

WORKERS' COMPENSATION



is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

IF YOU SUFFER FROM A WORK-RELATED INJURY OR ILLNESS, YOU SHOULD TAKE THE FOLLOWING STEPS:

- 1. GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. The employee may choose two physicians, surgeons, or hospitals. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits.
- 2. NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.
- 3. LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

- 4. KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information go to the Illinois Workers' Compensation Commission's Web site or call any office:
 Toll-free: 866/352-3033 Chicago: 312/814-6611 Peoria: 309/671-3019 Springfield: 217/785-7087
 Web site: www.iwcc.il.gov Collinsville: 618/346-3450 Rockford: 815/987-7292 TDD (Deaf): 312/814-2959

BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.			
Party handling workers' compensation claims	GuideOne Mutual Insurance Co.		
Business address	1025 Ashworth Rd., Ste. 101, West Des Moines, IA 50265		
Business phone	877-448-4331		
Effective date		Termination date	
Policy number		Employer's FEIN	

ICPN 12/04 Printed by the authority of the State of Illinois.

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN		Date of report	Case or File #	Is this a lost workday case? Yes / No
Employer's name			Doing business as	
Employer's mailing address				
Nature of business or service			SIC code	
Name of workers' compensation carrier/admin.		Policy/Contract #		Self-insured? Yes / No
Employee's full name			Social Security #	Birthdate
Employee's mailing address				Employee's e-mail address
Male / Female	Married / Single	# Dependents		Employee's average weekly wage
Job title or occupation				Date hired
Time employee began work AM PM		Date and time of accident		Last day employee worked
If the employee died as a result of the accident, give the date of death.			Did the accident occur on the employer's premises? Yes / No	
Address of accident				
What was the employee doing when the accident occurred?				
How did the accident occur?				
What was the injury or illness? List the part of body affected and explain how it was affected.				
What object or substance, if any, directly harmed the employee?				
Name and address of physician/health care professional				
If treatment was given away from the worksite, list the name and address of the place it was given.				
Was the employee treated in an emergency room? Yes / No			Was the employee hospitalized overnight as an inpatient? Yes / No	
Report prepared by		Signature		Title and telephone #

Please send this form to the ILLINOIS WORKERS' COMPENSATION COMMISSION 701 S. SECOND STREET SPRINGFIELD, IL 62704. IC45 12/04

By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any sense. This information is confidential.