



**Handbook on
Workers' Compensation
& Occupational Diseases**

Presented by:

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Introduction

This handbook is a general guide to the rights and obligations of park district, special recreation association, and forest preserve district employees who have experienced work-related injuries or diseases, as well as a summary of the rights and obligations of their employers under the Illinois Workers' Compensation and Workers' Occupational Diseases Acts.

This handbook has been prepared by the Park District Risk Management Agency, which administers the workers' compensation benefits for your employer. The handbook is for informational purposes only and is not intended to be all inclusive or to be able to describe what should happen in every case. Each case's benefits are determined by applying the law to the individual facts, such as the injury description, how it happened, and when and where it occurred.

If you have questions, contact PDRMA at (630) 769-0332 or your employer.

If you need further information, the Illinois Workers' Compensation Commission maintains offices at the following locations:

100 W. Randolph Street
Suite 8-200
Chicago, IL 60601-3219
(312) 814-6611

701 S. Second Street
Springfield, IL 62704
(217) 785-7084

Rockford State Office Building
200 S. Wyman
Rockford, IL 61101
(815) 987-7292

Central Building
202 NE Madison #201
Peoria, IL 61602
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Chapter 1 General Information

1. What is Workers' Compensation?

Workers' Compensation is provided by law to employees whose injuries arise in the scope and course of their employment, regardless of fault. The amount of benefits is defined by law.

2. Who is covered?

Almost all employees are covered from the moment they begin their jobs. Generally, workers' compensation does not cover volunteers, independent contractors, student interns, etc.

3. Who provides the benefits?

Your employer is a member of the Park District Risk Management Agency. PDRMA is a self-insured pool of park districts, forest preserve districts, and special recreation agencies in Illinois. This means that your employer directly pays for your workers' compensation benefits, and PDRMA administers the claims for the employer.

4. For what injuries and diseases are benefits paid?

Most accidental injuries arising out of and in the course of employment are covered. You may also be compensated for an aggravation of a pre-existing condition, if caused by an accident and sustained in the course and scope of your employment.

Injuries are accidental if they happened unexpectedly, without plan or design. This includes injuries brought on by repetitive use.

Injuries suffered in employer-sponsored recreational programs, such as athletic events, parties, company picnics, or other special circumstances, are not covered, unless you are ordered to attend or participate in the program. Similarly, injuries which result from a risk to which the general public is generally exposed are not considered to arise out of your employment. Also, accidental injuries incurred while participating as a patient in a drug or alcohol rehabilitation programs are not covered.

5. What benefits are provided?

A. Medical Benefits.

You are entitled to receive all necessary first aid, medical, surgical, and hospital services reasonably required to cure or

relieve your injuries or disease. You may also be entitled to receive physical, mental or vocational rehabilitation.

B. Temporary Total Disability Benefits.

You are entitled to receive 66-2/3% of your average weekly earnings while authorized off work by a doctor. Your average weekly wage is based upon what you earned during the prior 52 weeks at your job.

No compensation is payable for the first three days you are off work with a doctor's note. Those days will be paid if you miss more than 14 calendar days and with a note from a doctor taking you off work.

C. Permanent Disability, Disfigurement and Death Benefits.

You may be entitled to further benefits if your injuries result in permanent loss of use of a body part, scarring, or other disfigurement.

If injury or disease results in death, certain members of your family may be entitled to benefits as well. See also "Compensation Benefits."

6. Who administers the law?

The Illinois Workers' Compensation Commission is responsible for administering the law, providing information and assistance to employees and employers, and for resolving disputes regarding entitlement to and amounts of benefits. Your employer is responsible for the actual payment of benefits.

7. Can I be fired because I reported an accident?

It is against the law for your employer to harass, discharge, refuse to rehire or in any way discriminate against you for solely exercising your rights under the Workers' Compensation Act. Such conduct by the employer may give rise to a separate suit for damages in the Circuit Court.

However, your employer may lawfully make employment decisions based upon your failure to follow safety guidelines, use of illegal drugs or alcohol, agency hardship caused by your inability to return to your regular position or your refusal to accept temporary modified duty assignments within your physical restrictions, violations of personnel policies, etc.

8. Are workers' compensation benefits subject to income tax?

No. You will not receive any tax forms from PDRMA or your employer for workers' compensation benefits. Payments are not subject to state or federal income tax and need not be reported on returns as income.

Chapter 2

Reporting An Injury Or Exposure

1. Who should I notify if I am injured?

You must inform your employer or supervisor as soon as possible following any work-related injury. Any delay in reporting can result in delayed payments. A delay of more than 45 days may result in loss of all benefits.

Notice to a co-worker who is not part of management is not considered notice to the employer.

Notice should include the date and place of accident, your address, telephone number, social security number, and a brief description of the accident and injuries. Notice may be given orally or in writing.

2. What are the time limits for notifying my employer?

For accidental injuries, within 45 days of the accident.

For radiological exposure, within 90 days of when you know or suspect you have received an excessive dose of radiation.

For occupational diseases, as soon as practicable after you become aware of the condition.

The failure to provide timely notification to your employer can result in either a delay in receiving compensation or even a denial of your right to benefits.

3. What should your employer do after receiving notice?

1. Inform PDRMA immediately.
2. Provide first aid or medical services.
3. Make no promise or guarantee to you that your injury will be considered compensable under the Workers' Compensation Act.
4. If lost time is greater than 3 working days, your employer must do one of the following:
 - a. begin payments of temporary total disability benefits,
 - b. provide you with a written explanation of what you need to provide before payments can begin, or
 - c. provide you with a written explanation of why benefits are being denied.

4. What records must the employer maintain?

Employers are required by law to maintain accurate records of work-related deaths, injuries or illness (other than first aid only). Written reports of all job-related accidental deaths must be made to the Industrial Commission no later than two working days following the death.

Written reports of job-related injuries or illness resulting in the loss of more than three scheduled work days must be made to the Commission between the 15th and 25th of each month. Initial reports of any work-related injury are made on a Form 45, the Employer's First Report of Injury.

Chapter 3

Medical Benefits

Because prompt medical care may be essential to your maximum recovery, you should seek medical attention immediately after the injury. You must cooperate in reasonable programs or treatments to assist in your recovery and return to work.

1. Can I choose the treating doctor or hospital?

Yes. You may choose at your employer's expense. You may also choose to obtain treatment from a doctor or hospital selected by your employer. It is recommended that you inform your employer in writing of the name and address of the doctor or hospital chosen.

2. Is there a limit to the number of doctors I may select at my employer's expense?

Yes. Your employer's responsibility is to pay for all necessary and related first aid and emergency services, **two** treating physicians, surgeons or hospitals of your choice, and any additional medical care providers to whom you are referred by the **two** physicians, surgeons, or hospitals. After that, you must obtain your employer's approval of any other doctors or hospitals before your employer is required to pay for the costs. **If not approved by your employer, your employer is not required to pay for those additional services.** Emergency and first aid care are not considered one of your two choices of doctors.

3. Must my employer pay all physician and hospital bills?

If the treatment is reasonably required to cure or relieve you and the provider has given your employer all the information required by law, your employer is required to pay all reasonable charges. If these requirements are not met, even if you have already paid all or part of the bills, your employer is not obligated to pay the bills. If your employer refuses to pay a bill, your employer must promptly give you a written explanation of the basis of the refusal.

4. Can my Employer/Agency ask for an evaluation by its own doctor?

Yes. If you claim to be entitled to benefits and your employer asks for an examination by a doctor of its choice, you must undergo the examination at a reasonable time and place at your employer's expense. You must also be paid in advance sufficient money to defray travel expenses by most convenient means, and the cost of meals during the trip. If you miss work to go to the appointment, you must be reimbursed for lost wages. **Your refusal to be examined by your employer's doctor may result in loss of benefits.**

5. What medical information must I give my employer?

Your employer must be given sufficient information to decide whether benefits are due. Your doctor should promptly send reports, or benefits may be delayed. This information should allow your employer to determine whether benefit payments should be initiated, continued or terminated, to determine whether treatment is necessary to cure or relieve you from injury or disease, and to determine whether the charges are reasonable. The converse is also true. Your employer's doctor should report the same information to you.

6. If I change doctors, or wish to, who should be notified?

You should notify your employer and PDRMA of your desire to change medical providers. If you have already chosen two doctors or hospitals and intend to change medical providers, you must notify your employer and PDRMA first.

Your employer and PDRMA must agree in advance that additional treatment with providers, outside your choice of two doctors, is approved. If you are treating with additional doctors without prior approval, your employer may not be responsible for costs incurred by this unauthorized treatment.

7. Am I entitled to vocational rehabilitation?

If your injuries are such that you cannot return to work with or without reasonable accommodation at your regular job, and you are unable to obtain employment elsewhere, your employer must pay for treatment, instruction and training necessary for your physical, mental and vocational rehabilitation. You must cooperate with a reasonable rehabilitative program. You may choose the provider or you may accept the services of a provider selected by your employer.

Chapter 4 Compensation Benefits

Section I. Temporary Total Disability Benefits (TTD).

1. When are TTD benefits paid?

TTD benefits are generally paid in two-week intervals. It may take up to 14 days from when your employer receives notice of your injuries for an investigation to be completed to confirm the compensability of the accident, for medical information to be received and payment to begin.

If your employer stops or withholds payment of TTD benefits before you have returned to work, your employer is required to give you a written explanation of this action no later than the date of the last TTD payment.

Failure to provide this notice may result in assessment of penalties against the employer. If an employer unreasonably delays payment or fails to pay TTD benefits, the employer may be required to pay a penalty to the employee.

2. How is the amount of TTD determined?

PDRMA will request a payroll record for the prior 52 weeks of your employment to determine your average weekly wage. You are paid two-thirds of your average weekly wage (AWW). The rate is fixed for the entire duration of your claim.

If you have more than one employer, the TTD rate may be based on the combined gross income from all jobs, if the district at which you were injured knew you had more than one job. You may have to assist us in getting your wage information from any other employers.

Under the Workers' Compensation Act, overtime pay is generally not included in the calculation of the average weekly wage. Overtime pay is included, however, under the Workers' Compensation Occupational Diseases Act.

3. What is the minimum TTD benefit?

The minimum payment is the gross average weekly wage earned by the employee in the year before the injury or exposure, or the following amount, whichever is lower:

	SINGLE	1 DEP	2 DEP	3 DEP	4 DEP
TTD	173.32	199.32	225.32	251.32	260.00

If you are a part-time employee, your TTD benefit is generally the same as your average weekly wage, if less than the minimum indicated above.

4. What is the maximum TTD benefit?

The maximum can be no more than the 133-1/3% of the statewide average weekly wage on the date of injury or last exposure. The statewide average weekly wage is the average pay earned by all employees in all occupations in Illinois. It should be distinguished from the gross average weekly wage, which is what you earned during the year preceding the injury or last exposure. These rates are established by the Illinois Department of Employment Security twice a year. You can call the Commission for this information.

Section II.
Permanent Partial Disability Benefits (PPD)

A permanent partial disability (PPD) is the complete or partial loss or loss of use of a part of the body, or the partial loss of use of the body as a whole.

“Loss of use” is not specifically defined in the Act, but it generally means that you are unable to do things with the body part or with the body that you were able to do before the injury.

1. When are PPD benefits paid?

Not all injuries and diseases result in PPD. Benefits are paid only after your condition has reached a point where it will not improve any more. Benefits are paid only if the injury or disease results in some permanent loss or loss of use of a body part.

2. How is the amount of PPD determined?

On a case-by-case basis, the Illinois Workers’ Compensation Commission evaluates the physical impairment and the affect of the disability on your life. Such factors as age, skill, occupation, training, inability to engage in certain kinds of work or activities, pain, stiffness or limitation of motion are considered.

There are two ways in which PPD benefits may be determined. In the first method, the amount depends on the part of the body injured and the extent

of the loss. The Workers' Compensation Act places a value on certain body parts, expressed as number of weeks of compensation for each part. The number of weeks for various body parts is shown on the chart on page 11.

If a body part is amputated, or cannot be used at all, you are paid at your weekly rate for the number of weeks the Act has set. Compensation for a partial loss of use is calculated by multiplying the percentage of loss by the number of weeks listed.

Alternatively, if the disability imposes a certain limitation on you, you may be entitled to the percentage of 500 weeks that the partial disability bears to the total disability. For example, this generally applies to back and neck injuries.

3. How are disabilities not listed on the chart compensated?

If you sustain Permanent Partial Disability to parts of the body not listed on the chart, you may be entitled to a percentage of 500 weeks.

4. Is work-related hearing loss compensable?

The benefits for hearing loss due to accident or trauma are detailed in the chart on page 11. Hearing loss due to continuous exposure to noise may also be compensable. If you have been exposed to noise levels specified in the Act for enough time to cause a hearing loss you may be entitled to benefits in the method provided in the Act.

5. How is the weekly PPD benefit determined?

The benefit is 60% of your gross average weekly wage, subject to certain limits.

6. What is the minimum PPD benefit?

The minimum benefit is the gross average weekly wage actually earned by the employee in the year before the injury or exposure (actual earnings per week), or one of the following amounts, whichever is less:

	SINGLE	1 DEP	2 DEP	3 DEP	4 DEP
PPD	173.32	199.32	225.32	251.32	260.00

7. What is the maximum PPD benefit?

The maximum benefit is calculated by using a formula established by law and published by the Illinois Workers' Compensation Commission. The rate is based on the rate of increase in the statewide average weekly wage.

8. What if an injury causes a disfigurement?

An employee who suffers a serious and permanent disfigurement to the hand, head, face, neck, arms, legs below the knees or chest above the armpits as a result of a job-related injury is entitled to benefits for up to 150 weeks at the PPD rate.

You may not collect compensation for both disfigurement and PPD for the same body part.

Unless a settlement has been reached at an earlier date, you must wait at least 6 months from the date of injury for a hearing to determine if the disfigurement resulting from the accident is serious and permanent.

9. What if I cannot return to the same occupation after an injury or exposure and cannot earn as much money?

You may be entitled to a wage differential. The wage differential is two-thirds of the difference between the amount you are able to earn and the amount you would be earning in the occupation in which you worked at the time of the accident. You may be compensated for either, not both, the loss of wages or a permanent disability related to the same injury or exposure.

**Permanent Partial Disability Schedule Awards
as set by S8 1283, per IWCC Summary**

Injuries occurring	Before 07/20/05	07/20/05- 11/15/05	11/16/05- 01/31/06	on or after 02/01/06
Disfigurement	150	162	150	162
Thumb	70	76	70	76
First (index) finger	40	43	40	43
Second (middle) finger	35	38	35	38
Third (ring) finger	25	27	25	27
Fourth (little) finger	20	22	20	22
Great toe	35	38	35	38
Each other toe	12	13	12	13
Hand	190	205	190	205
Arm	235	253	235	253
Amputation above elbow	250	270	250	270
Amputation at shoulder joint	300	323	300	323
Foot	155	167	155	167
Leg	200	215	200	215
Amputation above knee	225	242	225	242
Amputation at hip joint	275	296	275	296
Eye	150	162	150	162
Enucleation of eye	160	173	160	173
Hearing loss-one ear (under WC Act)	50	54	50	54
Hearing loss-both ears (under WC Act)	200	215	200	215
Testicle - 1	50	54	50	54
Testicle - 2	150	162	150	162

**STATUTORY FRACTURES—
Minimum Award:**

Vertebra 6
Facial Bone 2
Transverse Process 3
Skull 6
Nasal Bone 6

**ORGAN LOSS—
Minimum Award:**

Kidney 10
Lung 10
Spleen 10

*Effective date: Accidental injuries or diseases that occur on or after 2/1/06
** Effective Date 2/1/06 subject to HB2137 and SB1283

Section III.
Permanent Total Disability Benefits (PTD).

A permanent total disability is a complete disability which renders the employee permanently unable to do any kind of work for which there is a reasonably stable employment market;

- or -

The loss of use of both hands, both arms, both feet, both legs, both eyes, or any two such parts, e.g. one leg and one arm.

1. How long is the PTD benefit paid?

Benefits are payable for life. But if you return to work or are able to return to work, benefits may be terminated or modified.

2. How are the PTD benefits determined?

The benefit is two-thirds of the gross average weekly wage, subject to certain limits. PTD recipients are also entitled to additional payments four times per year, beginning in the second year after the award of benefits, which reflect the increase in the statewide average weekly wage during the preceding year. The payments are made from the Rate Adjustment Fund, administered by the Illinois Workers' Compensation Commission.

3. What is the minimum PTD benefit?

The minimum cannot be less than 50% of the statewide average weekly wage at the time of injury or exposure.

4. What is the maximum PTD benefit?

The maximum benefit can be no more than 133-1/3% of the statewide average weekly wage at the time of injury or last exposure.

Section IV. Survivor's Benefits.

1. Who is entitled to survivor's benefits?

Full benefits are paid to the spouse and/or children until age 18 or until 25 if a full-time student. If children are physically or mentally incapacitated, benefits are paid for the duration of the incapacity. If there is no eligible spouse or child, the benefit will be paid to a totally dependent parent.

If the spouse remarries and there are no children at the time of remarriage who are entitled to benefits, the spouse is entitled to a final lump sum payment equal to two years of compensation. All further rights to benefits are extinguished.

In cases where there is no eligible spouse, child or totally dependent parent, benefits may be paid to other survivors such as partially dependent children, parents, grandparents, grandchildren or other heirs who were at least 50% dependent on the employee. The benefit for such individuals will depend on the degree of their dependency.

2. How is the amount of survivor's benefits determined?

The benefit is two-thirds of the employee's gross weekly wage within certain minimums and maximums. In addition, beneficiaries who have been awarded a survivor's benefit are entitled to payments from the Rate Adjustment Fund in the same manner as those awarded PTD benefits.

3. What is the minimum survivor's benefit?

Subject to reductions for partially dependent individuals, the weekly benefit cannot be less than 50% of the statewide average weekly wage.

4. What is the maximum survivor's benefit?

The maximum benefit can be no more than 133-1/3% of the statewide average weekly wage at the time of the injury or last exposure.

5. Is there a limit to the total amount payable for survivor's benefit?

Yes. The benefit is limited to 20 years of weekly benefits or \$250,000, whichever is more.

Chapter 5

Claims, Settlements And The Hearing Process

1. What are the time limits within which an employee must file a claim at the Illinois Workers' Compensation Commission?

Unless otherwise noted below, a claim must be filed within three years after an injury or disablement from an occupational disease, or within two years following the last worker's compensation payment, whichever is later.

Payment of medical bills is not considered payment of compensation for purposes of increasing the time within which an employee may file a claim. Failure to file a claim within the time provided by law generally results in a loss of benefits.

For pneumoconiosis, the employee has five years from the date of last exposure or the last payment to file a claim. For radiation or asbestos exposure, the employee has 25 years after the date of last exposure to file a claim.

If death is caused by injury or occupational disease, the claim must be filed with the Illinois Workers' Compensation Commission within three years of the death, within two years of the date of last compensation payment under the Workers' Compensation Act, or within three years of the date of last compensation payment under the Occupational Diseases Act, whichever is later.

Unless an occupational disease causes a disablement within two years of the date of last exposure to the hazards of the disease, in most cases, no compensation is payable. For berylliosis or disease caused by the inhalation of silica or asbestos dust, disablement must occur within three years from the date of last exposure to be compensable.

Certain other rules apply to occupational diseases and radiation exposure. Call PDRMA if you would like further details.

2. Must I file a claim at the Illinois Workers' Compensation Commission to receive benefits?

No. In most cases, injured employees receive their benefits without any need to file a formal claim. However, if you are not receiving benefits to which you feel you may be entitled, then a claim should be filed. If you are concerned about protecting your rights to future medical care and disability compensation, you may need to file a claim. You may also settle

your claim directly with PDRMA subject to the requirements outlined later in this chapter.

**NOTE:
The Filing Of A Fraudulent Claim May Subject You To
Criminal or Civil Penalties Under Illinois Law**

3. What should I know about voluntary payments of compensation and settling my claim?

By accepting payments or signing receipts or reports you do not give up any rights under the Workers' Compensation Act. Nor does your employer give up its rights by making voluntary payments.

In order to settle a permanent partial disability or any disputed claim, a settlement agreement must be written on a pink form called "Settlement Contract Lump Sum Petition and Order" provided by the Illinois Workers' Compensation Commission. The Commission must approve the settlement before your rights are terminated. Many employees settle their claims directly with PDRMA without the necessity of hiring their own attorneys. PDRMA hires legal counsel, at our expense, to meet you at the Commission and to appear before the arbitrator to be sure the contracts are approved. PDRMA will prepare all the necessary documents and provide medical records to the arbitrator to evaluate the adequacy of the settlement.

The arbitrator determines whether the proposed settlement is fair and appropriate.

The payment of compensation does not represent the employer's admission of liability. Your employer has the right to contest its liability for paying any compensation at all even if a claim is filed and some benefits are paid.

4. What if I do not receive benefits I believe I am entitled to under the law?

You should contact your employer or PDRMA directly. Failure to communicate may result in confusion or misunderstanding. You may also want to contact the Illinois Workers' Compensation Commission for more information. If a dispute remains unresolved, a claim should be filed with the Commission.

5. What should I know about retaining an attorney?

If you retain an attorney, the law sets forth the following requirements:

The attorney's fee must be stated on the "Attorney Representation

Agreement” form, signed by you, and approved by the Illinois Workers’ Compensation Commission.

The attorney's fee is limited to 20% of the amount of compensation recovered. Attorneys shall not charge a fee on TTD benefits unless your employer fails to pay these benefits in a timely manner or in the proper amount, or unless the employer stops paying and the attorney obtains reinstatement of the benefits. Attorneys are not to charge a fee on amounts paid for undisputed medical expenses.

Attorneys shall not be paid if the amount of compensation obtained does not exceed an amount offered to the employee in writing before hiring an attorney.

In death, partial and total disability cases, the amount of the attorney’s fee shall not exceed 20% of benefits payable for 364 weeks, unless allowed by the Commission.

6. Do I have to have an attorney to settle my claim?

No. PDRMA settles many claims directly with PDRMA member employees. You will still have to appear at the Commission in order to have the settlement approved.

7. What should I know about settlements?

A lump-sum settlement is a contract between you and your employer to close a claim in exchange for an agreed amount of compensation and in certain circumstances an agreed amount of medical services.

Disputed claims are often settled this way. By settling, you avoid the risk of receiving reduced (or no) benefits, and your employer avoids the risk of paying more than is provided for in the settlement.

Unless provided otherwise, approved settlement agreements usually close out your rights to future medical benefits, vocational rehabilitation and additional compensation payments, even if your condition worsens. Any right that is not contemplated by the settlement should be expressly reserved in writing in the settlement agreement.

An employee who is not represented by an attorney must appear in person before the Illinois Workers’ Compensation Commission arbitrator, who will review the settlement proposal and medical records and ensure the employee understands its effect, before approval is granted.

Any settlement contract made within seven days of the date of injury is presumed to be fraudulent.

Settlements that are made without Commission approval do not close out the employee's rights under the Act. In such cases, the time an employee has to file a claim with the Commission is extended indefinitely.

8. How are claims presented to the Illinois Workers' Compensation Commission?

Copies of the Application for Adjustment of Claim form must be filed with the Commission, along with a Proof of Service Certificate stating that the application was served on the employer by mail or personal delivery. There is no fee for the forms or for filing the claim.

9. Who presides over workers' compensation claims?

An arbitrator appointed by the Illinois Workers' Compensation Commission acts as fact-finder and judge, conducts a hearing and decides on the amount of benefits to which you are entitled.

10. Is it possible to appeal the arbitrator's decision?

Yes. Both you or your employer can appeal to the full Commission. If a party wishes to appeal the decision of the Commission, it may appeal to the Circuit Court and from there to the Industrial Commission Division of the Appellate Court. In some cases, further appeal may be taken to the Supreme Court.

11. Is there a way to get an expedited hearing?

Yes. If you are not receiving TTD or medical benefits to which you are entitled you may file for an expedited hearing under Section 19 (b-1) of the law.

12. Is there any other method for resolving disputed claims?

Yes. If the only disputes are TTD, PPD or medical expenses, you may agree to voluntary arbitration. Both parties waive their rights to review by the Commission. Only questions of law may be appealed to the Circuit Court.

13. Does my employer or do I have additional rights after an award made by the Commission has been or is paid ?

Yes. If benefits are paid in installments and there has been no lump-sum settlement contract approved, an employee may be entitled to the following:

- a) Additional medical, surgical or hospital services if reasonable and necessary.

- b) If within 30 months after the award your condition worsens or recurs, a petition for additional compensation benefits may be filed.
- c) If within 30 months after an award your employer can show that the disability resulting from the job-related injury or illness has decreased or ended, a petition for a reduction in compensation benefits may be filed.
- d) If an award for PTD that was not a statutory award was entered, and the employer can show that the employee is no longer totally disabled, the employer may petition the Commission for an order terminating PTD payments to the employee.

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