您的僱主提出勞工索賠。**您應該閱讀以下全部資訊。**保存此表以及其他所有與您的記錄有關的檔。根據索賠性質的不同您可能有資格獲得列出的某些或全部賠償金。如果您提出了索賠，那麼負責處理此索賠事項的索賠管理人必須於 14 天內就您的索賠請求是否已被接受或是否需要進一步調查告知您。

要提出索賠申請，您需要填寫表格中“員工”部分的內容，並保存一份影本，然後將表格中的剩餘部分留給您的僱主填寫。您必須立即進行這項工作，以免索賠出現問題。在某些情況下，只有在您提交一份索賠申請表，並將自己的受傷情況告知僱主後，勞工賠償給付才會開始。請完整描述您所受的傷害，包括這些傷害對您身體各部分造成的影響。您需要使用一類郵件或掛號郵件將此表郵寄給您的僱主。如果購買了郵件回執單，那麼您將能夠證明自己已經將索賠表格郵寄出去並且告訴對方什麼時候可以收到。您的僱主必須在您提交索賠申請表後的一個工作日內完成表中關於“僱主”部分的資訊內容並交給您一份注有日期的影本，僱主本人應保存另一份影本，最後再將第三份影本郵寄給您的索賠管理人。

醫療護理：您的索賠管理人將會為您支付所有必要且合理的因工傷病醫療護理費。醫療費用的給付需要審批，這些費用中可包括醫生的診療、醫療服務、臨床物理治療、實驗室檢查、X 光片、藥物治療、設備治療和轉診費用。由於您的索賠管理人將直接支付已批准實施的醫療服務的費用，因此您應該無需花一分錢。按摩療法、臨床物理治療以及進行的其他作業療法的費用都有一定的限額。

主治醫生 (PTP) 是指對勞工所受傷害或所得疾病的治療負有全部責任的醫生。

- 如果之前指定了私人醫生或醫療小組，那麼您可以在受傷後向您的私人醫生或醫療小組尋求治療。
- 如果您的僱主使用了醫療提供者網路 (MPN) 或醫療保健機構 (HCO)，那麼在大多數情況下，除非您已經預先指定了私人醫生或醫療小組，否則您將會得到來自該醫療提供者網路或醫療保健機構的治療。醫療提供者網路是為受工傷的勞工提供治療的醫療服務人員團體。如果您的治療由一個醫療保健機構或醫療提供者網路負責，那麼您會收到來自僱主的資訊，主動聯繫僱主可以瞭解更多與該機構或網路相關的治療資訊。
- 如果您的僱主沒有使用醫療提供者網路或醫療保健機構，那麼在大多數情況下，除非您預先指定了私人醫生或醫療小組，否則索賠管理人可以為您選擇主治醫生。
- 如果僱主沒有發佈公告以說明您的工傷賠償權利，那麼您可以在受傷後立即向私人醫生尋求治療。

在您提交索賠申請表之後的一個工作日內，您的僱主或索賠管理人必須批准最多一萬美元用於治療您的工傷，具體金額與適用的治療指南保持一致，直到您的索賠申請被接受或拒絕。如果您的僱主或索賠管理人沒有立刻批准此項治療費用，您可與您的主管、其他管理人員或者索賠管理人溝通協商。在等待公司做出對您的賠償決定的同時，您可以立刻尋求批准治療費用。如果僱主或索賠管理人未批准治療費用，那麼您可以用自己的醫療保險接受醫療護理。您的醫療保險公司將會向索賠管理人尋求報銷。如果您沒有醫療保險，那麼在沒有即時支付的情況下也會有醫生、診所或醫院對您進行治療。

更換主治醫生：

- 如果您接受的是來自醫療提供者網路的治療，您可以在首次接受治療後從該網路中更換一位元醫生。

- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if your employer or the claims administrator has not created or selected an MPN.
- 如果您接受的是來自醫療保健機構的治療，那麼您至少有一次機會可以將主治醫生更換為該機構內的另一位醫生。在您將所受傷害上報給僱主後的 90 到 180 天之內（具體天數根據您的醫療費用是否由僱主提供的醫療保險來支付確定），您可以換一位不屬於該機構的醫生。
- 如果您接受的並非來自醫療提供者網路或醫療保健機構的治療，並且沒有預先指定醫生，那麼您在將受傷情況上報給僱主後的 30 天內，將有一次更換醫生的機會，您可以聯繫索賠管理人為您更換一名醫生。30 天之後，如果您的僱主或索賠管理人仍然沒有為您創建或選擇醫療提供者網路，那麼您可以自行換一位醫生。

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

醫療記錄公開: 在您提出勞工賠償要求後，您的醫療記錄將不會像您預想的那樣有很高的隱私級別。如果您不同意自願發佈醫療記錄，那麼將由勞工賠償裁定人來決定應該發佈什麼樣的醫療記錄，如果您要求保密，那麼該裁定人可以“密封”（保密）某些醫療記錄。

與醫療保健和醫療報告相關的問題: 在索賠過程中，您在某些時候可能會不同意主治醫生關於必要治療的見解，如果出現這種情況，您可以將主治醫生更換為上面提到的網路或機構內的其他醫生。如果您與另一位醫生意見不一致，則應採取什麼措施需要根據您接受的是來自醫療提供者網路、醫療保健機構還是兩者之外的其他組織的治療來確定。欲瞭解更多資訊，請參考下文的“瞭解更多有關勞工賠償的資訊”。

如果索賠管理人拒絕您的主治醫生推薦的治療，您可以利用包含在索賠管理人的書面拒絕治療決議內的申請表申請進行獨立醫療審查（IMR）。獨立醫療審查過程與團體健康獨立醫療審查過程類似，大約需要 40 天（或更短）才能做出決定，以便能為勞工提供適當的治療。您的律師或醫生可以在獨立醫療審查過程中為您提供幫助。除非有必要進行您的醫生所要求的特殊治療，否則獨立醫療審查不能用於解決勞工賠償利益糾紛問題。

如果您在除治療問題之外的其他事務（例如您受傷的原因或是您受傷的嚴重程度）中與主治醫生的意見不一致，則您可以根據上文所述將該主治醫生更換為其他醫生。如果您無法和另一位醫生達成一致意見，那麼您需要儘快以書面形式將這一問題通知索賠管理人。在某些情況下，除非您立刻完成這一點，否則您可能會失去對主治醫生的意見提出反對的權利。如果您沒有聘請律師，索賠管理人必須發給您一份指南，指導您接受一名作為合格醫療評估師（QME）的醫生的治療，進而幫助您解決糾紛。如果您聘請了律師，那麼索賠管理人會力圖與您的律師達成一致，請一位元作為協定醫療評估師（AME）的醫生對您進行診療。如果索賠管理人不同意您的主治醫生提出的建議（這些建議中不包括治療問題），那麼索賠管理人有權要求您接受合格醫療評估師或是協議醫療評估師的治療。

因暫時性傷殘（沒有薪資）而獲得的賠償: 如果在傷病恢復期間無法工作，您可以在一段時間內獲得暫時性傷殘賠償。在醫生表示您能夠返回工作崗位後，您獲得的此類賠償金額可能會有所變化，或是不再獲得賠償。這些賠償金無需繳稅。暫時性傷殘賠償金額是您每週平均薪資的三分之二，且必須在各州法規設置的最高和最低薪資範圍內。公司不會在您離崗的前三天支付此項賠償，除非您住院或是無法工作的時間達到了 14 天以上。

繼續留在原崗位工作還是經治療後重返工作崗位: 受傷並不意味著您必須停止工作。如果能夠繼續工作，您就應該繼續工作。如果不能，那麼只要在醫學上被認為可以返回到現有工作崗位，您就應該立刻返回工作，這一點很重要。研究表明，勞工離崗的時間越長，其返回到原崗位並得到與原來相同的薪資就越困難。在您恢復期間，您的主治醫生、僱主（主管或其他管理人員）、索賠管理人以及律師（如果已聘請）將會與您一起確定您可以繼續在原崗位工作還是在獲得醫學認可之後再重返工作崗位，並確定您返回之後的工作內容。您應主動與主治醫生、僱主及索賠管理人進行溝通，協商確定您在受傷前所做的工作、您當前的健康狀況和您現在能做的工作，以及您的僱主能為您提供的工作類型。

因永久性傷殘而獲得的賠償: 如果醫生認定您尚未完全恢復，且您將永遠無法執行自己能做的工作，那麼您可以得到額外補償。補償金額根據受傷類型、嚴重程度、您的年齡、所從事的工作以及您受傷前的薪資水準來決定。

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement.

If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a spouse and other relatives or household members who were financially dependent on the deceased worker

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

因工作被替代而產生的補充性福利 (SJDB) : 如果您的受傷時間在 2004 年 1 月 1 日或之後, 您所受的傷導致您永久性傷殘, 且您的僱主並沒有為您提供固定工作、經調整的工作或者是備選工作, 那麼您有資格申請可用於支付再培訓和/或提高個人技術所需費用的不可轉讓憑證。如果您符合申請資格, 索賠管理人支付的費用最多將為州法規設置的最高費用。

工亡賠償金 : 如果員工死於工傷或職業病, 僱主需要將工亡賠償金支付給死者的配偶和其他經濟上依賴死者的親屬或家庭成員。

僱主非法行為 : 僱主因您受工傷或患職業病、提交索賠申請或為他人的勞工索賠案 (《勞工法》132a) 作證而懲罰您或將您開除的行為是非法的。如果此類行為得到證實, 您將會獲得補發的薪資、額外賠償金、複職, 並獲得本州所設限額內的訴訟費用和其他開銷補償。

解決問題和爭端 : 您有權不贊成影響您索賠申請的決定。在這種情況下, 您可以第一時間聯繫您的僱主或索賠管理人, 以協商解決分歧。如果沒有收到賠償金, 您將會收到州傷殘保險 (SDI) 或者失業保險 (UI) 機構提供的保險金。請致電 (800) 480-3287 或 (866) 333-4606, 或登錄網站 www.edd.ca.gov 聯繫州就業發展局。

您可以聯繫資訊和援助 (I&A) 官員 : 州資訊和援助辦公室的官員可以解答問題、幫助受傷勞工、提供有關表格並幫助解決困難。一些資訊和援助辦公室官員為受傷勞工開辦了講習班。欲瞭解有關勞工賠償索賠申請過程和您權利義務的重要資訊, 請登錄網站 www.dwc.ca.gov 或聯繫州勞工賠償署資訊和援助辦公室的官員。您還可以撥打電話 (800) 736-7401 來瞭解資訊記錄和當地資訊和援助辦公室的資訊。

您可以諮詢律師。 大部分律師會提供一次免費諮詢。如果您決定聘請一位律師, 那麼聘請律師的費用將從您的補償金中扣除。請撥打電話 (415) 538-2120 諮詢加州律師工會, 或登錄其網站 www.californiaspecialist.org 查詢工商賠償律師的姓名。

瞭解更多有關勞工賠償的資訊 : 欲瞭解更多有關勞工賠償索賠過程的資訊, 請登錄網站 www.dwc.ca.gov。您可以在該網站上查閱一本實用的小冊子: 《加利福尼亞州勞工賠償: 受傷勞工指南》。您還可以聯繫一名資訊和援助辦公室官員, 或撥打電話 1-800-736-7401 瞭解資訊記錄。

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



加利福尼亞州

勞資關係部

勞工賠償署

勞工賠償索賠表（勞工補償署表格 1）

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401**. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

員工：填寫“員工”部分的內容並將表格交給僱主。自留一份影本並將其標記為“員工臨時收據”直到僱主將簽署了姓名和日期的影本交給您。您可以撥打**(800) 736-7401**致電勞工賠償署並瞭解資訊記錄。表格封面是《潛在合格通知》，其中有對勞工賠償金的解釋。請取下並保留這份通知作為備查。

您還應該從僱主那裏收到一本說明勞工賠償金和獲取步驟的小冊子。您可能會從僱主或其索賠管理人那裏收到關於您的索賠申請的書面通知。如果您的索賠管理人提出要發送給您電子版通知而您也同意僅通過電子郵件接收這些通知，那麼請在下面寫出您的電子郵箱位址並勾選相應的選項。如果您隨後決定希望以郵寄方式接收通知，那麼請您務必以書面形式將這一點通知您的僱主。

任何以獲取或拒絕支付勞工賠償金為目的而蓄意作出或指使他人作出錯誤或虛假的材料說明或材料表述的行為均屬重大犯罪行為。

Employee—complete this section and see note above

員工——填寫本部分內容並閱讀上述注意事項。

1. Name. 姓名：_____ Today's Date. 當前日期：_____
2. Home Address. 家庭住址 _____
3. City. 城市：_____ State. 州：_____ Zip. 郵遞區號：_____
4. Date of Injury. 受傷日期 _____ Time of Injury. 受傷時間：_____ a.m. 上午 _____ p.m. 下午
5. Address and description of where injury happened. 受傷發生的地點及其描述：_____
6. Describe injury and part of body affected. 傷勢和受到影響的身體部位描述：_____
7. Social Security Number. 社會保障號碼：_____
8. Check if you agree to receive notices about your claim by email only. 如您同意僅通過電子郵件接收索賠申請通知，請勾選本項。
9. Employee's e-mail. _____ 員工電子郵箱位址：_____
- You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option.
如沒有選擇或者索賠管理人沒有提供電子送達服務，您將會以常規郵寄方式收到賠償通知。

Employer—complete this section and see note below. 僱主——填寫本部分內容並閱讀下面的注意事項。

10. Name of employer. 僱主姓名：_____
11. Address. 地址：_____
12. Date employer first knew of injury. 僱主最早知曉員工受傷的日期：_____
13. Date claim form was provided to employee. 將索賠表格提供給員工的日期：_____
14. Date employer received claim form. 僱主收到索賠表格的日期：_____
15. Name and address of insurance carrier or adjusting agency. 保險公司或公估機構名稱和地址：_____
16. Insurance Policy Number. 保險單號：_____
17. Signature of employer representative. 僱主代理人簽名：_____
18. Title. 職務 _____ 19. Telephone. 電話：_____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

僱主：您必須在自員工處收到本表格後的 **一個工作日** 內在本表格上注明日期，並向您的保險公司或索賠管理人和員工、其親屬或提起索賠的代理人各提供一份影本。

簽署該表格並不同於認可相關責任

Employer copy/僱主影本

Employee copy/員工影本

Claims Administrator/索賠管理人

Temporary Receipt/臨時收據