



NEW YORK STATE UNIFIED COURT SYSTEM

Workers' Compensation Benefits for Nonjudicial Employees



THIS BOOKLET WILL:

- help you understand the benefits available to you;
- provide you with information regarding your obligations;
- ensure accurate and prompt processing of your claim; and
- assist with ensuring prompt receipt of your benefits.

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WORKERS' COMPENSATION BENEFITS FOR NONJUDICIAL EMPLOYEES

The Workers' Compensation Law provides protection against loss of income and covers medical expenses resulting from an occupational injury or disease for all nonjudicial employees.

Any accident at work, however minor, and any occupational illness or disability must be reported immediately. You are required to complete an Unusual Occurrence Report or Aided Report and you may be asked to prepare a written statement. The report must be completed so your administrative office can initiate your workers' compensation claim. Delay in reporting an accident may result in the denial of Workers' Compensation benefits.

You are also required to complete and submit a C-3 "Employee Claim Form" directly to the New York State Workers' Compensation Board. You may access and submit the C-3 form online at: **www.wcb.state.ny.us**. This form is also accessible on CourtNet. Go to: OCA>Human Resources>Forms.

You should seek appropriate treatment and be sure to let your healthcare provider know that your injury is related to a Workers' Compensation claim.

All medical expenses connected with a qualifying work-related injury or disease must be paid by the New York State Insurance Fund.

STATUTORY WORKERS' COMPENSATION BENEFIT

There is a ten work day waiting period before absences associated with a work-related injury or illness must be covered by the Workers' Compensation Wage-Replacement Benefit. Pursuant to Section 9.4 (I) of the Collective Bargaining Agreements and Section 24.5 of the Rules of the Chief Judge, all nonjudicial employees may charge the initial ten work day waiting period to leave accruals.

After the ten work day waiting period, you will be removed from the payroll for every full-day absence associated with the injury/illness. You may also select to waive the ten work day waiting period and not charge the ten days to your leave accruals and be removed from the payroll. After the ten work day waiting period or immediately if you chose not to charge your accruals, you will be eligible to receive the statutory Workers' Compensation Wage-Replacement Benefit provided by the New York State Insurance Fund. This wage-replacement benefit is equal to 2/3 of your gross weekly wage per week and is based on the degree of your disability.

If your claim is not accepted after the ten work day waiting period, you will be able to charge leave accruals until the claim is accepted by the New York State Workers' Compensation Board or the New York State Insurance Fund.

*NOTE: Partial-day absences are not compensable under Workers' Compensation Law and must be charged to your leave accruals.

MEDICAL DOCUMENTATION

You and/or your healthcare provider must provide detailed medical documentation to the New York State Insurance Fund and the New York State Workers' Compensation Board to be eligible for the wage-replacement benefit. Submitting medical documentation that is insufficient and untimely is the most common reason for delayed wage-replacement payments.

WHILE YOU ARE ABSENT ON STATUTORY WORKERS' COMPENSATION

Enhanced Benefits

While you are absent and receiving the wage-replacement benefit, the Collective Bargaining Agreement or the Rules of the Chief Judge provide you with certain “enhanced benefits” for up to one year. During this time period, you will continue to be eligible for the following benefits as if you are in pay status with few exceptions:

- health insurance without paying the employee’s share of the premium (Note: you must repay the employee’s share through payroll deductions upon returning to work);
- sick and annual leave accruals;
- accrual of seniority and continuous service;
- payments to union welfare fund for benefits; and
- retirement service credit.

DIRECT PAYMENTS BY EMPLOYEE

Certain payroll deductions will not be made by the State while you are absent including:

- retirement contributions, other insurance payments, union dues or deferred compensation payments.

If you are a represented employee, contact your union regarding union dues payments.

KEEPING IN TOUCH

It is your obligation to maintain regular contact with your local administrative office during your absence. Workers' Compensation-related absences do not relieve you of this obligation.

WORKERS' COMPENSATION AND FMLA

If you are absent due to a work-related injury or illness that also is considered a "serious health condition" under the federal Family and Medical Leave Act ("FMLA"), your absence will be designated toward your FMLA leave entitlement for the calendar year. Under this circumstance, FMLA runs concurrent with the workers' compensation benefit.

AFTER ONE YEAR

If, after one-full year, you still are unable to return to your job, the "enhanced benefits" will end. The wage-replacement benefit and medical coverage for your workers' compensation-related disability you receive from the New York State Insurance Fund may continue. Discontinuation of the "enhanced benefits" is significant because the employer share of the premium for health insurance coverage not related to your workers' compensation injury or illness will end unless you assume the full cost of coverage.

Once you are absent eleven months, contact your administrative office, and, for represented employees, your union to make sure you are taking the required steps to protect your benefits.

RETURNING TO WORK

When you are ready to safely return to work, you must provide detailed medical documentation from your healthcare provider indicating that you are fit for duty in advance of returning to work. The court system may require that you submit additional medical documentation or undergo additional medical examinations if your fitness for duty is uncertain or your documentation is insufficient.

COMMONLY ASKED QUESTIONS

STATUTORY WORKERS' COMPENSATION BENEFITS

Q: Must I Report My Accident or Occupational Illness?

A: Yes. You are required to report all work-related accidents or verified occupational illnesses and injuries.

Q: How is a Claim Initiated?

A: After filling out the Unusual Occurrence Report or Aided Report, your administrative office files a C-2 Form with the State Insurance Fund and the Workers' Compensation Board. Any notification to the Workers' Compensation Board, including your submission of the C-3 Form, or to the State Insurance Fund initiates a claim.

Q: What is the "Waiting Period?"

A: The first ten work days of absence after an injury or report of occupational illness constitute the waiting period. During this time, you may charge your leave accruals.

Q: When Should I Expect My Wage-Replacement Check?

A: The State Insurance Fund issues a wage-replacement check every week. Unless your claim is controverted (contested), you should receive a wage-replacement check within two to three weeks of the first day of your absence after the waiting period. It also depends on the timeliness of you reporting the accident, submission of required paperwork to your administrative office and prompt submission of sufficient medical documentation by your healthcare provider.

Q: What About Medical Bills?

A: Medical bills for workers' compensation-related disabilities are paid in full (there is no co-pay involved for the claimant) by the State Insurance Fund when you are treated by a participating healthcare provider. Check with your healthcare provider before beginning treatment. You may choose to be treated by a non-participating physician. If so, you may be responsible for some of the costs. Also, some treatments (physical therapy, surgery, etc.) and special diagnostic tests (MRI, CAT Scan, EMG, NVC) require prior approval of the State Insurance Fund. Usually, the State Insurance Fund will authorize such procedures after a medical consultation with one of their consulting physicians. By playing an active role in tracking your benefits, you can assist with ensuring timely access to health benefits and medical treatment. Maintain contact with your healthcare provider to ensure that all documentation is timely provided to the State Insurance Fund.

Q: What If My Claim Is Controverted?

A: If your claim is controverted by the State Insurance Fund, you will not be eligible for the wage-replacement benefit until a decision is made regarding the compensability of your claim. You will be allowed to charge your leave accruals until a decision is rendered. If a decision is rendered in your favor, these leave accruals may be restored, at a prorated amount equal to the monetary value of the award.

Q: Will I Get Credit for the Leave Accruals Charged During the Waiting Period?

A: If your absence exceeds the ten work day waiting period, you may be eligible to have some of the leave credits you charged during the waiting period restored. The amount of leave accruals restored is equal to the monetary value of the "State Credit" of the award you receive from the State Insurance Fund.

Q: How Are Prior Claims Treated?

A: Recurrence or exacerbation of an injury or illness connected with a prior claim will be governed by the benefit in effect at the time of the original claim. A re-injury (arising out of a new accident) will be treated as a new claim even if it is for the same injured body part.

Q: Where Should My Healthcare Provider, or I, Send My Medical Reports?

A: The State Insurance Fund handles claims by county of residence of the claimant. For a listing of local offices go to: www.nysif.com. All medical documentation and bills must be forwarded to your claims manager at the State Insurance Fund.

Q: Who May I Call About My File?

A: Questions regarding your wage-replacement checks or other questions pertaining to your claim should also be directed to your claims manager at the State Insurance Fund.

Q: When I Return to Work, What About My Medical Provider or Therapy Appointments?

A: If you are able to return to work, but still require physical therapy or other treatment and need to follow up with your healthcare provider, you may be eligible for leave for these absences. You should try to schedule appointments outside work hours or if that is not possible, during time frames that cause the least inconvenience to your court or office. Most healthcare providers, including physical therapists and chiropractors, have evening and weekend hours.

LINE-OF-DUTY WORKERS' COMPENSATION BENEFITS-LODI

Worker's Compensation Line of Duty "LODI" is a full-wage replacement benefit that is granted in special circumstances to uniformed personnel who are injured while carrying out their peace officer duties and nonjudicial employees injured as a result of work-related "assault." An employee may be granted up to eighteen months of paid leave without any charge to leave accruals. Eligible employees should refer to Section 9.4(II) of the Collective Bargaining Agreements or contact their union office.

APPLYING FOR LODI

To apply for the LODI benefit, you are required to complete an Unusual Occurrence Report or Aided Report and you may be asked to prepare a written statement. The report must be completed so your administrative office can initiate your workers' compensation claim and LODI benefit.

You must also complete an Application for Workers' Compensation Leave (UCS-57) and a Certificate of Attending Physician (UCS-58) and return both forms to the OCA Human Resources Labor Relations Office within 25 work days of your first absence related to the line-of-duty injury. These forms are available at your administrative office or you can access the forms on CourtNet. Go to: OCA>Human Resources>Forms.

*NOTE: Failure to apply within the 25 work days may result in the loss of eligibility for the LODI benefit.

Generally, within seven to ten work days upon receipt of your Application for Workers' Compensation Leave (UCS-57), you will receive a Workers' Compensation Leave Determination from the OCA Human Resources Labor Relations Office. The determination will indicate the amount of Workers' Compensation Leave being granted. The determi-

nation also outlines requirements you must follow to maintain the LODI benefit and provides instructions for requesting information.

It is important that you carefully read the Workers' Compensation Leave Determination and comply with the requirements. Failure to follow the requirements may result in a suspension or termination of your benefits.

WHILE YOU ARE ABSENT ON WORKERS' COMPENSATION-LODI

While you are absent on LODI, you will remain on payroll without charge to your leave accruals. All of your benefits (with a few specific exceptions such as a shift differential) will continue provided you meet contractual requirements which include:

- providing updated, detailed medical documentation as requested in the Workers' Compensation Leave Determination;
- attending all medical examinations scheduled either by the New York State Insurance Fund or by the court system;
- remaining at home during your normal work hours; and
- not working for any entity outside the court system during this absence.

Failure to meet these obligations may result in suspension or termination of your LODI benefit.

KEEPING IN TOUCH

It is your obligation to maintain regular contact with your local administrative office during your absence. Workers' Compensation-related absences do not relieve you of this obligation.

WORKERS' COMPENSATION-LODI AND FMLA

If you are absent due to a work-related injury or illness that also is considered a “serious health condition” under the federal Family and Medical Leave Act (“FMLA”), your absence will be designated toward your FMLA leave entitlement for the calendar year. Under this circumstance, FMLA runs concurrent with the workers’ compensation benefit.

AFTER ELEVEN MONTHS

You may be eligible for an extension beyond the eighteen months maximum LODI benefit if you are awaiting a decision from the Disability Retirement Board regarding a pending application for disability retirement. In order to be eligible for this extension, you must file for disability retirement prior to your twelfth month on LODI Leave.

RETURNING TO WORK

When you are medically fit to return to work and in advance of returning to work, you must provide adequate and detailed medical documentation from your healthcare provider indicating that you are fit for full-unrestricted duty. The court system may seek additional medical information from you or may require that you undergo additional medical examinations if your fitness for duty is uncertain or your documentation is insufficient.

COMMONLY ASKED QUESTIONS

LINE-OF-DUTY WORKERS' COMPENSATION BENEFITS—LODI

Q: What About My Medical Bills?

A: Medical bills relating to your compensable Workers' Compensation injury are covered in full by the State Insurance Fund.

Q: For What Reasons May the LODI Benefit Be Denied?

A: The LODI Benefit may be withheld, terminated or denied for a variety of reasons, including some of the following: not submitting your original application within the 25-day time limit; your claim is controverted (contested) by the State Insurance Fund; you fail, or refuse, to submit to a medical examination; you have not provided sufficiently detailed medical documentation; you fail to remain at home or obtain permission to leave your home during your regularly scheduled work hours or you are found to be employed outside the court system while absent on leave; or, there is good and sufficient reason to believe that you could report for work.

Q: What If My LODI Benefit is Withheld, Terminated or I Exhaust the LODI Leave Benefit?

A: If your leave is withheld or terminated or if you exhaust the benefit, you must charge your accrued leave credits for all your absences from the date the LODI leave no longer applies. If you exhaust your leave credits, there may be other leave benefits available to you. You should try to anticipate if or when you may need other leave benefits and apply for them in a timely manner. You may want to contact your union or local administrative office about these benefits at the appropriate time.

Q: Will I Continue to Earn Leave Credits While on LODI?

A: Yes, you continue to earn and accrue sick leave and annual leave while absent on LODI leave.

Q: What About the Waiting Period?

A: There is no waiting period for an approved LODI leave.

Q: When I Return to Work, What About My Medical Provider or Therapy Appointments?

A: If you are able to return to work, but still require physical therapy or other treatment and need to follow up with your healthcare provider, you may be eligible for LODI leave for these absences. You should try to schedule appointments outside work hours or if that is not possible, during time frames that cause the least inconvenience to your court or office. Most healthcare providers, including physical therapists and chiropractors, have evening and weekend hours.

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DIVISION OF HUMAN RESOURCES**
