

What You Need To Know

About The

CNMI Workers' Compensation Program

A Handbook For, Employers, Carriers and Employees



Department of Commerce
Workers' Compensation Commission
Commonwealth of the Northern Mariana Islands

About This Handbook

This handbook is prepared to highlight some of the major provisions of the Workers' Compensation law, rules and regulations and to provide the users pertinent information and answers. Since this handbook provides only highlights which may not fully explain the law, it is strongly recommended that you read the law, coded under Title 4, Division 9, Chapter 3, of the Commonwealth Code.

The handbook is divided into seven (7) major sections: 1) The Brief Information section which defines the purpose of the program. 2) Employer/Carrier section which covers essential information for the employer and carrier. 3) The Employee section provides the highlights regarding employee's right and responsibilities and the type of benefits. 4) The Claims procedure section discusses the how to obtain benefits for job related injury, illness or death. 5) The Adjudication section describes the settlement of disputes. 6) The Notices section describes the various forms used and deadlines. 7) Penalties section describes the penalties for violation of law.

Employees are encouraged to discuss their responsibilities fully with supervisors to avoid the likelihood of missing deadlines and reports and consequently benefits. Remember, it is your responsibility to prove that your injury is work-related. For more information, please contact the Department of Commerce Workers' Compensation Office nearest you:

Saipan:

Department of Commerce
Workers' Compensation Commission
P.O. Box 5795 CHRB
Saipan, MP 96950
Tel: (670) 664-8018/8024
Fax: (670) 664-8074
Location: First Floor, NMIRF Bldg.
Capitol Hill, Saipan

Tinian

Department of Commerce
Workers' Compensation Commission
San Jose Village
Tinian, MP 96952
Tel: (670) 433-0853
Fax: (670) 433-0854
Location:
San Jose Village, Tinian

Rota

Department of Commerce
Workers' Compensation Commission
Songsong Village
Rota, MP 96951
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SongSong Village, Rota

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Part 1. Brief Information About the Program

The CNMI Workers' Compensation Program was created by the enactment of Senate Bill 6-54 into Public Law 6-33, the CNMI Workers' Compensation Law. The Governor signed the bill into law on June 27, 1989, becoming effective on October 25, 1989. The program became known as "The CNMI Workers' Compensation Program".

Purpose

The main purpose of the Workers' Compensation Law is to provide financial protection for both employers and employees from the catastrophic effects of work related injuries, illnesses, or deaths. It is a social insurance plan that compensates employees for disabilities incurred from work related injuries regardless of fault. It is also a no-fault insurance program, solely paid for by the employer.

Limits of Liability

The workers' compensation program offers "protection for employees and employers". This refers to the limitation of employer's liability and employee's benefits. It is protection for employees in terms of the availability of compensation during periods of disability, compensation for dismemberment, benefit for medical expenses, and deaths. If coverage is not secured through a private carrier, the employer is liable to pay for compensation. For example:

An employee who is injured, becomes ill, or dies from a work related accident regardless of fault, such employee may receive medical and cash compensation from the insurance coverage provided by the employer. Medical benefits pay for cost of treatments and rehabilitation of the injured employee until recovery is achieved. Cash compensation pays for periods in which the employee is disabled and cannot return to normal work. This is the protection for employees provided solely by their employers. Example: Non-compensable injuries/death include self-inflicted and drugs/alcohol related injury.

It is protection for employers in terms of liability that is limited to \$40,000. In the absence of this protection, employers may face a liability that could be potentially devastating to the continued existence of the employer. For example:

An employer who is required to pay compensation for work related injuries or disability is protected by having a limit as to the amount to be paid for compensation. Under Public Law 6-33, employers, through their carrier, may not pay more than the maximum of \$40,000 for each work related injury or death. This limit protects the employer from injury awards which could bankrupt any employer. Medical benefits, however, has no limitation. The law provides that an employee may not recover by legal action more benefits than what is provided. Exception: The employee may sue the employer if no Workers' Compensation coverage is secured at the time of injury, illness, or death. Compensability of an injury where a third party is involved does not prohibit the injured employee from recovering damages from the third party by way of a lawsuit.

Employees have a right to compensation in the event of a job-related injury. All employees, however, are encouraged to work safely to avoid disabling injuries.

Administration and Management

The law designated the CNMI Department of Commerce as the administering agency of the workers' compensation program. The Secretary and appointed commissioners serves as the Workers' Compensation Commission (WCC). The five (5) member board is appointed by the Secretary of the Department of Commerce. The day to day affairs and operation of the program is handled by the WCC staff, headed by the Administrator, who is also the Secretary of the Department of Commerce.

The Administrator of the program or his designee is vested with a wide authority to administer and enforce the program in accordance with the guidelines established by law, the rules and regulations, and the policies as set forth by the Commission.

Funding of WCC Program

Operations. The administrative expenses of the Workers' Compensation Commission is appropriated annually by the Commonwealth Government.

Government Self Insurance Plan. The CNMI Government is the only employer authorized by law to be self-insured to cover its employees. The Workers' Compensation Commission has an option to either administer the self-insurance plan or purchase coverage from a private carrier on a contractual basis. Funding for a self-insurance program or the purchase of insurance coverage is provided through an annual appropriation from the Commonwealth Government.

Special Disability Fund (SDF). The SDF is a special fund set aside for the purpose of making compensation for injury increasing disability in accordance with subsection (f) of Section 9308, of the law. The Funding sources for the SDF come from the following:

1. A 2% of premium received for workers' compensation coverage is levied against all carriers providing coverage in the Commonwealth. This charge is remitted quarterly by all insurers (carriers) from the total premium collected during the preceding calendar quarters.
2. A \$10,000.00 contribution from the employer/carrier each time the Administrator determines there is no eligible person to receive the Survivor's benefit from a work related incident resulting in the death of the employee.
3. All amounts collected as fines, penalties and interest charges pursuant to the law.

The SDF is administered by the Workers' Compensation Commission. The treasurer of the Commonwealth is designated as the custodian of the SDF. The NMI Treasurer is authorized to deposit and disburse monies from SDF only upon order and instruction received from the Commission.

Part 2. Employer/Carrier Responsibilities

Coverage and Payment of Compensation

- 1. Who shall provide for workers' compensation insurance coverage for the employees?** The law provides that the employer solely responsible to procure coverage. In other words, the employer pays the entire premium when buying workers' Compensation insurance. It is a violation of law for the employer to deduct an amount from the salary of the employee for payment of coverage. If the employer is found to be deducting premium from the salary of the employee, upon conviction, the employer is guilty of misdemeanor punishable by a fine of not more than \$1,000.

The employer must obtain insurance coverage from a carrier licensed by the Insurance Commissioner at the Department of Commerce, to sell such insurance in the Commonwealth.

The employer must file a Certificate of Compliance with the Administrator within 30 days of becoming an employer or upon renewing such policy.

- 2. What is a Certificate of Compliance?** A Certificate of Compliance (COC) (Form WCC-100) is a form used by the employer to certify to the Administrator that such employer has secured workers' compensation insurance. The COC Form can be obtained at the CNMI DOC/WCC Offices in Saipan, Tinian, and Rota.
- 3. What happens if an employer is unable to secure workers' compensation insurance coverage from any of the locally licensed carriers?** When an employer cannot secure coverage from locally licensed carriers, such employer must present proof showing attempts to comply with the law by submitting a letter of denial or rejection from at least three (3) local carriers indicating the reason for denial. The Administrator may waive any penalty assessments and may further authorize such employer to seek coverage elsewhere.

NOTE: It is very important to understand that in the absence of a coverage, the employer is directly responsible to pay all costs and damages that may be claimed by an employee injured on the job, or beneficiary(ies) or employees who die from a work related injury or illness.

- 4. When is the employer required to have workers' compensation coverage?** The coverage should take effect upon hiring of the first employee and the term of such coverage is generally one year. All employers must renew their insurance policies upon the expiration of the current policy.

It is required by WCC Rules and Regulations that coverage for workers hired from outside the CNMI be effective upon arrival of the employee in the Commonwealth.

- 5. Is it possible that an employee may have additional coverage besides Workers' Compensation?** Yes, an employee may have other coverage such as health insurance or life insurance. Nothing in the law prevents any employer or employee from purchasing or acquiring coverage in addition to the coverage required by the Workers' Compensation Law.

- 6. What is meant by Health Insurance set-off?** Health insurance set-off applies when an employer has purchased and pays more than one-half (1/2) of the premium in a group health insurance plan as a benefit to the employee(s). In compliance with the Workers' Compensation coverage requirement, that employer has an option to request and apply Workers' Compensation coverage on what is not covered by the group health insurance plan.

Benefit Payment Procedure

- 1. When The Claim Is Not Controverted.** When an employee suffers a work related injury and there is no question as to the compensability of the injury, payment of benefits is automatic.

Employer: If a work related injury or illness occurs, follow these steps:

- a) Prepare an injury report, which should be kept in the employee's file, no matter how minor the injury is. Serious injuries or illnesses requiring medical attention or the payment of compensation must be reported to the Administrator on Form WCC-203A/B.
- b) Prepare Form WCC-200A/B, Authorization for Medical Treatment and immediately send the injured employee for medical treatment, if necessary.
- c) File Form WCC-203A/B, Report of Occupational Injury or Illness, with the Administrator, within ten (10) days after acquiring knowledge of any injury, illness or death.
- d) Inform the insurance carrier immediately.

Insurance Carrier:

- a) Process payment for medical expenses.
- b) Payment of compensation for loss wages for one (1) week in advance beginning on the fourth day after the date of disability.
- c) File Form WCC-209, Notice of First Payment, Suspension or Final Payment of Compensation, within Fifteen (15) days certifying that first and/or final payments have been paid to the employee.

- 2. When The Claim Is Controverted.** On Occasions employees suffer injuries which may have occurred during employment. Such injuries may not necessarily be work related. In which case, claims for compensation are controverted by the employer or carrier.

Employer: Follow steps (a), (c), and (d), under "When the claim is not controverted", then:

- a) File Form WCC-206, To Controvert the Right to Compensation, with the Administrator, on or before the 14th day after the employer has knowledge of any injury, illness or death. Provide a copy to the carrier and to the injured employee or his/her legal representative in case of death.

Insurance Carrier: Any carrier, who may have reasons to believe and evidence to prove that payment of compensation should not be made, may controvert the right to compensation by filing Form WCC-206, To Controvert the Right to Compensation, with the Administrator within 14 days after having knowledge of any injury, illness or death. Provide a copy to employer and to the injured employee, or his/her representative in case of death.

Investigation of Claims

The Administrator may require an investigation of a claim if he deems necessary. Any investigation conducted on any claim shall be in accordance with the provisions of Section 9352 of Public Law 6-33. Findings of the investigation shall be the basis of the Administrator's decision to issue an order to either reject the claim or make an award.

Settling Conflicts

The Workers' Compensation law requires that both parties (employee and employer/carrier) be provided with an opportunity for a fair hearing to resolve conflicts arising out of claims for compensation. The Administrator may call for a hearing, formal or informal, when a claim for compensation is filed by an employee (Form WCC-204) and is denied by the employer/carrier.

What is done. When there is a dispute, the Administrator shall immediately arrange for an informal conference to determine if the issues in dispute could be resolved. If, at the conclusion of the conference, the Administrator or the designated hearing officer determines that a settlement cannot be made, a formal hearing is scheduled. If settlement is made, the Administrator prepares a compensation order embodying the agreements made during the informal conference.

If, however, a party continues to disagree with the Compensation Order issued by the Administrator, that party may appeal the decision (Order) to the Commission. After the Commission hears the case, it issues a final order in accordance with procedure outlined in 4 CMC Section 9328(b)(c) and NMIAC WCC Rules and Regulations § 110-50-1538. This order is appealable only to the Superior court.

Compensation Order

- 1) Any order issued by the Administrator to either reject or make an award is known as the Compensation Order. This order will be filed in the office of the Administrator and a copy will be provided to all parties in interest by personal delivery or by registered mail to their last known address.
- 2) Any order issued will be effective when filed in the office of the Administrator, and shall become final on the fifteen (15th) days following the date of filing, unless and appeal to the Commission is timely received.

Appeal of Compensation Order

- 1) Any aggrieved party may file an appeal, in writing, to the Commission with respect to the

Compensation Order issued by the Administrator, within 15 days after the date of filing of the order.

- 2) The notice of appeal must contain a statement as to the reason for objections to the Compensation Order issued by the Administrator.
- 3) A copy of any notice of appeal must be provided to all parties in interest.

Modification of Award

The Administrator, upon his own motion or upon application by interested parties, may review a compensation order for the purpose of determining the accuracy or as a result of change in conditions. The review may be made within one year of the initial filing of the Compensation Order. Based upon the findings of the review, the Administrator may issue a new Compensation Order changing the original order.

Compensation With or Without an Award

Compensation from a work related injury is payable to the injured employee with or without an award in accordance with 4 CMC Section 9323. Compensation with an award means that there is no doubt as to the nature of injury and the carrier automatically issues payment directly to the injured employee. Compensation with an award means that the Administrator has determined by resolution of disputes that the injury is compensable. The carrier must make the necessary compensation accordingly.

Part 3. Employee's Benefits and Responsibilities

What type of benefits does the program provide? Every employee has certain rights to different types of benefit under the workers' compensation law. These rights include the right to compensation for loss wages, the right to medical benefits, and benefits for death, resulting from work related injuries. Every employee should know his/her responsibilities in order to obtain the benefits provided under the law.

The WCC exists to serve both employers and employees in making certain that their rights are protected.

Medical and Hospital Benefits

An employee is entitled for medical treatment under the Workers' Compensation program if the injury is work-related. This applies even if the injury was caused by negligence of a third party not in the same employment as the injured employee. The injured employee is not responsible for payment of any cost for medical or hospital charges from a work-related injury.

What to do if injured or suffer illness? Notify your employer or supervisor immediately about the injury or illness, the place, the date, the time and the nature of such injury or illness. If the injury or illness require medical attention or cause you to lose any wages, report the injury also to the Commission.

Is the injured employee obligated to pay for medical treatment and hospital expenses of work-related injury or illness? No, the employer or the insurance carrier is obligated to pay for medical and hospital expenses for any work-related injury. There is no maximum limitation for this benefit.

Note: The report of an initial treatment (Form WCC-200B) from the attending physician should be submitted to the Workers' Compensation Commission and to the Carrier within 20 days of treatment. If there is a follow-up treatment relative to the same injury, the attending physician must file Form WCC-201, Attending Physician's Report.

Disability Benefits

An employee shall be compensated with cash benefits for loss wages exceeding three (3) days as a result of an occupational injury or illness.

How much is the employee compensated for loss wages exceeding three (3) days as a result of disability? A work-related injury or illness exceeding three (3) days of disability is compensable to the employee at sixty-six and two-third percent (66-2/3%) of the average weekly wages not to exceed \$140.00 per week. The total benefit for loss wages may not exceed \$40,000 per injury.

The following are various types of Disability Benefits provided under the program:

a) Permanent Total Disability (PTD): A work-related injury causing an employee to become totally and permanently incapable to perform regular work duty. Examples are: loss of hands, arms, feet, eyes, or a combination of these, which causes permanent and total disability.

b) Temporary Total Disability (TTD): A work-related injury causing an employee to become temporarily incapable to perform regular work duty, during which time the employee loses wages. Both legs are injured or both arms are fractured which, if properly treated, will restore the employee back to normal condition.

c) Permanent Partial Disability (PPD): A work-related injury causing an employee to become permanently but partially incapable to perform regular work duty. Loss of one arm, leg, hand, and eye and so forth are some of the examples of this type of disability.

d) Temporary Partial Disability (TPD): A work-related injury causing an employee to become partially and temporarily incapable to perform regular work duty, which results in the decrease of earning capacity. Sprained ankle or one arm fractured which, if properly treated, will restore the employee back to normal condition.

e) Injury Increasing Disability (IID): The following explains this particular situation:

a. If an employee got injured which by itself results in permanent partial disability, and if combined with previous injury would result in permanent total disability, such employee is said to have incurred "injury increasing disability". The employee is covered under the normal workers' compensation coverage only with respect to the PPD caused by the subsequent injury.

b. Upon termination of the benefit for PPD, the injured employee shall receive the remainder of the compensation that would be due for permanent total disability. Payment of this benefit shall be made on a bi-weekly basis from the Special Disability Fund.

c. In all other cases not covered, the employer is responsible for payment of benefits only for the disability caused by the subsequent injury.

f) Disability Benefit after Death (DBAD): Any remaining disability benefit provided for permanent partial disability may be paid to the survivors of the injured employee, if such employee subsequently dies, even if the contributing cause of death did not arise out of the injury. This benefit is in addition to the normal compensation for death of an employee. The distribution of benefits is arranged as follows:

a. If spouse only and no child(ren), the benefit is payable to the spouse.

b. If both spouse and child(ren) survived, 50% to the spouse and 50% divided equally among the child(ren)

c. If the child(ren) is the only survivor, the benefit is payable to the child(ren).

Death Benefit

The qualified survivor of an employee who got injured and died from a work related incident is entitled to receive the following benefits:

1. Reasonable funeral expenses not to exceed \$1,200.
2. If both spouse and child(ren) survived, the benefits shall be distributed in the following manner: 35% of the average weekly wages is payable to the spouse, and 15% of the average weekly wages for each surviving child, not to exceed the \$140.00 maximum per week.
3. In the event of death or remarriage of the spouse, with only one surviving child, the benefit of the child will be increased to 35%, and the benefit of the spouse will terminate.
4. In the event of death or remarriage of the spouse, with two or more children survived, 35% of the average weekly wages shall be divided equally among the children, which will be increased by 15% of such wages for each child in excess of one.
5. If only one child survived, 35% of the average weekly wages is payable to the child. If more than one child, 35% of the average weekly wages shall be divided equally among the children, which will be increased by 15% of such wages for each child in excess of one.
6. If no surviving spouse nor children, or if the total benefit payments to surviving spouse and children is less than sixty-six and two third ($66\frac{2}{3}$) percent of the average weekly wages of the employee, then the difference, if any, between the two-thirds ($\frac{2}{3}$) of the average wages and the total benefit payments shall be paid to the following in descending order of priority:

- a. 15% for each grandchild
- b. 15% for each brother and sister
- c. 25% for parents if dependent upon employee
- d. 25% for grandparents if dependent upon the deceased employee.

Lump Sum Payment

Can benefit compensation be paid in lump sum? Yes, lump sum payment is possible if the Administrator deems it to be in the interest of justice. This may mean that if the claimant or survivors are not permanent residents of the Commonwealth, a request for a lump sum payment of benefit may be requested. However, in any event, lump sum payment can only be made after being authorized by the Administrator.

Part 4. Claims Procedure

Filing A Claim in Non-Controverted Cases

Non-Controverted Claim. If an injury or illness occurs and there is no doubt that it is work related, compensation will automatically be paid by the carrier. In all cases following an injury requiring medical attention and the payment of compensation, and where the injury is work related, follow these steps:

- a) Notify your employer about the injury or illness.
- b) File Form WCC-202, "Notice of Employee's Injury or Illness" to the Administrator and furnish copy of the report to the employer and insurance carrier. If neither the employer nor the carrier controverts your right to compensation, payment for loss wages will be automatic. If you do not receive payment within 10 days, notify your employer or carrier and the Workers' Compensation Commission.
- c) The employer will prepare the Authorization For Medical Treatment (Form WCC-200A) to be given to the Treating facility.

Filing A Claim In Controverted Cases

Controverted Claim. This is when the employer or the carrier believes the injury is not work related and denies liability for compensation. When the employee's right to compensation is denied or controverted by either the employer or the carrier, follow these steps to file claim for compensation:

- 1) You will receive a notice from your employer/carrier controverting the right to compensation.
- 2) File Form WCC-204, "Employee's Claim for Compensation" with the Administrator. Provide a copy to the employer and the carrier.

Within two (2) weeks after filing Form WCC-204, the Administrator will inform you about the status of your claim. You will either receive a notice of informal conference or a notice of formal hearing. Any one

of these procedures will eventually result in a decision of your claim. In most cases, however, the informal conference procedure will be used. It is recommended that you follow-up with the Commission if two (2) weeks has lapsed and you have not received a notice with regard to your claim.

Part 5. Adjudicating Disputed Claims

When the right to compensation is controverted, in most cases, the grounds tend to be that the injury did not arise out of and in the course of employment. The employee carries the burden of proving that the injury he/she suffered did in fact arose out of and in the course of employment. To help resolve this disagreement, an informal conference will be conducted to discuss the issues involved and hopefully reach an agreement.

Informal Conference

When a dispute arises, the informal conference is normally the first level employed in the Administrative adjudication process.

- 1) You will receive Form WCC-301, Notice Of Informal Conference from the Administrator, scheduling an informal meeting of the parties in interest to settle some or all of the issues in dispute.
- 2) A hearing officer will be appointed to preside over the informal conference. The conference will result in one of two scenarios:
 - a. reaching agreement on all issues, thereby resolving the cases;
 - b. there are issues remaining in dispute.
- 3) When all matters of dispute are resolved during a conference, the hearing officer will issue a Memorandum of Conference embodying the agreement. The Administrator will issue an order to carry out the agreement.
- 4) If the disputed issues remain unresolved after an informal conference, the hearing officer will also issue a Memorandum of Conference in which recommendations will be set forth for all parties. Each party will have 14 days to respond whether or not to agree with the recommendations or go to a formal hearing.

Formal Hearing

If any party in interest does not agree with the recommendations contained in a Memorandum of Conference, such party may request for a formal hearing. You have a right to a fair hearing. This means that an impartial hearing office will preside over your case to find the facts and receive evidence. The hearing officer may or may not admit all evidence submitted.

A decision will be made based on the evidence received and admitted during the hearing. In the hearing, you may represent yourself or be represented by a licensed attorney.

In rare instances, formal hearings may be conducted as a first level dispute resolution procedure. However, in most instances, it is a second level procedure following an informal conference. To begin the hearing process:

- 1) You will receive a notice of formal hearing, which will enumerate the date, time and place for the hearing. Along with the notice, you will also receive a pre-hearing statement form that must be fully completed and returned within 21 days of receipt.
- 2) The hearing will be conducted in a formal manner in which the proceeding will be recorded. This is where oral arguments will be heard, witnesses will be sworn in when testifying, and documents and other materials admitted as evidence.
- 3) Following a formal hearing, the hearing officer will issue a decision based on the record gathered during the hearing. The Administrator will also issue the compensation order to carry out the decision. The decision will contain a brief summary of the case, the findings of facts, and the conclusions of law. In most cases, case laws will be used in analyzing the facts of the case.
- 4) The compensation order is effective when filed with the Administrator and becomes final on the 15th day of the date of filing.

Appeal Procedure

After the hearing officer issues a decision along with the Compensation Order issued by the Administrator, and you are still not satisfied, you have a right to appeal to the full Commission. For an illustration of this procedure, please see the Appendix. If you decide to appeal to the Commission:

- 1) You must file a notice of appeal within 15 days of receipt of the compensation order.
- 2) Upon receipt of the notice of appeal, the Commission may decide to take up the appeal solely based on the record of the hearing, or allow appearances by all parties. After the Commission hears the case, you will receive its decision which will be a final decision in the administrative level.
- 3) If the decision of the Commission is unsatisfactory to any party, an appeal may be made to the Superior Court by the aggrieved party. The appeal must be received by the court within 30 days after the date the Commission issues its decision.

Note: At any level of the appeal procedure, any party in interest may offer a settlement of the claim. This may include the withdrawal of the claim by the claimant, or a lump sum payment offered by the employer/carrier. When a settlement is reached and approved by the Administrator, the case will be closed.

Presumption

In any proceedings for the enforcement of a claim for compensation, it shall be presumed, in the

absence of substantial evidence to the contrary:

- 1) That the claim comes within the provisions of the workers' compensation law.
- 2) That sufficient notice of such claim was properly given.
- 3) That the injury was not proximately caused by intoxication of the injured employee.
- 4) That the injury was not occasioned by the willful intent of the injured employee to injure or kill himself or another.

Part 6. Notices and Deadlines

Usual Forms and Deadlines

The following forms are used to comply with the Workers' Compensation Law. Please note the deadlines. Please see the Appendix for sample forms:

Forms Used By Employee:

Notice Of Employee's Injury Or Illness (Form WCC-202). Employee must file this notice in the event of an injury or illness, or in case of death, by the employee's representative, to the Administrator and to the Employer. Benefits may not be paid without this notice. This must be filed within 30 days of the occurrence of an injury.

- * **Employee's Claim For Compensation (Form WCC-204).** This form should be completed by the Employee when filing a claim for compensation only if the employer/carrier fails to pay or you do not agree with the employer/carrier's controversion of your right to compensation. Filing a claim for compensation may be made **within one year** from the date of injury or death or the date of last payment of compensation pursuant to 4 CMC § 9322.

Forms By Employer:

- * **Certificate of Compliance (Form WCC-100).** This form is used by the Employer to certify the procurement of compensation coverage to the Administrator. Expired policy must be renewed and this form is again used to certify the renewal of coverage. This form must be filed within 30 days of becoming an employer or renewal of coverage. **Note:** Every person, firm, or company must secure workers' compensation coverage the moment it becomes an employer.
- * **Authorization for Medical Treatment (Form WCC-200A).** The Employer completes this form to authorize medical treatment of injured employee. In most cases, this form accompanies the injured employee to the treating facility. Copy of this form must be filed with the Administrator immediately.

- * **Report of Occupational Injury or Illness (Form WCC-203A/B).** This form is used to report occupational injury or illness to the Administrator within 10 days of having knowledge of an injury.
- * **Supplementary Report of an Injury (Form WCC-207).** This form is used to report the status of the injured employee which must be filed within 10 days from the date the employee returns to work.
- * **To Controvert the Right to Compensation (Form WCC-206).** This form is used by the employer/carrier to deny the liability and the payment of compensation to an injured employee. This form must be filed with 14 days after having knowledge of an injury.

Forms Used By Physician:

- * **Attending Physician's Report of Injury and Treatment (Form WCC-200B).** This form is used to report the attending physician's initial treatment and findings. This form must be filed with the Administrator within 20 days of the initial treatment of an injured employee.
- * **Subsequent Attending Physician's Report (Form WCC-201).** The form is prepared by the attending physician to report any follow-up treatment and filed with the Administrator within 20 days of the follow-up treatment.

Forms Used By Insurance Carrier:

- * **Notice of First Payment, Suspension or Final Payment of Compensation (Form WCC-209).** This form is used by the carrier to report to the Administrator the first payment of compensation; for suspended payment; and for final payment of compensation. This form is filed within 15 days of first, suspended or final payment of compensation.
- * **Form WCC-302, Pre-Hearing Statement.** This form is to be completed by the employer/carrier and the claimant in preparation for a formal hearing. This form is due within 20 days of the date of receipt. This form is used by all parties in interest.
- * **Form WCC-208, Application For Lump Sum Award.** This form is used by the Carrier on behalf of the employee to request the Administrator for approval of a lump sum payment of benefits.
- * **Form WCC-401, Carrier's Remittance Report.** This form is used by the carrier in remitting the 2% levy on premiums received for workers' compensation insurance collected for the quarter. This form is filed within 30 calendar days following the end of the quarter in which premium is collected.

Other Forms and Deadlines

From the Commission:

- * **Form WCC-103, Notice of Assessment.** The Commission uses this form to assess penalties to the employer for failure to comply with P.L. 6-33.
- * **Form WCC-301, Notice of Informal Conference.** The form is used by the Administrator to notify the employee and the employer/carrier that an informal conference has been scheduled to discuss a possible resolution of a dispute.
- * **Responses** to recommendations contained in a memorandum of conference must be filed within 14 days of receipt of the memorandum of conference. Failure to respond within 14 days constitutes agreement to the recommendations.
- * **Appeals** to compensation orders issued by the Administrator must be filed within 15 days of receipt. A notice of appeal not received within the time specified will constitute agreement with the decision and order.
- * **Pre-Hearing Statement (Form WCC-302).** All parties must complete and submit this form to the Administrator within 21 days after the date of receipt. This form is in preparation of the case for a formal hearing.

Part 7. Penalties

Civil. The Administrator may assess a civil penalty to employers for:

1. Failure to provide or renew workers' compensation coverage: \$100.00 per day, maximum of \$1,500 per year.
2. Failure to submit a notice of injury report (Form WCC-203) within 10 days of employer's knowledge of the accident: \$5.00 per day not to exceed \$500.00.
3. Failure to submit Employer's Supplemental Injury Report (Form WCC-207) when required on the injured employee: \$5.00 per day, not to exceed \$500.00
4. Failure to file Notice of First Payment, Suspension, or the Final Payment (Form WCC-209) within 15 days: \$50.00 each time failure occurs.

Criminal. The Administrator may bring action against an employee or employer/carrier for:

1. **Misrepresentation.** Any person who willfully makes false or misleading statement or representation for the purpose of obtaining benefit under the Workers' Compensation Program, or for the purpose of evading liability for payment of compensation shall be guilty of a misdemeanor

and upon conviction thereof shall be punished by a fine of not more than \$1,000.00 or by imprisonment not to exceed one year, or both.

2. **Unlawful Deduction of Salary.** Any employer who makes a deduction from the salary or wages of an employee for the purpose of paying workers' compensation premium shall be guilty of misdemeanor and upon conviction thereof, the employer will be subject to a fine of not more than \$1,000.00. No agreement by an employee to pay any portion of a premium paid by the employer to a carrier or to contribute to a benefit fund or department maintained by such employer for purpose of providing compensation as required by law will be valid.
2. **Tampering with Evidence.** Any employer who knowingly transfers, sells, or in any other manner tampers with a property belonging to such employer following an injury to an employee, with the intent to avoid the payment of compensation shall be guilty of a misdemeanor and, upon conviction, shall be fined not more than \$1,000.00, or be imprisoned not more than one year, or both.
3. **Defrauding the Program.** Any employer who knowingly and intentionally defrauds the program for the purpose of avoiding its obligations pursuant to law, including failure to comply with the Assessment Notices, is a criminal penalty and upon conviction, be guilty of misdemeanor and shall be fined not more than \$1,000.00, or be imprisoned not more than one year, or both. In the case of a corporation, the president, secretary and treasurer shall be severally, jointly and personally liable for imprisonment and/or fine.

Here's to you and to a safe working environment!

APPENDIX

