Approved: 2-3-93
Date

MINUTES OF THE HOUSE COMMITTEE ON LABOR AND INDUSTRY.

The meeting was called to order by Chairman David Heinemann at 9:00 a.m. on January 12, 1993, in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Jerry Ann Donaldson, Legislative Research Department
Jim Wilson, Revisor of Statutes
Kay Scarlett, Committee Secretary

Conferees appearing before the committee:

George Gomez, Director, Division of Workers Compensation
Bill Morrissey, Associate Director, Division of Workers Compensation

Others attending: See attached list

Director Gomez addressed the committee and gave an overview of the Workers Compensation Division and distributed packets. (Attachments 1 and 2) Since last spring, the Division has created a Data Collection Staff to better collect data regarding workers compensation. They also will be hiring an extra Administrative Law Judge to be located in Wichita. He then introduced Bill Morrissey who has 30 years expertise in the area of workers compensation.

Mr. Morrissey reviewed the Division's organizational chart (Attachment 1), the Data Collection Staff in particular. Everyone recognizes that Kansas does not have sufficient data to see what the cost drivers are in workers compensation. If changes are made in the law, we cannot tell specifically what the impact of those changes will be. We know from experience certain areas cost money, but they can't be clearly defined with the data now available.

The Medical Utilization Review Section will administer the medical fee schedule authorized by the 1990 Legislature. Medical costs account for about one-half of the workers compensation dollar.
The sections of the Workers Compensation Division and their functions are more fully explained in the Introduction of the Employers' Handbook. (Attachment 2)

It is important to remember that the Workers Compensation Division is a fee funded agency. All the funds to operate the Workers Compensation Division come from employers. A bill is sent once a year to all insurance companies and self-insureds based on the proportionate case load they had the prior year. There are three fee funds. The Workers Compensation Fee Fund finances their office. The State Self Insurance Fund headed by George Welch, Department of Administration, is the insurance company for state employees. The Workers Compensation Fund operated by the Insurance Commissioner is for pre-existing injuries.

Workers compensation is a social insurance program started in 1911 in Kansas covering all businesses in Kansas with a gross payroll of $10,000 or more, except agriculture. (Attachment 2) There are approximately 55,000 employers in Kansas, 220 self-insureds, and about 2,000 in group-funded pools. Rules for self insurance are rather strict and only large solvent companies usually qualify. Workers compensation is paid by the employer, not by the employee.

Chairman Heinemann thanked Mr. Morrissey and asked him to return tomorrow to complete his presentation.

Chairman Heinemann introduced the committee staff: Jerry Ann Donaldson, Legislative Research Department; Jim Wilson, Revisor of Statutes; and Kay Scarlett, Committee Secretary. All members of the committee then introduced themselves.

The meeting adjourned at 10:02 a.m. The next meeting is scheduled for January 13, 1993.

GUEST LIST

COMMITTEE: HOUSE LABOR AND INDUSTRY DATE: 1-12-93

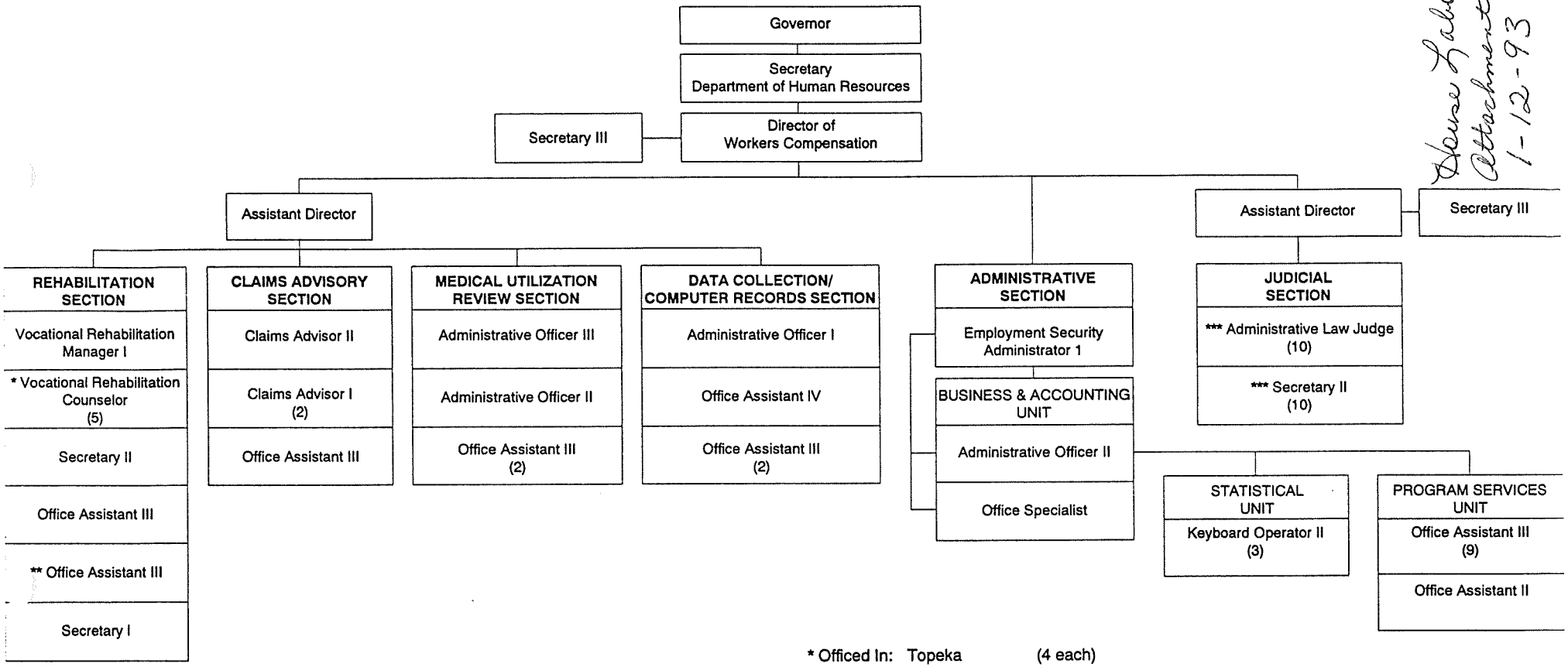
NAME	ADDRESS	COMPANY/ORGANIZATION
GEORGE WELCH	TOPEKA	D of ADMIN.
DICK THOMAS	TOPEKA	DHR-WORK COMP
George Gomez	Topeka	Work Comp
Jim [illegible]	Topeka	Pro Rdm Mang Inc
Cameron Brewer	Topeka	KTLA
[illegible]	"	"
Art Brown	Topeka	KS- LPG Dealers Assn
Joe Furjanic	Topeka	Ks Chiropractic
Bill Curtis	Topeka	Ks Assoc of School Bds
Rich McKee	"	KS Livestock Assoc.
Carl Daugharty	Columbus	EMPIRE DISTRICT ELEC.
Sharon Huffman	Topeka	KCDC
Whitney Damron	Topeka	Pete McGill & Associates
Bill Morrissey	Topeka	KDHR/Work Comp
Bernie Koch	Wichita	Wichita Chamber
Marla Rutter	Topeka	Dept. of admin.
Janie Wright	Topeka	Wichita Eagle
Jim DeHoff	Topeka	KS AFL-CIO
Wayne Maichel	"	"
TERRY LEATHERMAN	Topeka	KCCI
BILL HENRY	Topeka	Ks Engineering Society
Shawn Harrelson	Topeka	KOMA

Organizational Chart
Kansas Department of Human Resources

Division of Workers Compensation

December 1992

House Labor and Industry
Attachment 1
1-12-93



* Officed In: Topeka (4 each)
Overland Park (1 each)

** Officed In: Overland Park

*** Officed In: Liberal (1 each)
Overland Park (3 each)
Topeka (2 each)
Wichita (3 each)
Salina (1 each)

Approved: _____

63 Full Time Employees

Workers Compensation
Employers' Handbook and Resource Data

ERRATA — July 1, 1992

All changes are in bold type.

WHEN AN ACCIDENT OCCURS (red edging)

Section titled "Benefits," second page:

Add new line to Maximum Compensation Schedule and Workers Compensation Schedule of Benefits.

July 1, 1991 - June 30, 1992 $289
July 1, 1992 - June 30, 1993 $299
Mileage rate effective December 1, 1990 ($.26)

Also add following line to last paragraph on page: **Turnpike or other toll, and parking fees actually and necessarily incurred are also reimbursed to the injured worker.**

INFORMATION SERVICES AND RESOURCES (light green edging)

Section titled "Other Resources,"

third page:

The before mentioned offices are located at:
KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

fourth page:

Liberal Law Judge (316) 624-6200
Write to:
ADMINISTRATIVE LAW JUDGE
WORKERS COMPENSATION
11 W 5TH ST
LIBERAL KS 67901-3323

Workers Compensation Rates, Rules and Policy Forms, Group Self-Insureds: Bill Wempe, Supervisor of Commercial Multi-Perils Section, or John Spain, Policy Examiner, Kansas Insurance Department, 420 SW 9th St, Topeka KS 66612-**1678**. (913) 296-3071.

Workers' Compensation Fund: **William Dempsey**, Attorney, Kansas Insurance Department, 420 SW 9th St, Topeka KS 66612-**1678**. (913) 296-**7812**.

(continued)

House Labor and Industry
Attachment 2
1-12-93

Workers Compensation Assigned Risk Plan: Margaret Gartner, Supervisor NCCI (National Council on Compensation Insurance), Kansas Service Office, **Ste 1**, 2930 Wanamaker Dr, Topeka KS (913) 273-6660. Mailing Address: NCCI, Kansas Service Office, PO Box 1577, Topeka KS 66601-1577.

fifth page:

Workers Compensation Legal Questions Covering Drug Testing or Employment Applications: A. J. Kotich, **Staff Attorney**, Kansas Department of Human Resources, **401 SW Topeka Blvd**, Topeka KS **66603-3182**. (913) 296-4902.

FORMS NOT FURNISHED BY THE DIVISION OF WORKERS COMPENSATION:

Miller Printers, Inc., 1010 Grant St, PO Box 549, Great Bend KS 67530-**3516**. **(316)** 793-5222.

Thill Printing Co., PO Box 1046, Great Bend KS 67530-**1046.** (316) 793-8866.

Uniform Printing and Supply (does not provide Form D), PO Box 189, Kendallville IN 46755-**0189**. 1-800-382-2424.

Paragon Graphics, Inc., 8131 W 10th St, Indianapolis IN 46214-**2431**. 1-800-876-4578.

Special forms:

OSHA Forms 100 and 200 may be obtained from: DHR, Industrial Safety and Health Section, **512 SW 6th Ave,** Topeka KS **66603-3174**. (913) 296-4386.

NCCI Policy Termination/Cancellation/Reinstatement Notice, Form #WC 89 06 09, order blanks for ordering this form may be obtained from: NCCI, Order Processing Department, 750 Park of Commerce Drive, Boca Raton FL 33487-**3696**. (407) 997-4608.

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Introduction

THE DIVISION

Workers Compensation is an insurance plan provided by the employer (by law) to pay certain benefits to employees who are injured in accidents that arise out of and in the course of employment. The Division of Workers Compensation, Kansas Department of Human Resources (DHR), administers the Workers Compensation Act.

The Division of Workers Compensation is made up of five sections: Administrative, consisting of Statistical and Administrative Services and the Self-insured program; ClaimsAdvisory; Rehabilitation; Judicial; and Medical Utilization Review sections.

The **Administrative section** processes all incoming documents and provides information on programs or individual cases. Information is recorded on injured workers, employers, insurance carriers, self-insureds and attorneys. This section also handles all accident reports and publishes an annual statistical report and a quarterly newsletter. Included is the self - insured program for individual self insured employers. This program grants self-insured status to large, financially-sound employers with sufficient financial strength to pay workers' compensation claims.

The **Claims Advisory section** monitors insurance carriers for timely and proper administration of workers' compensation claims, provides information and assistance to injured workers, insurance carriers, employers and attorneys regarding workers' compensation liabilities. This section also administers the employee and employer election program.

The **Rehabilitation section** directs and audits the vocational and physical rehabilitation needs of injured workers with insurance carriers, self-insureds, private vocational rehabilitation vendors and the Department of Social and Rehabilitation Services to monitor workers' return to employment through appropriate vocational rehabilitation services.

The **Judicial section** is comprised of Administrative Law Judges, who hear cases on request by an injured worker, employer or insurance company. A hearing may be requested whenever there is a disagreement regarding the right to compensation or benefits due the injured worker. Awards by the judges can be appealed to the Workers Compensation Director, the District Court, and the Kansas Appellate Courts.

The **Medical Utilization Review section** was established July 1, 1990, when the Act was amended . It mandates the Director to prepare and adopt rules and regulations which establish a maximum fee schedule or schedules for the state. Schedules are limited to defined localities. A schedule places a limit on medical-related fees, including vocational rehabilitation and any other services provided or ordered by health care providers to employees under the Act. The law provides for a seven-member advisory panel to assist the Director in establishing the schedule or schedules and providing an annual review of the fee schedule.

October,1990

2-4

Introduction

THE LAW

The first law in Kansas regarding workers' compensation was enacted in 1911 and has been changed considerably since that time.

Initially, the law covered only hazardous jobs and there were certain exemptions in regard to the number of employees. The law today covers all employers in Kansas, no matter how many employees they have or the nature of the work, except where the employer has less than an estimated $10,000 annual payroll in any calendar year.

While the law contains provisions for some employers to self-insure, normally only large, substantial companies are approved for self-insurance. Application for self-insurance is made and approval is given by the Director of Workers Compensation. Group self-insurance is available for those that qualify, and the program is administered by the Kansas Insurance Department, (913) 296-3071.

Most employers provide coverage by purchasing workers' compensation insurance. To obtain insurance, or information as to its cost, an employer should contact an insurance agent. The Kansas Insurance Commissioner's office can answer questions in regard to insurance policies, rules, rates and forms.

The Division of Workers Compensation publishes the the Kansas Workers Compensation Law and Rules when the law is changed (see publications in the Informational Services and Resources Section).

POSTING NOTICE

The law requires all Kansas Employers to post K-WC-40, Notice: Your Employer is Subject to the Kansas Workers Compensation Law Which Provides Compensation for Job-Related Injuries. It must be posted in a conspicuous place.

To receive a copy of this poster, a copy of other required Kansas posters and a brochure listing federal required posters, call (913) 296-7106 or write:

ATTN: Communications
Kansas Department of Human Resources
401 SW Topeka Blvd.
TOPEKA, KS 66603-3182

THE HANDBOOK

The purpose of this material is to increase your understanding of the law, to help you to correctly prepare the appropriate forms and to facilitate your interaction with the Division of Workers Compensation.

The material is in loose leaf form so information in the sections may be updated as the Workers Compensation Law evolves. It is color-coded for quick reference and to ease the introduction of updated material. The Division recommends that the pages being replaced be saved. The old material will pertain to accidents that occur before amendments to the Act take effect. if the amendments affect substantine rights, rather than procedural or remedial rights. Revisions to the Workers Compensation Handbook will be available after October 1 each year. Requests for revisions must be made in writing to the Division of Workers Compensation. The address is listed under other resources in the Informational Services and Resources Section. Sample forms and form helpers can be found in the appendix.

Introduction

The present law covers all employers in the state of Kansas except for employers in agricultural pursuits and employers with less than $10,000 gross annual payroll. All payroll is taken into account, including that paid in Kansas or elsewhere. If the employer is a sole proprietor or a partnership, the wages paid to such employer(s) and his/her (their) family are not used in the computation of the $10,000 gross annual payroll.

Workers' compensation benefits are not paid by the state of Kansas except to state employees. Benefits are provided and paid for by the employer through insurance or self-insurance. Employees pay no portion of the cost of workers' compensation. Self-insurance can only be undertaken after application is made and approval is given by the Director's office. Normally, only large, substantial companies are permitted to self-insure. Most employers provide coverage by purchasing workers' compensation insurance. To obtain insurance, or information as to its cost, an employer should contact an insurance agent. The Kansas Insurance Commissioner's office can answer questions in regard to insurance policies, rules, rates and forms. Group self-insurance is available for those that qualify, and the program is administered by the Kansas Insurance Department, phone (913) 296-3071.

ELECTIONS

KSA 44-505 provides that the Workers Compensation Act shall apply to all employers except (1) agricultural pursuits, (2) employers with less than $10,000 gross annual payroll, and (3) members of a Firemen's Relief Association which has elected not to come under the Act.

The method of determining whether or not an agricultural pursuit is under the Act generally follows the rule that only purely agricultural pursuits are exempt; servicing agricultural pursuits are considered covered under the Act.

In computing the $10,000 payroll to determine whether an employer is mandatorily covered, all payroll would be counted in a corporate business, but in a non-corporate situation, that portion of the payroll paid to a member of the employer's family is not required to be counted. The various election forms (See sample forms in appendix) presently in use are set out below:

Forms 50 and 50a deal with the election out of the Act by certain corporate employees. The form can only be used by an employee of a corporation who owns 10 percent or more of the corporate stock. Such an employee so electing by use of Form 50 exempts himself/herself from coverage under the Act. The form to cancel a Form 50 election previously filed is Form 50a.

Forms 51 and 51a are to be used by employers who are exempted from the law and wish to be covered. This would include employers with less than $10,000 payroll and agricultural pursuits. Form 51 is the election by which these employers can make themselves subject to the Act. Form 51a cancels Form 51 election.

Form 113 is an election filed by an individual, proprietor, or partner to cover himself or herself under the Act. **Form 114** cancels Form 113. Both the 113 and 114 forms must be signed by an insurance company underwriter or other official of the insurance carrier. A signature of an agent, either captive or general, is not acceptable.

Form 123 is an election whereby the employer can elect to provide coverage for all or part of his/her volunteer workers. **Form 124** is a cancellation of Form 123.

Form 135 is an election of the employer to provide workers' compensation coverage for persons performing public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence, or as a condition of probation or in lieu of a fine. **Form 135a** is a cancellation of Form 135.

Examples of Use:

Assume a partnership of two persons with two employees - one of these employees is a member of the partner's family and the other employee not a member of the family (the second of the employees not earning $10,000 per year.) The employment would not be subject to the Workers Compensation Act since they do not have a gross annual payroll paid to non-family members of $10,000 or more.

Assume that the partnership files election Form 51. That would make the business subject to the Act by their election. The coverage, therefore, would be for the two employees, the one member of the family and the other non-member. Although the member of the family payroll is not used to determine whether the business is mandatorily subject to the Act, the election to bring the business subject to the Act automatically extends the coverage to the family employee and the non-family employee. There is no coverage of each of the partners since they are not employees, but rather employers.

Forms 50 and 50a would have no application to this business since the business is not a corporation.

If the partners also filed election Form 113 on each of the partners in addition to Form 51, coverage would extend not only to the two employees but also to each of the individual partners.

EMPLOYEES WITH DISABILITIES

The Kansas Workers Compensation law contains a provision which is known as the Kansas Workers' Compensation Fund. Most states have similar provisions and many refer to them as the Second Injury Fund.

The purpose of the Workers' Compensation Fund is to create an inducement to employers to hire qualified workers with disabilities. Since a person with an existing disability might expose the employer to greater risk of an injury claim, this fund was created to remove that added risk. The word "handicapped" as used in these sections of the law does not only refer to persons with severe handicaps, but also to others with minor disabilities that constitute a hurdle to getting and keeping employment.

- If the name of the employee with a disability is filed with the Director's office,
- or if the employer proves he or she knew of a preexisting handicap,
- and that employee sustains an injury,the employer can claim relief from payment from the Workers' Compensation Fund. How much is paid from the Fund depends upon the facts of the case.

Benefits may be paid from the Fund in three types of situations. They are as follows:

1. If an accident occurs in which an employee is injured and that accident would not have occurred "but for" the preexisting disability, then all compensation would be paid by the Fund.

2. If the employee's preexisting disability did not cause the accident to occur, but the employee sustains a disability that is totally attributable to the preexisting condition, then all of the compensation would be paid by the Fund.

3. If the preexisting impairment did not cause the accident to occur but the employee sustains a disability that is partly attributable to the preexisting condition, then part of the compensation would be paid by the Fund.

Employers can use Form 88 (see sample forms in appendix) to file the names of employees with disabilities. Copies of this form are available from the The Division of Workers Compensation Office.

An employee with a disability is defined as follows: any person afflicted with, or subject to, any physical or mental impairment, or both, whether congenital or due to an injury or disease of such character that the impairment constitutes a handicap in obtaining employment or would constitute a handicap in obtaining reemployment if the employee should become unemployed.

Also, a handicap may be due to any of the following diseases or conditions—epilepsy, diabetes, cardiac disease, arthritis, amputated foot, leg, arm or hand, loss of sight of one or both eyes or a partial loss of vision of more than 75 percent bilaterally, residual disability from poliomyelitis, cerebral palsy, multiple sclerosis, Parkinson's disease, cerebral vascular accident, tuberculosis, silicosis or asbestosis, psychoneurotic or mental disease or disorder established by medical opinion or diagnosis, loss of or partial loss of use of any member of the body. In addition, a handicap may be due to any physical deformity or abnormality, other physical impairment, disorder or disease, physical or mental, which is established as constituting a disability in obtaining or in retaining employment.

NOTE: workers' compensation insurance premiums are not based on the fact that an employee may be disabled. They are based on the type of work that is to be performed.

In a recent study conducted by a major industrial firm, qualified disabled employees rated average or better attendance; rated average or better in turnover; were more highly motivated toward good safety, attendance and job performance; and were
capable of achieving a satisfactory level of safety and job performance. In fact, the best workers were found to be those with the severest disabilities, i.e., amputees, blind persons and paraplegics.

With the passage of the Americans with Disabilities Act (ADA), more employers may be interested in making their work sites handicapped accessible. DHR's Kansas Commission on Disability Concerns (KCDC) can provide information on free accessibility surveys and some (often simple and inexpensive) accommodations. KCDC can be reached by calling (913) 296-1722.

INDEPENDENT CONTRACTORS

The Division of Workers Compensation is frequently contacted about the problem of the independent contractor. The basic question is whether an individual is an independent contractor or an employee. This can be a very important question in regard to whether an employer must cover the worker as an employee or whether the worker is indeed an independent contractor, and therefore, not subject to the employer's insurance coverage. Under the Kansas Workers Compensation law, if a

worker is an employee, he/she cannot be required to contribute towards purchasing workers' compensation insurance. If the worker is an employee, then the employer must purchase the insurance and the employer cannot withhold funds from the employee's pay or commission to purchase the insurance.

In workers' compensation, the determination of whether a worker is an employee or an independent contractor is made through the so-called "common law test" as applied by the Kansas Supreme Court or Kansas Court of Appeals. In other words, there is no statute in the Workers Compensation law that sets the definition for the legal requirements as to whether a certain individual is an employee or an independent contractor. An Administrative Law Judge, or the Director, or other appeal courts will arrive at this determination by examining how the prior decisions of the Kansas Supreme Court defined an employee.

In the case of Snyder vs. Lamb, 191 Kan. 446, our Supreme Court said, "The question whether, in a given situation, an injured workman occupied the status of an independent contractor—as distinguished from an employee—has been before this court many times. Generally speaking, an independent contractor is one who, exercising an independent employment, contracts to do a piece of work according to his own methods and without being subject to control of his employer except as to the result of his work." The court further noted in that case that the right of control test is not an exclusive test to determine the relationship, but other relevant factors are also to be considered. The court in the case of Evans vs. Board of Education of Hays, 178 Kan. 275, noted "an independent contractor represents the will of his employer only in the result of his work and not as to the means by which it is accomplished." The court further noted in that decision, "It is not the exercise of direction, supervision or control over a workman which determines whether he is a servant or an independent contractor, but the right to exercise such direction, supervision or control."

The right to hire or discharge the worker also can be an important element in this test. Generally, if an independent contractor does not perform a job he/she was contracted to do in a satisfactory manner, the legal recourse is not to discharge that person but to sue the person for breach of contract due to faulty workmanship or incomplete service. Usually an independent contractor cannot be discharged at the whim of the person contracting the work. An employee, however, can be subject to this type of termination.

The person engaging the independent contractor usually enters into a written agreement where a certain end result is contracted for and a certain set amount of money will be paid once that end result is completed. For instance, if a home owner contracted with a plumbing service to build a bathroom for a certain amount of money and did not engage in the supervision of the independent contractor while he/she performed the job, then that person performing the job would most probably be an independent contractor. However, if a person was a contractor who built homes and contracted with a certain individual that he/she would be paid so much an hour while he/she did the plumbing work, generally gave directions how the plumbing

work should be completed and had the right to discharge that person at any time during the progress of the work, that person doing the work would most probably be an employee.

Problems develop where there exists an extremely close question of whether that person is an employee or an independent contractor. Employers are cautioned that they may be taking a financial risk if they do not cover such workers, because if it is determined that the worker is an employee, the employer would be required to pay the benefits even though he/she is uninsured.

Sometimes general contractors and others will require certificates of insurance from all persons doing work for them, and therefore, avoid the contractor vs. employee question and protect themselves from workers' compensation claims. The only problem with this is some workers might complain they are being required to carry workers' compensation insurance on themselves even though they believe themselves to be employees. Therefore, the problem can arise even before an accident may occur.

When the law was revised in 1974, church boards inquired about the status of ministers. The questions arose because the Internal Revenue Service apparently considers most ministers self-employed and not employees. However, applying the "common law test" to most situations involving ministers indicated to our office that these people most probably were employees rather than independent contractors. In most cases, a minister is subject to discharge by a church board and it does have a certain right of control over the minister's activities by providing directions regarding duties and how they generally should be performed. In most cases, the church should provide workers' compensation coverage for the minister.

Questions concerning independent contractors have been presented by the trucking industry. In the Supreme Court case, Knoble vs. National Carriers, 212 Kan. 331, the truck driver owned the tractor and leased it to the trucking firm. The employee, with his tractor, towed the trailer of the trucking firm. The truck driver and the trucking firm had a written contract which specifically stated the parties did not intend to create an employer-employee relationship.

Truck drivers were not prescribed as to the number of days they had to work or times they had to work; however, they had to conform to the ICC regulations as the amount of time they could work in a given day. The truck drivers were given advances for expense money, which was deducted from their payment on completion of delivery of a load. Some of the evidence brought out in the case was that the drivers received instructions from the dispatcher as to what commodities were to be hauled and where they were to be delivered. The drivers were required to check with the employer on a call-in basis at least once a day.

The employee was paid on the basis of 70 percent of the gross revenue taken in by the truck and no social security or withholding tax was withheld or paid by the trucking firm. The Supreme Court, in that case, concluded that the lower court was correct in finding an employer-employee relationship to exist. The court, in making this finding, noted, "that the trucking company exercised or had the right to exercise as much control

over the drivers of leased vehicles as it desired or was required to exercise in order to operate efficiently." The court further noted that no exact formula exists for determining if one is an employee or an independent contractor and concluded, "The determination of the relation in each instance depends upon the individual circumstances of the particular case."

It might also be noted that where one person is exclusively associated with another in order to conduct his/her business efficiently, the principal in the relationship, as a practical matter, must exercise or reserve some control over the worker's activities. Also, it might be observed that a person who is willing to be considered an independent contractor may have a change of feeling as to this status once he or she is injured on the job.

Where an employer-employee relationship is found to exist, the employer would be required to pay the benefits even though he/she did not carry workers' compensation insurance. The liability can be very high because of unlimited medical and present overall dollar maximums, in addition to the employer's attorneys' fees.

When An Accident Occurs

THE STANDARD PROCEDURE

When an accident occurs, the process of settling all claims resulting from that accident begins with the notification of the employer, who must file an accident report with his or her insurance carrier (see sample forms in appendix). In turn, the insurance carrier or a self-insured employer files the report with the Director of Workers Compensation and this office sends an informational sheet and claim form to the injured employee. A Physician's Report (see sample forms in appendix) is filed by the treating physician with the insurance carrier or the employer following the filing of the accident report by the carrier. The employee files his or her claim for benefits, Claim for Workers Compensation K-WC15, (see sample form in appendix) with the employer.

An employer/insurance carrier must begin paying compensation on the 14th day of the time lost following the injury. The first week is not payable unless the employee is off for at least three consecutive weeks.

The right to compensation may be forfeited if a claim is not served in time (see the deadlines chart in this section).

DEADLINES

Verbal notice of accident to employer (May be exempted)	within 10 days of accident
Written notice of occupational disease	within 90 days of disablement
Carrier must file original accident report typed or printed in black ink, with the Division of Workers Compensation	within 28 days from date the employer has knowledge of accident
The worker must file a written claim with employer (in person or or by registered or certified mail) if the accident report is timely filed.	200 days from date of accident or last date of medical / temporary compensation
Worker must file a written claim when employer fails to report accident within 28 days.	one year from date of accident
Dependents submit written claim in death cases	one year from date of accident
Workers suffering disability from occupational disease	one year from date of disablement
Application for hearing by employee	within three years of date of accident or two years after last payment of compensation

When An Accident Occurs

HEARINGS

If a hearing is desired, the injured employee is required to file an Application for Hearing (see sample forms in appendix), provided that a written claim has been filed within specified deadlines with the employer.

BENEFITS

The Kansas Workers Compensation law requires that the employer or insurance carrier pay an injured worker two-thirds of the employee's gross average weekly wage up to the maximum benefits listed below. Employees are not paid benefits for the first week they are off work except medical benefits; however, if they are off over seven days, then they are entitled to receive weekly compensation (if off three weeks, employees can receive compensation for the first week).

To determine the maximum that is applicable, check the maximum in effect for the year of the injury provided by the schedule below. The maximum in effect at the date of the injury does not change once set. Remember, also, that if two thirds of the gross average weekly wage is below the maximum listed below, the actual amount one would receive would be only two thirds of the gross average weekly wage.

Maximum Compensation Schedule

Date of Injury	Maximum Benefit
July 1, 1985-June 30, 1986	$239
July 1, 1986-June 30, 1987	$247
July 1, 1987-June 30, 1988	$256
July 1, 1988-June 30, 1989	$263
July 1, 1989-June 30, 1990	$271
July 1, 1990-June 30, 1991	$278

Weekly compensation is payable at the above rate until the doctor releases the employee to return to work; however, in no case can such payments exceed a total of $125,000 for permanent total or $100,000 for partial or temporary disability.

Medical Benefits:

A person injured on the job is entitled to all medical treatment that may be needed to cure or relieve the effects of the injury. Under the law, the employer has the right to choose the treating physician. If the worker seeks treatment from a doctor not authorized or agreed upon by the employer, the insurance company is only liable up to $350 toward such medical bills. The employee does have the right to apply to the Director for a change of doctor. An injured worker is generally entitled to mileage reimbursement for trips to see the physician if the distance is over five miles for the round trip. If the worker must hire transportation, this can also be reimbursed.

Settling the Workers Compensation Claim:

Employees who receive a permanent injury as a result of a work-related accident may be entitled to permanent disability benefits. The law allows a certain number of weeks of compensation to be paid for various injuries to the listed body members (see schedule list in this section). If the injury is not on the schedule, compensation may be required to be paid over a 415-week period.

Although the law requires that compensation be paid for a certain period of weeks, the employee, employer or insurance carrier have the right to settle the employee's claim on a lump-sum basis. Before the employee agrees to such a settlement, the employee may call the Division of Workers Compensation Claims Advisory Section to discuss his/her situation.

Many factors can affect the employee's dicision to accept a lump-sum settlement on his/her claim. The Division of Workers Compensation cannot make this decision to accept or reject an offer of settlement nor will it act as legal counsel to the employee. However, it can outline the employee's rights and obligations under the law so any decision is an informed decision.

Schedule List

(amputation through a joint is considered loss to the next higher schedule)

Accidental Injury Disability	Weeks Payable
Arm	210
Forearm	200
Hand	150
Leg	200
Lower Leg	190
Foot	125
Eye	120
Hearing, Both Ears	110
Hearing, One Ear	30
Thumb	60
First (index) Finger	37
Second (middle) Finger	30
Third (ring) Finger	20
Fourth (little) Finger	15
Great Toe	30
Great Toe, End Joint	15
Each Other Toe	10
Each Other Toe, End Joint	5

Computing the Settlement:

Amputation (1) Add weeks on applicable schedule to number of weeks healing period (additional weeks compensation allowed for time you are off work up to 10 percent of the weeks on the schedule, but no more than 15 weeks); (2) Multiply these weeks times the weekly compensation payment; (3) Subtract the amount of compensation previously paid. For partial or multiple amputations, contact the Division of Workers Compensation.

When An Accident Occurs

Loss of Use to Schedule Member (1) Subtract weeks of compensation already paid to employee from number of weeks on the Schedule List; (2) Multiply this figure by percent of disability to the member; (3) Multiply this figure by employee's weekly compensation rate. This gives the total settlement due. NOTE: Healing period may be allowed in non-amputation cases.

Permanent Partial Disability to the Body (Example: back, shoulder, and head) (1) Compute employee's weekly permanent partial compensation rate by muliplying his/her gross average weekly wage times his/her percent of disability; (2) Multiply this figure by .6667 (cannot exceed maximum benefit listed on reverse side); (3) Subtract the number of weeks of compensation already paid to the employee from 415 weeks; (4) Multiply the balance by the permanent partial weekly rate. (This gives the total settlement due.)

Death Benefits The Kansas Workers Compensation Act requires an employer to pay weekly benefits to the surviving dependents of an employee who suffers work-related accidental death. The weekly benefits equal two-thirds of the deceased's gross average weekly wage, but cannot exceed the maximum weekly benefit applicable on the date of death shown on the table under the Benefits heading in this section.

Generally, weekly benefits are payable to a maximum of $200,000 depending on the continued eligibility of the surviving spouse and dependent children. All medical and hospital expenses incurred by the fatal incident are payable, and funeral expenses up to $3,200 are allowed.

Children are considered dependent if unmarried and under the age of 18 on the date of the deceased's death. Children between the ages of 18 and 23 are considered dependent children if they are physically or mentally incapacitated, attending college or involved in vocational education. Dependent children can receive compensation until age 18 even if the benefits exceed $200,000.

If the deceased leaves only a surviving spouse and no dependent children, the surviving spouse receives the entire weekly benefit. If the deceased leaves a surviving spouse and dependent children, the weekly benefit is paid half to the spouse and half to the children. If only children survive, the weekly benefit is divided equally among the children. If the deceased is unmarried and leaves no dependent children, then parents, grandparents, brothers or sisters who were wholly or partially dependent upon the deceased can receive compensation. However, spouses or dependent children take to the exclusion of all other dependent relatives.

Questions regarding the employee's rights under the Kansas Workers Compensation Act can be answered by the Claims Advisory Section of the Division of Workers Compensation. The telephone numbers (including the toll-free number) and address are listed under Other Resources in the Informational Services and Resources Section.

CLOSING A WORKERS COMPENSATION CASE

Form D, Final Receipt and Release of Liability:This form is filed by the employer and insurance carrier to release their liability on a claim. It requires the employee's signature and the attachment of a Form G, Physician's Report, supporting the percent of disability upon which the compensation is paid. The Form D. release can be set aside within a year if the release does not reflect that the claimant has been provided compensation in accordance with the Act.

Joint Petition and Stipulation: This method of settlement has the effect of an award by an Administrative Law Judge. It can only be used in death cases; when the claimant is incapacitated and cannot come to a settlement hearing; or if the claimant is out of state and unable to travel to Kansas for such a hearing.

Settlement in Front of an Administrative Law Judge: This is a settlement by the parties presented to the Administrative Law Judge for approval and award. A written record is made of the settlement hearing. The Administrative Law Judge advises the claimant of his or her rights under the Workers Compensation Act and the effect of the proposed settlement. Once the settlement is approved, the award is final unless appealed. A lump sum settlement cannot be appealed.

TRIAL OF A CONTESTED CASE:

A. Preliminary hearings pursuant to KSA 44-534a: The Administrative Law Judge may order compensation paid during the trial of a workers' compensation case following a preliminary hearing. Seven days notice is required for such a hearing and the Administrative Law Judge must render his/her decision within five days after the hearing. Compensation allowable in a preliminary hearing is temporary total, medical compensation, and vocational rehabilitation benefits pending the final submission of the case to the Administrative Law Judge for an award. If the Administrative Law Judge later finds the compensation should not have been paid, reimbursement is allowed from the Workers' Compensation Fund administered by the Kansas Insurance Department. This procedure allows the claimant to begin to receive compensation in a minimum of 12 days following a Notice of Hearing.

B. Regular hearings pursuant to KSA 44-534: Twenty days written notice is required prior to the hearing. Each party is allowed 30 days after the hearing to complete their case. The Administrative Law Judge is required to render a decision within 30 days following the submission of the case. A written record is made in front of the Administrative Law Judge when the claimant testifies. Depositions of doctors are generally taken by the attorneys. The record is then submitted to the Administrative Law Judge. A preliminary award can be made in the

When An Accident Occurs

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interim before the final award is made in a case.

C. Appeal procedures: Within 10 days after the Administrative Law Judge renders an award, either party has the right to make application for review. The review is heard by the Workers Compensation Director or Assistant Director. Following the Director's decision, which must be made within 90 days of the review, the matter can then be appealed to the District Court if a petition for judicial review is filed within 30 days following the Order of the Director.

If an Administrative Law Judge awards compensation on a final award, no compensation is due to the claimant until the Director's Order. If one of the parties then appeals the matter to the District Court , compensation must be paid to the claimant for 10 weeks preceding the date of the Director's Order and kept current while pending before the District Court.

By statute the workers' compensation reviews have priority in the District Court. When the District Court makes its order, either party has 30 days in which to appeal the matter to the Kansas Court of Appeals. An appeal to the Supreme Court can be taken only if the Supreme Court grants a review. Pending the decision from the Court of Appeals, all compensation must be brought to date and the award kept current. If the Director, District Court or Court of Appeals denies compensation or modifies the award of the Administrative Law Judge, reimbursement for ovrepayment can be made from the Workers' Compensation Fund for compensation previously paid.

After July 1,1990, if the District Court or Appellate Courts reduce benefits, the employer is entitled to a credit for overpayment to be applied first against any lump sum due the employee and then against any future benefit payable to the employee. There is no interuption in benefit payments to the employee.

D. Review and modification procedure: Following the final award of the Administration Law Judge, the Director, the District Court or the Appellate Court, any party may seek a review and modification of the award pursuant to KSA 44-528. Any party has the right to seek review and modification on the grounds specified in the statute, usually because the claimant's disability has become less or greater.

E. Awards: The Administrative Law Judge may order compensation paid weekly according to the various types of injury and the amount of disability.

VOCATIONAL AND PHYSICAL REHABILITATION PROCEDURE

Accident reports submitted to the Division of Workers Compensation by the insurance carrier or self-insured employer are computer screened so those claimants who would have a high probability of meeting the assessment criteria for vocational rehabilitation will receive information about those services from the Division of Workers Compensation. Additionally, carriers and self-insured employers are required to report to the Division, all injured workers who have missed 90 days of work due to a work-related injury on Form R87-1, Insurance Carrier Status Report. (see

Form Helper in appendix) Additional information is then provided the claimant regarding vocational rehabilitation.

Claimants are not automatically referred for vocational rehabilitation assessment if they have been off work for 90 days. Historically, however, the greater length of time away from work recovering from an injury, the greater the likelihood exists that the claimant will need some type of vocational rehabilitation assistance in order to return to suitable work and at comparable wages.

Referral for a vocational rehabilitation assessment is most often made when the claimant reaches maximum medical improvement or is quite close to it. However, where it is known that a vocational rehabilitation assessment will have to be made, early intervention is recommended. The authority and responsibility for making a referral to a qualified vocational rehabilitation vendor lies with the insurance carrier or self-insured employer.

Referral should be made if it is questionable that the injured worker can return to the same job with the same employer due to the restrictions placed on the worker because of a work-related injury. If the employer is unable to make a reasonable accommodation through a job offer that is within the restrictions and at a comparable wage, a referral should be made.

Once the injured worker is referred for a vocational rehabilitation assessment, the rehabilitation counselor must adhere to a determination based on the following priorities as established under the Workers Compensation law. These are:

a. return to same work with same employer,
b. same work with accommodations, same employer,
c. other work with or without accommodations for same employer,
d. same work-another employer,
e. other work for another employer and
f. provide vocational rehabilitation re-education or training.

The assessment provides the documentation to establish whether a need exists for assistance from the rehabilitation counselor and the respondent insurance carrier for the injured worker to return to work in one of the priorities listed above. Actual vocational rehabilitation services, i.e., a vocational rehabilitation plan, are only provided to those individuals for whom a need is demonstrated to exist.

The goal of the rehabilitation counselor is twofold, 1) to assess injured workers to determine whether they will need rehabilitation services in order to return to work; and 2) to provide/coordinate rehabilitation services for those who are determined to need them, to return the injured worker to employment within their functional restrictions at comparable wages.

Workers are entitled to temporary total disability compensation during any period of vocational rehabilitation, reeducation or training, if they are not working. The worker may receive temporary total or temporary partial disability compensation while the vocational rehabilitaion assessment is being conducted. However, no temporary total or temporary partial disability compensation shall be payable for any week the injured worker is receiving Unemployment Insurance benefits.

When An Accident Occurs

SAFETY SAVES MONEY

One way to reduce the cost of workers' compensation is to create or maintain as safe a work environment as possible. Lower premiums are not the only reason to be attentive to safety. Most workers are skilled and the employer has an investment in them. Training time, even for positions which do not require training beyond the high school level, costs the employer money. Maintaining a safe work environment does not cost money, it saves money.

The Kansas Department of Human Resources can help the employer save even more money. The Department's Division of Industrial Safety and Health provides a free safety and health consultation service for private industry at the request of the employer. The consultation is a confidential service to employers; it can help them prepare for a future inspection by the federal Occupational Safety and Health Administration while also serving to reduce insurance costs through elimination of hazards and minimizing liability. The Division also offers safety education and training materials. Most insurance carriers also provide safety engineers to assess the work environment.

Informational Services And Resources

The Kansas Department of Human Resources, Division of Workers Compensation, provides many informational services to employees, employers, health care providers and others. The Division of Workers Compensation continues to build its communication network with each of its constituent groups.

EDUCATIONAL PROGRAMS

Workers Compensation Annual Seminars are held at two locations in Kansas each fall. Each seminar includes special computation classes. Special programs delivering specific and extensive information are presented to attorneys, employers and rehabilitation and insurance professionals. Contact the Division of Workers Compensation to learn the dates and locations of the next seminars, (913) 296-3441.

The Speakers Bureau is a statewide network of Department of Human Resources employees who have been trained to educate the public. Any labor organization, employer group, employee group, health care provider organization or other interested party can hear a presentation covering the Kansas Workers Compensation Act or other Department of Human Resources programs and services. Speakers are available at no cost to the public. Appointments should be made in advance by calling the Department's Division of Communications at (913) 296-7106.

The Kansas Department of Human Resources **Employers' Institutes** cover a wide range of workplace issues. Workers' compensation is a recurrent topic at these institutes, designed to help employers understand laws and regulations that affect their businesses. The one-day institutes are co-sponsored by the Job Service Employers' Committee, an advisory group to the Department. They are held at various locations, statewide, each spring and fall. For current topics, dates and locations, call the Communications Division, (913) 296-5003.

The **Governor's Annual Safety and Health Conference** provides a vast resource of information on safety regulations, programs, practices and equipment. The conference, sponsored by the Kansas Department of Human Resources Division of Industrial Safety and Health, traditionally takes place in November. For more information, dates and location of the next conference, call the Division of Industrial Safety and Health at (913) 296-4386.

The Division of Industrial Safety and Health offers free **safety and health consultations** upon request. This service is designed primarily for small employers. The Division does not penalize for safety and health violations. Employers find these inspections very helpful in preparing for inspections by the federal Occupational Safety and Health Administration. To arrange for a free consultation, call (913) 296- 4386.

Informational Services And Resources

The Kansas Commission on Disability Concerns provides a free **handicapped accessibility survey** or can provide a local contact to offer this service. The Division of Workers Compensation promotes the hiring and retention of qualified workers with disabilities. Kansas law provides the Workers' Compensation Fund to reduce the workers' compensation risk to employers who hire these workers. The Kansas Commission on Disability Concerns can be reached at (913) 296-1722 or TDD 296-5044.

PUBLICATIONS

NEWS AND VIEWS FROM WORKERS COMPENSATION is the Division's newsletter for Kansas employers, insurance carriers, claims adjusters, vocational rehabilitation counselors, health care providers, attorneys and others. This quarterly publication offers such practical information as advice on claims processing; updates on division policy and/or procedural changes; pertinent statistics; and news concerning current trends in workers' compensation. Call (913) 296-3441 to receive this free publication.

THE WORKERS COMPENSATION LAW AND RULES may be purchased from the Division of Workers Compensation, Topeka Office. It is reprinted whenever changes in the Act occur and it is priced only to cover the cost of printing, shipping, handling and tax. The publication date of the latest edition is October, 1990, and can be purchased for $5. The July 1, 1987, edition of the Workers Compensation Law and Rules costs $4. Checks should be payable to the Division of Workers Compensation.

The Division of Workers Compensation publishes an **ANNUAL STATISTICAL REPORT** each fall. To obtain a copy, call (913) 296-3441.

A free mandatory poster, **NOTICE: YOUR EMPLOYER IS SUBJECT TO THE KANSAS WORKERS COMPENSATION LAW WHICH PROVIDES COMPENSATION FOR JOB-RELATED INJURIES**, is available (see sample in index). For this poster or other Kansas mandatory posters, call the Communications Division (913) 296-7106. Communications also publishes a brochures listing all federal and state mandatory posters.

EDUCATIONAL VIDEO

The Division has an educational video tape available from the Topeka Office free of charge (except postage) on the VHS Format. "Early to Rise" is a 15-minute production of the International Association of Industrial Accident, Boards and Commissions' Medical Committee geared towards continuing education of physicians.

Informational Services And Resources

PERSONAL COMPUTER DIAL-UP RESEARCH

For your convenience, remote electronic research of the Division of Workers Compensation records can be accessed with a personal computer and modem.

The "Dial-Up" operation works by having a personal computer dial a telephone number in either Hays, Kansas City, Salina, Topeka or Wichita, which connects the caller to the mainframe computer in Topeka. The caller can then access and search through the Division's computer records. There is no sign-on or subscription fee, only your long distance phone charges.

The files provide information such as:

- a list of all social security numbers filed with the Division from accident reports, form 88s, elections, dockets, rehabilitation records and final releases.
- a list of accident reports, dockets, elections, etc.
- a list of accidents under a specific social security number,
- docket records containing 1.) basic information about the case, 2.) actions that have taken place on the case, and 3.) names and serial numbers of attorneys involved in the case.
- identification numbers or mailing addresses for insurance carriers.

For more detailed information explaining how to access the system and how to accomplish research once in the Division's records, call (913) 296-3441 or write the Division to receive the dial-up research instructional booklet.

OTHER RESOURCES

The Kansas Division of Workers Compensation:
General Information (913) 296-3441
Director's Office (913) 296-4000
Rehabilitation (913) 296-2050
Claims Advisory (913) 296-2996 or toll-free (claimants only) 1-800-332-0353
Self-Insurance (913) 296-3606
Topeka Law Judges (913) 296-7012

The before mentioned offices are located at:
Kansas Department of Human Resources
Division of Workers Compensation
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, KS 66612-1227

Informational Services And Resources

Liberal Law Judge (316) 624-6200

Write to:
Workers Compensation Administrative Law Judge
518 N. Kansas
Liberal, KS 67901-3304

Overland Park Law Judges (913) 642-7650

Write to:
Workers Compensation Administrative Law Judge
8417 Santa Fe Drive, Suite 206
Overland Park, KS 66212-2749

Salina Law Judge (913) 827-0724 or FAX *(913) 827-0942

Write to:
Workers Compensation Administrative Law Judge
128 N. Santa Fe, Suite 2A
P.O. Box 2207
Salina, KS 67401-2207

Wichita Law Judges (316) 266-8650 or FAX *(316) 266-8656

Write to:
Workers Compensation Administrative Law Judge
402 E. Second
P.O. Box 877
Wichita, KS 67202-0877

*The Topeka Offices for the Division of Workers Compensation has a **FAX** machine. The number is (913) 296-0839. The 1990 Legislature approved the use of FAX submissions by passing House Bill 3067. The Division requires that a follow-up copy be mailed and submitted no longer than five working days after the FAX submission.

Kansas Insurance Department **toll-free number for claimants calling from Kansas:** 1-800-432-2484

Workers Compensation Rates, Rules and Policy Forms, Group Self-Insureds: Bill Wempe, Supervisor of Commercial Multi-Perils Section, or John Spain, Policy Examiner, Kansas Insurance Department, 420 S.W. 9th Street, Topeka, Ks 66612. (913) 296-3071.

Workers' Compensation Fund: James K. Villamaria, Attorney, Kansas Insurance Department, 420 S.W. 9th St., Topeka, KS 66612. (913) 296-7808.

Workers Compensation Assigned Risk Plan: Margaret Gartner, Supervisor NCCI (National Council on Compensation Insurance), Kansas Service Office, Suite 6, 2930 Wanamaker Dr., Topeka, KS. (913) 273-6660. Mailing Address: NCCI, Kansas Service Office, P.O. Box 1577, Topeka, KS 66601-1577.

Workers Compensation Classification of Risk and Experience Modification Checks and General Rating Questions: All inquires pertaining to experience ratings, endorsements, cancellations of policy, notice of termination of policies, policies information page, ERM-14, form WC 89 06 90, etc. . . should be sent to:

NCCI Midwestern Division, P.O. Box 19430, Springfield, IL 62794-9430 (217) 793-1100.

Workers Compensation Legal Questions Covering Drug Testing or Employment Applications: A.J. Kotich, Chief of Legal Services, Kansas Department of Human Resources, 401 Topeka Blvd., Topeka, KS 66603. (913) 296-4902.

FORMS NOT FURNISHED BY THE DIVISION OF WORKERS COMPENSATION:

Three forms are not furnished by the Division of Workers Compensation and may be printed or reproduced by the employer, as long as the form provides all the required information (samples of these forms are contained in the appendix). These forms are: Accident Reports (1101a or Form A), Final Release (Form D) and Physicians' Report Blank (Form G).

If employers find it more convenient or cost effective to purchase these forms from other sources, businesses that have communicated a desire to sell these forms include:

Miller Printers, Inc., 1010 Grant St., P.O. Box 549, Great Bend, KS 67530. (913) 793-5222.

Thill Printing Co., P.O. Box 1046, Great Bend, KS 67530. (316) 793-8866.

Uniform Printing and Supply (does not provide Form D), P.O. Box 189, Kendallville, IN 46755. 1-800-382-2424

Paragon Graphics, Inc., 8131 West 10th St., Indianapolis, IN 46214. 1-800-876-4578.

Special forms:

ARP-1-KS—Assigned Risk Application for Workers Compensation Insurance may be obtained from: NCCI, Kansas Service Office, P.O. Box 1577, Topeka, KS 66601-1577. (913) 273-6660.

OSHA Forms 100 and 200 may be obtained from: DHR, Industrial Safety and Health Section, 512 W. 6th St., Topeka, KS 66603-3150. (913) 296-4386.

NCCI Policy Termination/Cancellation/Reinstatement Notice, Form #WC 89 06 09, order blanks for ordering this form may be obtained from: NCCI, Order Processing Department, 750 Park of Commerce Drive, Boca Raton, FL 33487. (407) 997-4608.

Appendix

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Claim for Workers Compensation

The office of the Division of Workers Compensation has been notified of an accident or an alleged injury on the job.

If you were off work for more than one week because of an injury arising out of and in the course of your employment, or have permanent injury or medical bills, you may be entitled to receive workers compensation disability benefits from your employer or his insurance carrier. This office pays no benefits.

The law requires that you must serve written claim for compensation upon your employer within 200 days after the accident, the last compensation paid you or the last medical treatment furnished to you. An accident report is not written claim.

Claim may be served in person or by certified mail, return receipt requested. When claim is served in person, the employer dates and signs the Receipt. The injured worker keeps the signed Receipt for his or her records. If the claim is sent by certified mail, the post office receipt, with the claim receipt, is claimant's proof that he or she timely served written claim upon his or her employer.

RECEIPT

(keep receipt for your records -- do not send to the Workers Compensation Office)

I hereby acknowledge receipt of written claim: _____
(employer's signature)

Employee's Name: _____

Date of alleged accident: _____ Date claim received: _____

CLAIM FOR WORKERS COMPENSATION

(leave this portion with employer)

Date _____ , 19 ____

To (employer) _____

Street _____ City _____ State _____ Zip _____

You are herewith informed that I claim compensation in accordance with the Workers Compensation laws of Kansas by reason of an accident which arose out of and in the course of my employment with you on or about (date)

_____ , 19 _____ .

Signature (worker making claim) _____ Social Security No. _____

Street _____ City _____ State _____ Zip _____

EMPLOYER INSTRUCTION: Please forward this claim to your workers compensation insurance carrier or to your self-insurance claim processing office.

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

K-WC 15 (Rev. 9-90)

October, 1990

KANSAS DEPARTMENT OF HUMAN RESOURCES

NOTICE

YOUR EMPLOYER IS SUBJECT TO THE KANSAS WORKERS COMPENSATION LAW WHICH PROVIDES COMPENSATION FOR JOB-RELATED INJURIES

WHAT TO DO IF AN ACCIDENT OCCURS ON THE JOB - Notify your employer immediately. Thereafter you must file a written claim within 200 days of the accident or last date benefits are paid.

MEDICAL BENEFITS - An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to $350.00.

WEEKLY BENEFITS - Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3% of his average weekly wage up to a maximum of 75% of the state's average weekly wage. These benefits are subject to legislative changes and for the latest information on benefit levels, please contact the Division at the address and phone number below. If the injury results in permanent disability, the Kansas compensation law provides for additional benefits.

WHERE TO GET HELP OR INFORMATION ON YOUR CLAIM - Contact the Claims Advisory Section at the Kansas Division of Workers Compensation immediately if you do not receive compensation in a timely manner. The Division of Workers Compensation has full-time personnel who specialize in aiding injured workers with claim problems. They can give information on what benefits an injured worker is entitled to receive. Such problems as benefits not being paid on time, unpaid medical bills, questions in regard to proper settlement amounts, etc., should be brought to the attention of the Division's Claims Advisory Section. Injured workers may use our toll free telephone number 1-800-332-0353. Spanish interpreters are available at the Advisory Committee on Hispanic Affairs by calling (913) 296-3465.

TRABAJADORES DE COMPENSACIÓN INFORMACIÓN

Es requerído que el patrón le dé tratamiento médico y compensación meintras que un empleado está fuera de su trabajo por un golpe recibido en o por causa del trabajo. Llamen a estos numeros para preguntar acerca de sus derechos, (913) 296-2996 o 1-800-332-0353 (gratis). Officina de Trabajadores de Compensación, Estado de Kansas, 600 Merchants Bank Tower, 800 S.W. Jackson, Topeka, Kansas 66612-1227.

Intérpretes de Español estarán a sus órdenes para asistirle en el Comité Consejero de Asuntos Hispanos. Llamen al teléfono (913) 296-3465.

WHERE TO GET HELP OR INFORMATION ON YOUR CLAIM:

Current claims are being administered by _____

Their claims office is located at _____ telephone ( ) _____

Kansas Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson, Topeka, Kansas 66612-1227
Telephone Number (913) 296-2996

This notice must be posted and maintained by the employer in one or more conspicuous places.

K-WC 40 (Rev. 4-90)

Workers Compensation Schedule of Benefits

Fiscal Year	Maximum Weekly Comp.	Maximum Dollar Amount For PT* & TT**	Mileage ------ Per Diem	Unauth. Medical	Maximum Death Benefit Funeral Expenses
7-1-78 to			$ .15		$ 50,000
6-30-79	$129.06	$ 50,000	$15.00	$150	$ 2,000
7-1-79 to		$100,000*	$ .17		$100,000
6-30-80	$148.00	$ 75,000**	$15.00	$150	$ 2,000
7-1-80 to		$100,000*	$ .19		$100,000
6-30-81	$170.00	$ 75,000**	$15.00	$150	$ 2,000
7-1-81 to		$100,000*	$ .22		$100,000
6-30-82	$187.00	$ 75,000**	$15.00	$350	$ 2,000
7-1-82 to		$100,000*	$ .22		$100,000
6-30-83	$204.00	$ 75,000**	$15.00	$350	$ 2,000
7-1-83 to		$100,000*	$ .22		$100,000
6-30-84	$218.00	$ 75,000**	$15.00	$350	$ 3,200
7-1-84 to		$100,000*	$ .22		$100,000
6-30-85	$227.00	$ 75,000**	$15.00	$350	$ 3,200
7-1-85 to		$100,000*	$ .22/.205***		$100,000
6-30-86	$239.00	$ 75,000**	$15.00	$350	$ 3,200
7-1-86 to		$100,000*	$ .205		$100,000
6-30-87	$247.00	$ 75,000**	$15.00	$350	$ 3,200
7-1-87 to		$125,000*	$ .205		$200,000
6-30-88	$256.00	$100,000**	$15.00	$350	$ 3,200
7-1-88 to		$125,000*	$ .21/.225****		$200,000
6-30-89	$263.00	$100,000**	$15.00	$350	$ 3,200
7-1-89 to		$125,000*	$ .225/.24*****		$200,000
6-30-90	$271.00	$100,000**	$15.00	$350	$ 3,200
7-1-90 to		$125,000*	$ .24		$200,000
6-30-91	$278.00	$100,000**	$15.00	$350	$ 3,200

* Permanent Total Disability
** Temporary Total or Permanent Partial Disability
*** Mileage effective April 1, 1985 thru June 30, 1988
**** Mileage effective July 1, 1988 thru September 30, 1988 ($.21); then October 1, 1988 thru February 28, 1990 ($.225)
***** Mileage effective March 1, 1990

NOTE: The social security offset on death benefits was effective during the years 7-1-74 through 6-30-77.

The Workers Compensation Fund could not be impleaded on knowledge only during the years 7-1-77 through 6-30-79.

FORMS FURNISHED AT NO COST

HEARINGS

E-1	Application for Hearing
E-2	Dependent's Application for Hearing
E-3	Application for Preliminary Hearing

SETTLEMENTS

12	Worksheet for Settlement Injury Case
13	Worksheet for Settlement Death Case

INFORMATIONALS

15	Claim for Workers Compensation
103	Digest of Law for Employees
40	Posting Notice
88	Notice of Handicap, Disability or Physical Impairment

ELECTIONS

50	Employee Not to Come Under Act, 10% or more shareholder
50a	Cancellation of Form 50
51	Employer to Come Under Act, gross annual payroll is $10,000 or less or agricultural pursuits
51a	Cancellation of Form 51
113	Individual, Partner or Self-Employer to Come Under Act
114	Cancellation of Form 113
123	Employer to Provide Coverage for volunteer workers
124	Cancellation of Form 123
135	Employer to Provide Coverage for persons performing community service
135a	Cancellation of Form 135

REHABILITATION

A complete set of rehabilitation forms are available and will be sent. Copies of rehabilitation forms may be made by the requesting party.

MISCELLANEOUS FORMS

41	Subpoena
41a	Subpoena Duces Tecum
41b	Deposition Subpoena/Deposition Supoena Duces Tecum
107	Benefit Cards (New cards are issued each July 1st)
112	Surviving Spouse Annual Statement

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

CANCELLATION OF ELECTION OF EMPLOYER TO COVER EMPLOYEES UNDER KANSAS WORKERS COMPENSATION ACT WHERE EMPLOYER HAS LESS THAN $10,000 PAYROLL OR IS AGRICULTURAL PURSUIT.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Name of Employer Cancelling Election: _____

Corporate Name, if applicable: _____

Address of Employer Cancelling Election: _____

_____

Telephone Number: ( ) _____ Type of Business _____

hereby cancels its election(s) pursuant to K.S.A. 44-505(b) to come within the provisions of the Kansas Workers Compensation Act.

_____
Valid Signature of Employer
or Authorized Representative

_____
Title of Signing Individual

K-WC 51a (Rev. 1-90)

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

ELECTION OF EMPLOYER TO COVER EMPLOYEES UNDER KANSAS WORKERS COMPENSATION ACT WHERE EMPLOYER HAS LESS THAN $10,000 PAYROLL OR IS AGRICULTURAL PURSUIT.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employers Name: _____

Corporate Name if applicable: _____

Address of Employment: _____

_____

Telephone Number: ( ) _____ Type of Business _____

hereby elects to come within the provisions of the Kansas Workers Compensation Act pursuant to K.S.A. 44-505(b).

_____
Valid Signature of Employer or Authorized Representative

_____
Title of Signing Individual

_____
Date Signed

K-WC 51 (Rev. 1-90)

October, 1990
2-30

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

ELECTION NOT TO ACCEPT COVERAGE UNDER KANSAS WORKERS COMPENSATION ACT BY EMPLOYEE WHO OWNS 10% OR MORE OF CORPORATE STOCK OF CORPORATE EMPLOYER.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Name of Employee Electing Out of Act: _____

Social Security Number of Employee: _____

Corporate Employer's Name and Address: _____

_____

Telephone Number: (____) _____ Type of Business _____

The above named employee states that he/she owns 10% or more of the corporate stock of the above corporation and elects, pursuant to K.S.A. 44-543, not to accept coverage under the Kansas Workers Compensation Act. The above named employee recognizes that by signing this form he/she is not covered under the Kansas Workers Compensation Act.

_____
Valid Signature of Employee Electing Out of Act

_____
Date Signed by Employee

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

K-WC 50 (Rev. 9-90)

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

CANCELLATION OF ELECTION NOT TO ACCEPT COVERAGE UNDER THE KANSAS WORKERS COMPENSATION ACT BY EMPLOYEE WHO OWNS 10% OR MORE OF CORPORATE STOCK OF CORPORATE EMPLOYER.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Name of Employee Cancelling Election: _____

Social Security Number of Employee: _____

Corporate Employer's Name and Address: _____

_____

Telephone Number: (____) _____ Type of Business _____

hereby cancels his/her election made pursuant to K.S.A. 44-543 to elect not to accept coverage under the Kansas Workers Compensation Act. The above named employee recognizes that by signing this form he/she will now be covered under the Kansas Workers Compensation Act.

_____
Valid Signature of Employee Cancelling Election

_____
Date Signed by Employee

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

K-WC 50a (Rev. 9-90)

2-29

October, 1990

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

ELECTION OF INDIVIDUAL, PARTNER, OR SELF-EMPLOYED INDIVIDUAL TO COME WITHIN THE PROVISIONS OF THE KANSAS WORKERS COMPENSATION ACT.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Name of Individual to be Covered under Act: _____

Name of Business (DBA): _____

Social Security Number of Electing Individual: _____

Address of Electing Individual: _____

_____

being a sole owner of a business, partner or self-employed individual does hereby elect, pursuant to K.S.A. 44-542a, to cover himself/herself as an individual under the coverage of the Kansas Workers Compensation Act.

_____
Valid Signature of Individual Electing to be covered under the Act

THIS FORM IS NOT VALID UNLESS INSURANCE CARRIER COMPLETES THE BELOW PORTION. (NOTE: Cannot be completed by insurance agent. Must be completed by representative of carrier issuing policy.)

The _____ hereby agrees to provide
(Name of Insurance Carrier)

coverage for the above electing individual as of _____, 19 _____.
(first date of coverage)

_____
Signature of Representative of Insurance Carrier issuing policy

_____
Title of Representative Signing above

_____

_____
Address of Insurance Carrier

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

K-WC 113 (Rev. 9-90)

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

CANCELLATION OF ELECTION OF INDIVIDUAL, PARTNER, OR SELF-EMPLOYED INDIVIDUAL TO COME WITHIN THE PROVISIONS OF THE KANSAS WORKERS COMPENSATION ACT.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Individual Cancelling Election: _____

Name of Business (DBA): _____

Social Security Number of Electing Individual: _____

Address of Individual Cancelling Election: _____

_____

hereby cancels his/her previous election to come within the provisions of the Kansas Workers Compensation Act.

_____
Valid Signature of Individual Cancelling Previous Election

THIS FORM IS NOT VALID UNLESS INSURANCE CARRIER COMPLETES THE BELOW PORTION. (NOTE: Cannot be completed by an agent. Must be completed by representative of carrier issuing policy.)

The _____ states that the above individual
(Name of Insurance Carrier)

who is cancelling his/her election is no longer insured by this carrier. The coverage ceased or will cease on

_____.
(date)

_____
Signature of Representative of Insurance Carrier issuing policy

_____
Title of Representative Signing above

_____

_____
Address of Insurance Carrier

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

K-WC 114 (Rev. 9-90)

2-31

October, 1990

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

CANCELLATION OF ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR VOLUNTEER WORKERS.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: _____

Employer Address: _____

_____

hereby cancels its previous election to provide workers compensation coverage for volunteers within the provisions of the Kansas Workers Compensation Act.

_____
Valid Signature of Employer or Authorized Representative

_____
Title of Signing Individual

K-WC 124 (Rev. 1-90)

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR **VOLUNTEER WORKERS.**

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: _____

Employer Address: _____

hereby elects to cover volunteer workers who are engaged in the following volunteer work: _____

_____

Those volunteer workers in the following work are not being brought under the Act: _____

_____

The employer agrees to cover such volunteer workers until such election shall be cancelled on a form provided by the Division of Workers Compensation. The employer further agrees to provide coverage through the employer's workers compensation insurance policy or through an already existing approved self-insurance plan.

_____
Valid Signature of Employer or Authorized Representative

_____
Title of Signing Individual

K-WC 123 (Rev. 1-90)

October, 1990
2-32

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR PERSONS PERFORMING PUBLIC OR COMMUNITY SERVICE AS A RESULT OF A CONTRACT OF DIVERSION, ASSIGNMENT TO A COMMUNITY CORRECTIONS PROGRAM OR SUSPENSION OF SENTENCE OR AS A CONDITION OF PROBATION OR IN LIEU OF A FINE.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: _____

Employer Address: _____

_____

hereby elects to cover persons performing the following public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence or as a condition of probation or in lieu of a fine.

Classes of persons to be covered: _____

_____

Classes of persons NOT to be covered (if any): _____

_____

The employer agrees to cover such workers during such period of time they are performing the service under such conditions until such election shall be cancelled on a form provided by the Division of Workers Compensation. The employer further agrees to provide coverage through the employer's workers compensation insurance policy or through an already existing approved self-insurance plan.

_____
Signature of Authorized Representative

_____
Title of Signing Individual

K-WC 135 (Rev. 3-90)

NOTICE: To be processed all entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson
Topeka, Kansas 66612-1227

CANCELLATION OF ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR PERSONS PERFORMING PUBLIC OR COMMUNITY SERVICE AS A RESULT OF A CONTRACT OF DIVERSION, ASSIGNMENT TO A COMMUNITY CORRECTIONS PROGRAM OR SUSPENSION OF SENTENCE OR AS A CONDITION OF PROBATION OR IN LIEU OF A FINE.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: _____

Employer Address: _____

_____

hereby cancels its previous election to provide workers compensation coverage for workers performing public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence or as a condition of probation or in lieu of a fine within the provisions of the Kansas Workers Compenstion Act.

_____
Signature of Authorized Representative

_____
Title of Signing Individual

K-WC 135a (Rev. 3-90)

2-33

October, 1990

STATE OF KANSAS
Department of Human Resources
Division of Workers Compensation
600 Merchants Bank Tower, 800 S.W. Jackson
Topeka, Kansas 66612-1227

SETTLEMENT AGREEMENT, FINAL RECEIPT AND RELEASE OF LIABILITY

1. Employer's name _____

   Address: Street _____ City _____ State _____

2. Insurance carrier _____

   Address _____ Ins. Co. File No. _____

3. Injured worker _____ Address _____
   (Street) (City) (State)

   Social Security Number _____

4. Nature of injury for which this claim for compensation is made: _____

5. Date of injury _____ 19___	Compensation paid on the following basis	
6. Last day employee worked _____ 19___	12. _____ weeks _____ days temporary total disability	$_____
7. Date employee was able to return to work: _____ 19___	13. _____ weeks _____ days _____% temporary partial disability @ _____ per week	$_____
8. Employee returned to work _____ 19___	14. ____weeks permanent partial disability for:	
9. If employee worked between date of injury and last date of disability, give dates: _____	Percent of amputation to _____	
	_____	
	_____% loss of use of _____	
	TOTAL COMPENSATION:	$_____
10. Average weekly wage: $_____	15. Hospital expense _____	$_____
11. Weekly compensation rate $_____	16. Medical expense _____	
	17. Other (specify) _____	

(Note: No compensation other than medical is payable for the first week following the injury, except cases of amputation or death, unless temporary total loss continues for three consecutive weeks.)

18. Is this a Release and Receipt for payments made on award of Director? _____

    If hearing(s) held give date and place of hearing(s) _____

FINAL RECEIPT AND RELEASE OF LIABILITY

Received from _____
(Name of employer or insurance carrier)

the sum of _____ ($_____)
making in all, with payments already received a total sum of _____
($_____) IN FINAL RECEIPT AND RELEASE OF LIABILITY of this claim for compensation and any other claims for compensation heretofore made on account of any and all injuries and disability incurred by reason of the accident referred to in this instrument.

SIGNED, ACKNOWLEDGED AND AGREED by Employer and Worker this _____ day of _____ A.D., 19_____

_____ Employer or Agent of employer and insurance carrier

_____ Worker

JURAT

State of Kansas, County of _____ ss.

BE IT REMEMBERED, that on this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for said county and state, came the above named worker, to me personally known to be the same person who signed, acknowledged and agreed to the foregoing instrument of writing and duly acknowledged that he understood and executed the same as of the date above written.

My commission expires _____

_____ Notary Public

(Over)

K-WC Form D (Rev. 9-90) Form 1104

The Kansas Workers Compensation law provides that compensation due may be settled by agreement and that the employer is entitled to a receipt and release of liability upon final payment of compensation due, and that such final receipt and release of liability shall be filed by the employer in the office of the Director of Workers Compensation within sixty (60) days after the date of the execution of the same, and that such agreement, final receipt and release of liability is made subject to the approval of the Director that the correct amount of compensation has been paid as required by law, and will automatically become approved by law unless disapproved by the Director within twenty (20) days of the date it is received by that office.

Attest: Kansas Workers Compensation Director.

A current medical report on the prescribed form must be furnished by the employer when this agreement is filed with the Director for approval.

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

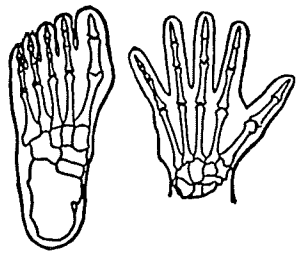
The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

October, 1990 23

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower, 800 S.W. Jackson, Topeka, Kansas 66612-1227

Physician's Report Blank

1. Name of injured worker ..... Age ..... Sex .....
   Social Security Number .....
2. Address: No. and St. ..... City ..... State ..... Zip Code .....
3. Name and address of employer .....
4. Date of Accident ..... Hour ..... M. Date disability began .....
5. State in patient's words where and how accident occurred .....
6. Diagnosis: Give accurate description of nature and extent of injury and state fully your findings. .....
   ..... Foot ..... Hand .....
   Specify Right or Left
7. Did the injury result in loss by amputation of any member .....
   Describe each member and state exact location of amputation, as effects amount of compensation due .....



(Mark exact point of amputation on chart)

8. Did the injury result in permanent loss of any member? Describe each member in which permanent loss of use occurred and give your opinion as to the resultant percentage of permanent loss of use of each member. .....
   Remarks—other disability: .....
9. Date of your first treatment ..... Describe treatment given by you .....
10. X-Ray diagnosis .....
11. Was patient hospitalized ..... Date admitted and name of hospital .....
    Date discharged .....
12. In your opinion at the time of your final examination is the patient in need of further medical treatment? ..... If so, for how long? .....
13. Patient will be able to resume light work on .....
14. Patient will be able to resume regular work on .....
15. If death occurred, give date ..... cause of death .....
16. Date of this report ..... Date of examination of patient covered by this report .....
17. As part of Workers Compensation benefits, Vocational Rehabilitation services can be offered to injured workers needing this assistance to return to gainful employment. Does vocational retraining or job placement appear to be necessary.....
18. Date Vocational Rehabilitation program could begin .....
19. List physical and work limitations to be considered in vocational planning .....

Signed ..... Address .....
Write plainly or print — City — State

(If not sufficient space, attach additional memoranda)

FOR LOSS OF SIGHT AND HEARING DISABILITIES, USE OTHER SIDE OF THIS REPORT.

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

PHYSICIAN'S REPORT ON EYE INJURIES

(Use other side for preliminary information and signature of examiner)

Did the injury result in loss of vision in both eyes? ..... Did the injury result in loss of vision in one eye? .....
If so, which eye? ..... Is the fellow eye affected by the injury? ..... If so, how?
Does industrial blindness exist in the uninjured eye with corrective lenses? .....
Has all adequate and reasonable treatment been attempted? .....
Are corrective lenses needed? ..... If so, have they been supplied? .....
How many weeks of temporary total disability have been necessitated? .....
How many weeks of temporary total loss of sight have been experienced? Right eye ..... Left eye .....
Did the worker use corrective lenses prior to the injury? ..... If so, when and by whom prescribed? .....
..... What is the dioptric power of those lenses? Right eye ..... Left eye .....

SCHEDULE OF PERCENTAGE VALUES OF THE MEASURABLE RANGE OF QUANTITIVE VISUAL ACUITY, BETWEEN NORMAL INDUSTRIAL VISUAL ACUITY AND INDUSTRIAL BLINDNESS

Visual acuity at 14 inches	Visual acuity at 20 feet	Percentage visual acuity retained	Visual acuity at 20 feet	Visual acuity at 14 inches	Percentage visual acuity retained
14/14	20/20	100.000	20/80	14/56	48.125
14/17.5	20/25	94.625	20/90	14/63	41.750
14/21	20/30	89.375	20/100	14/70	36.125
14/24.5	20/35	84.375	20/120	14/84	26.125
14/28	20/40	79.500	20/140	14/98	17.750
14/31.5	20/45	75.000	20/160	14/112	10.750
14/35	20/50	70.625	20/180	14/126	4.875
14/42	20/60	62.625	20/200	14/140	0.000
14/49	20/70	55.000			

MEASUREMENT OF LOSS OF PRIMARY AND COORDINATE VISUAL EFFICIENCY FACTORS

	Visual acuity at 20 feet	Visual acuity at 14 inches	Percentage of visual acuity efficiency retained	Percentage of visual acuity efficiency loss
Right eye Without corrective lenses				
Left eye Without corrective lenses				
Right eye With corrective lenses				
Left eye With corrective lenses				

NOTE: To determine the percentage value of central visual acuity efficiency retained a one-fold value shall be assigned to distance vision, and a two-fold value to near vision. For example: If the percentage value of central visual acuity retained for distance is 75, and the percentage value of central visual acuity retained for near is 55, the percentage value of central visual acuity efficiency retained, will be : $\frac{(0.75 \times 1) + (0.55 \times 2)}{3} = \frac{1.85}{3} = 0.6166$ or 61.66% retained
The percentage of visual acuity efficiency loss therefore is 100% less 61.66% or 38.34%.

FIELD OF VISION:
Give the sum of the degrees which evidence the distal limits of the eight principal radii of the visual field: Right eye ..... Left eye .....
RETAINED PERCENTAGE VALUE OF THE VISUAL FIELD: Right eye ..... Left eye .....

EXTRA-OCULAR MUSCLE FUNCTION:
State the exact number of the 20 component rectangles of the industrial motor field, wherein diplopia is demonstrable .....
State the exact number of the 20 component rectangles of the industrial motor field, wherein monocular fixation is demonstrable.
Right eye ..... Left eye .....
WHAT IS THE RETAINED PERCENTAGE VALUE OF THE INDUSTRIAL EXTRA-OCULAR MUSCLE FUNCTION EFFICIENCY?
Right eye ..... Left eye .....

APPRAISAL OF SECONDARY VISUAL EFFICIENCY ELEMENT DISABILITIES

NAME, DESCRIBE AND APPRAISE, NUMERICALLY, EACH PREVAILING SECONDARY VISUAL EFFICIENCY ELEMENT DISABILITY
Right eye .....
Left eye .....
GIVE THE PERCENTAGE VALUE OF THE RETAINED VISUAL EFFICIENCY FOUND TO EXIST UPON EVALUATION BOTH OF THE THREE PRIMARY AND COORDINATE VISUAL EFFICIENCY FACTORS, AND THE SECONDARY VISUAL EFFICIENCY ELEMENT DISABILITIES
Right eye ..... Left eye .....
GIVE THE RESULTANT TOTAL PERCENTAGE OF VISUAL EFFICIENCY LOSS WHICH HAS BEEN FOUND TO EXIST, UPON EVALUATION OF ALL VISUAL EFFICIENCY DISABILITIES: Right eye ..... Left eye .....
(Example: 100%, less the percentage of the resultant visual efficiency disabilities of the eye)
STATE THE PERCENTAGE VALUE OF THE WORKER'S RESULTANT INDUSTRIAL EFFICIENCY LOSS, IF EACH OF HIS EYES HAVE BEEN PERMANENTLY IMPAIRED ..... (100% less the percentage of industrial efficiency)
REMARKS .....
.....

REPORT ON LOSS OF HEARING

GIVE THE PERCENTAGE LOSS OF HEARING: (Pure tone audiometry, speech audiometry and speech discrimination)
Left ear ..... Right ear .....
GIVE THE PERCENTAGE LOSS OF HEARING INDUSTRIALLY WHEN LOSS OF HEARING IS SUSTAINED IN BOTH EARS: .....
Example: 7x total per cent. loss better ear, plus 1x total per cent. loss worse ear, divided by 8 equals per cent. loss of hearing both ears. If the percentage loss of hearing by the audiometer in the right ear is 30 and the percentage loss of hearing by the audiometer in the left ear is 40, the percentage loss of hearing will be $\frac{(7 \times 0.30) + (1 \times 0.40)}{8} = .3125$ or 31.25%.
REMARKS .....

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower, 800 S.W. Jackson, Topeka, Kansas 66612-1227

Full Name of
Deceased Employee

Social Security Number

Address

City State Zip

Name of Employer

Address

City State Zip

Insurance Carrier

SURVIVING SPOUSE OR DEPENDENT APPLICATION FOR HEARING

ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

Date of accident or disease _____, 19____ Hour ____ __ M. Date of death _____, 19____.

In what county did accident occur? _____ at or near _____ _____
(City) (State)

How did accident occur? _____

SURVIVING SPOUSE AND DEPENDENTS

Name	Address	Age	Relationship

If accident did not happen within state of Kansas, county where hearing could be most conveniently held?

DO NOT WRITE IN THIS SPACE

Applicant's Signature

Attorney for Applicant

Address

Kansas Supreme Court Number

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

K-WC E-2 (Rev. 9-90)

October, 1990

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower, 800 S.W. Jackson
Topeka, Kansas 66612-1227

Employee

Social Security Number

Street

City State Zip

Employer

Street

City State Zip

Insurance Carrier

APPLICATION FOR HEARING

ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

Date of Accident or Disease _____, 19____

Briefly state what employee was doing when accident occurred _____

Briefly state nature and extent of injuries claimed _____

In what county did the accident or disease occur? _____ At or near _____

If accident did not happen within Kansas, county where hearing could be most conveniently held? _____

_____ _____
Applicant's Signature Date

DO NOT WRITE IN THIS SPACE

Attorney for Applicant:

Address:

Kansas Supreme Court Number:

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of WorkersCompensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

K-WC E-1 (Rev. 9-90)

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower
800 S.W. Jackson, Topeka, Kansas 66612-1227

Docket Number (if known): _____

Employee: _____

Social Security Number: _____

Employer: _____

Insurance Carrier: _____

APPLICATION FOR PRELIMINARY HEARING

Employee applies for preliminary hearing with regard to accident or occupational disease of _____
Date

Employee intends to address the following issues:

- ☐ Temporary total compensation
- ☐ Medical treatment
- ☐ Vocational Rehabilitation

1. This form must be accompanied by a completed Application for Hearing, Form E-1, unless Form E-1 previously filed for this accident.
2. This form must be accompanied by a copy of a notice letter required by K.S.A. 44-534 a(a).

_____
Applicant's Signature

Signed this _____ day of _____ , 19 ____

DO NOT WRITE IN THIS SPACE

Attorney for Applicant: _____

Address: _____

_____

_____

Kansas Supreme Court Number: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

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K-WC E-3 (Rev. 9-90)

2-37

October, 1990

THE FORM A

Answer every question fully. Must be typewritten or neatly printed in black ink. Send report to insurance carrier. The insurance carrier will submit original copy to this office within 28 days of date of employer's receipt of knowledge of the accident.

Employer information (insured's Name) must be complete.

CORRECT SOCIAL SECURITY NUMBER IS VITAL

Date of accident very important.

Body part very important.

Return to work date very important.

Employee information MUST be complete and accurate.

Describe in detail the factors that lead to the injury, did worker fall or slip?

Carrier information must be accurate. Agent is not carrier.

STATE OF KANSAS—DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower, 800 SW Jackson, Topeka, Kansas 66612-1227

Submit original copies only

EMPLOYER'S REPORT OF ACCIDENT

OSHA Case or File No. _____

There is a $250 penalty for failure to file Accident Reports within 28 days of the employer's receipt of knowledge of the accident. **This form contains all items requested on OSHA Form No. 101, "Supplementary Record of Occupational Injuries and Illness."**

• READ INSTRUCTIONS ON REVERSE SIDE OF THIS FORM BEFORE FILLING IT OUT.

1. Name of Employer _____ Telephone # ( ) _____
2. Mail Address _____ Zip Code _____
3. Location, if different from mail address _____
4. Nature of Business _____ S.I.C. Code _____ Dept. or Division _____
5. Name of Employee _____ (First Middle Last) Age _____ Sex _____
6. Home Address _____ Zip Code _____
7. Soc. Sec. # _____ Birth Date _____ Employee's Occupation _____ Home Phone # _____
8. Date of Injury or Occupational Disease _____ Time of Injury _____ A.M. P.M.
   Date Disability Began _____ Gross Average Weekly Wage $ _____
9. Place of Accident or last exposure _____ (City County State)
10. Was accident or last exposure on employer's premises? _____
11. How did accident occur? _____
12. What was employee doing when injured? _____
13. Name substance or object that directly caused injury _____
14. Describe in detail nature and extent of injury, indicate part of body involved _____
15. Was worker admitted to hospital? _____ Date _____ Hospital & Address _____
    Emergency Room Only? _____
16. Name and address of attending physician _____
17. Has employee returned to Regular duty? _____ Light duty? _____ Date _____
18. Is compensation now being paid? _____ Date first/initial payment _____
19. Weekly compensation rate $ _____ Is further medical aid needed? _____
20. Did employee die? _____ If so, give date of death _____
    File amended report within 28 days if death subsequently occurs.
21. Name and address of dependents (death cases only) _____
22. Insurance Carrier _____
    Address _____
    Policy Number _____ Name of Agent _____
    Claim No. _____ Name of Claim Rep. _____
23. Date of Report _____ Completed by _____ Title _____

DO NOT WRITE IN THIS SPACE
S.I.C. #
AGE
OD
Y N
CAUSE
SEVERITY
0 NO TIME LOST
1 TIME LOST
2 MEDICAL
3 FATAL
MEMBER
DO NOT WRITE IN THIS SPACE

SUBMISSION DOES NOT CONSTITUTE ADMISSION OF LIABILITY

K-WC Form A (Rev. 9-90) Form 1101-A

October, 1990

THE FORM A (back)

GENERAL INSTRUCTIONS

1. Answer every question fully.

2. Submit original report only. Must be **typewritten** or neatly **printed** in **black ink.** No photostat copies can be accepted because they cannot be microfilmed.

3. Send report to the insurance carrier. The insurance carrier will submit original copy to this office within 28 days of date of employer's receipt of knowledge of the accident.

4. Report will be acknowledged only upon request when indication is made by sender at the top of the form.

INSTRUCTIONS FOR SPECIFIC ITEMS

Item 13: Name the object or substance which directly injured the employee. Example: machine or thing he/she struck or struck him/her; vapor or poison he/she inhaled or swallowed; chemicals or radiation which irritated his/her skin; in hernias, the thing he/she was lifting or pulling; etc.

Item 14: Please be specific as possible indicating all that is known about the injury. Name part of body injured.

(Authorized by K.S.A. 1974 Supp. 44-505, 44-557 and 44-573; effective Jan. 1, 1966; amended Jan. 1, 1969; amended Jan. 1, 1971; amended Jan. 1, 1973; amended Jan. 1, 1974; amended E-74-31, July 1, 1974; amended May 1, 1975; amended May 1, 1976.)

Federal Privacy Act Disclosure Section 7(a)(2)(B)

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R87-1 REQUIRED FROM CARRIER/EMPLOYERS TO REPORT THE FOLLOWING

A. Workers who have lost 90 days of work due to a work related-injury. B. Workers who have been previously reported to the division and an update on the condition is requested or needed due to a change in status. C. Workers referred to a vendor or agency for medical management. D. Workers who have been referred to a vendor for vocational assessment or services.

State of Kansas
Department of Human Resources
DIVISION OF WORKERS COMPENSATION

Insurance Carrier Status Report

TO: Division of Workers Compensation
Rehabilitation Administrator
600 Merchants Bank Tower, 800 S.W. Jackson
Topeka, Kansas 66612-1227

From (Insurance Carrier): _____
Address: _____
City, State: _____ Zip: _____
Ins Ca File No _____
Adjustor: _____ Phone (____) ____-____

Re: Claimant: _____ SSN: _____
Street: _____
City, State: _____ Zip: _____
Phone: (____) ____-____ Date of Birth: _____

Employer: _____

Job description: _____
_____

Accident date: _____

Claimant has lost _____ days as of _____ _____, 19__ (date form completed)

We have referred claimant on _____ _____ 19__ to _____ (vendor) for medical management to assist claimant in obtaining maximum medical improvement.

We have referred claimant on _____ _____ 19__ to _____ (vendor) to determine whether vocational rehabilitation services are needed.

We have not made a referral because:

___ Claimant returned to work on _____ _____ 19__ .

___ The claim is being denied as not compensable.

___ Claimant's medical condition has not stabilized.
Prognosis as to when condition will stabilize _____ _____ 19__ .

___ Temporary total compensation (is) (is not) being paid. (Circle one)

___ Claimant will return to work for the same employer when released by attending physician.
Estimated return to work date _____

___ Other _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

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K-WC-R 87-1 (Rev. 9-90)

Full name of adjuster assigned to case.

Full name and current address including phone and zip code.

Reported date of injury.

If referred for both, vocational assessment reporting requirements should be followed.

Complete only if referral to a rehabilitation vendor has not been made

Complete full name of carrier, address and/or name, address of adjusting company if company is handling for insurance company

Correct social security number (very important to avoid duplication and/or error)

Complete name of rehabilitation vendor.

Date claimant returned to work with same employer as employed by at the time of injury.

Estimated maximum medical improvement date.

Date claimant will be released by physician to return to work.

FORM 88

NOTICE OF HANDICAP, DISABILITY OR PHYSICAL IMPAIRMENT

Name and address of the employer.

Correct name and SOCIAL SECURITY NUMBER of the employee.

Employment date.

WE MUST HAVE AN IMPAIRMENT NUMBER FROM CATEGORIES LISTED AT BOTTOM OF PAGE.

Department of Human Resources
DIVISION OF WORKERS COMPENSATION
600 Merchants Bank Tower, 800 S.W. Jackson
Topeka, Kansas 66612-1227

Notice of Handicap, Disability or Physical Impairment

Employer: _____

Address: _____
(Street) (City) (State) (Zip Code)

The following employees were hired and/or retained by this employer with full knowledge of a handicap, disability or physical impairment; pursuant to K.S.A. 44-566. Notice is hereby given to the Director pursuant to K.S.A. 44-567.

	Name of Employee	Social Security Number	Date Employed	List Category Number (see below) *	Concise Description of the Nature of the Impairment
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

_____ _____
(Employer or Agent) (Date)

INSTRUCTIONS TO EMPLOYERS: List all employees known to have any handicap, disability or physical impairment, including psychoneurotic or mental disease or disorder. Employees who have sustained physical injury must be included if the resulting condition causes them to be more susceptible to future injury or if the injury resulted in permanent impairment. Separate entries are required for each identifiable disability. Be specific. The State of Kansas encourages the employment of handicapped persons, and filing this form with the state preserves certain legal defenses to which you may be entitled under the Kansas Workers Compensation laws. Questions regarding the use of this form should be directed to your insurance claims representative.

* For your information the law lists the following categories:
Indicate whether impairment is due to (1) epilepsy, (2) diabetes, (3) cardiac disease, (4) arthritis, (5) amputated foot, leg, arm or hand, (6) loss of sight of one or both eyes or a partial loss of vision of more than seventy-five percent (75%) bilaterally, (7) residual disability from poliomyelitis, (8) cerebral palsy, (9) multiple sclerosis, (10) Parkinson's disease, (11) cerebral vascular accident, (12) tuberculosis, (13) silicosis or asbestosis, (14) psychoneurotic or mental disease or disorder established by medical opinion or diagnosis, (15) loss of or partial loss of use of any member of the body, (16) any physical deformity or abnormality, (17) any other physical impairment , disorder or disease, physical or mental, which is established as constituting a handicap in obtaining or in retaining employment. (Such as prior back injury, muscle strains, etc.)

Federal Privacy Act Disclosure Section 7(a)(2)(B)

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K-WC 88 (Rev. 9-90)