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AT

DATE August 19, 1965
FROM A. L. Gordon
AT Middletown
JOB NO. 7100

COPIES TO

SUBJECT Workmen's Compensation (Self-Insured) Procedure Manual
Project "600" - Middletown, Ohio

Enclosed is the Workmen's Compensation Manual for Kaiser Engineers Project "600", Middletown, Ohio.

At the present time, Foothill Electric is not included under the self-insurance program, nor is this procedure applicable at Butler.

ALG/pg

Enclosure

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ARMCO

# WORKMEN'S COMPENSATION

## (Self-Insured)

## PROCEDURE MANUAL

Armco Project 600 Middletown, Ohio

# WORKMEN'S COMPENSATION

(Self-Insured)

# PROCEDURE MANUAL

for

ARMCO PROJECT 600

at

Middletown, Ohio

KAISER ENGINEERS, INC. Middletown, Ohio

April 1, 1965

# WORKMEN'S COMPENSATION PROCEDURE MANUAL

(Self-Insured)

ARMCO PROJECT 600

KAISER ENGINEERS, INC. MIDDLETOWN, OHIO

CONTENTS

# WORKMEN'S COMPENSATION PROCEDURE

(Self-Insured)

ARMCO PROJECT 600

KAISER ENGINEERS, INC. MIDDLETOWN, OHIO

## I - PURPOSE

The purpose of this procedure is to serve as a guide in the administration of the Kaiser Engineers, Inc. Workmen's Compensation Program, as a self-insurer, at Middletown, Ohio, on Armco Project 600.

## II - COVERAGE

All Kaiser Engineers, Inc. personnel, namely Exempt, Non-Exempt Technical, Non-Exempt Clerical, and all Craftsmen, working on Armco Project 600 at Middletown, Ohio, are covered by this procedure.

## III - ADMINISTRATION

The program will be administered by a Personnel Representative under the direction of the Manager of Industrial Relations.

Gates, McDonald & Company of Columbus, Ohio, have been retained to advise, review, recommend, approve for payment, represent, and act as Kaiser Engineers' Agents, on all matters pertaining to this Self-Insured, Workmen's Compensation Program.

All contacts with the Ohio Bureau of Workmen's Compensation or the Industrial Commission of Ohio will be made by Kaiser Engineers through Gates, McDonald & Company.

## IV - INTRODUCTION TO PROCEDURES

### A. INTRODUCTION

This brief introduction is not intended to replace the more explicit procedures as presented hereafter in this manual. It does, however, indicate that the bulk of the claims do not involve complicated details. Should complications arise which are not fully explained in this procedure, Gates, McDonald & Company is available to advise and assist in the administration of this self-insurance program.

Procedures for self-insurance under Ohio Workmen's Compensation liability is quite similar to procedures and reportings as utilized under State Fund coverage.

### B. TYPES OF INJURIES

Ordinarily, the claims can be divided into two general categories:

1. Minor Injuries

On claims involving injuries which do not result in lost time of more than seven days or permanent disability, Kaiser Engineers has the responsibility to provide or pay for the necessary medical expenses such as doctor and hospital bills. Unless the employee insists, no claim application need be filed with the State Bureau of Workmen's Compensation.

2. Lost-Time Injuries

On claims involving injuries which result in fatalaties, lost time of more than seven days, or permanent disability, Kaiser Engineers must provide or pay for medical expenses

(2. Lost-Time Injury - cont'd.)

and compensation equivalent to the amounts the Bureau would pay under State Fund coverage. Generally speaking, Kaiser Engineers will pay two-thirds (2/3) of the employee's full weekly wage up to the maximum of $56 per week for the first 12 weeks. For the 13th week of total disability and thereafter, the payment is two-thirds (2/3) of the employee's average weekly wage up to a maximum of $49 per week. When permanent partial disability results from a compensable injury or disease, Kaiser Engineers may be required to pay an amount equal to the percentage of disability applied to the base of 200 weeks of compensation, or for a scheduled number of weeks payable at the rate of $49 per week. In all cases of temporary partial, permanent partial, or permanent total disability, Gates, McDonald & Company will be consulted for computation of the awards.

C. TYPES OF COMPENSATION PAYMENTS

There are five (5) types of compensation payments which are as follows:

1. Temporary Total is paid during the period of time the injured employee is certified by a physician as being unable to work, is not working, and does not receive his wages. Temporary total is not paid for the first seven (7) days of disability unless there have been three (3) continuous weeks of total disability at which time it is paid regardless of when it occurred.

2. Temporary Partial is paid to an injured employee who is able to return to work but who suffers an impairment in earning capacity by reason of the injury.

3. Permanent Partial is paid to an injured employee who has received a permanent partial disability of a partial nature involving the permanent limitation or restriction of the use of a portion of his body, i.e. loss of an arm, leg, hand, sight of one eye, hearing, etc.

4. Permanent Total is paid to an injured employee who has received an injury that totally prevents him from performing work and which is expected to be of permanent duration.

5. Death is paid to the dependents of an employee whose death arises out of or in the course of employment, within three (3) years after date of the injury.

D. PAYMENT OF CLAIMS

All payments to the employee for compensable injuries or diseases, and payments for medical services are to be made directly by Kaiser Engineers. It is necessary, however, that the Bureau be advised, through Gates, McDonald & Company, of the occupational injuries or diseases and be kept informed of payments.

In handling lost-time or disability claims, Kaiser Engineers generally will be required to process the following forms:

a. Form C-50 - Claimant's Application for Compensation.
This form is used to notify the Bureau that a compensable injury involving more than seven days of lost time has occurred.

b. Form C-83 - Monthly Report of Compensation Payments.
This form reports the payment of compensation during the period of disability.

c. Form C-61 - Report of Payment of Compensation, Etc.

This form is in the nature of a final report to the Bureau after all compensation and expenses have been paid. Part I is completed by the Company and Part II by the attending physician.

A self-insurer must provide all medical services necessary for proper treatment of the injured employee. The employer may direct the employee to proper medical services and may control such services to the best interest of the employee.

THE FILING OF ALL FORMS AND REPORTS ON CLAIMS SHOULD BE PROCESSED THROUGH THE OFFICE OF GATES, McDONALD & COMPANY, 1261 DUBLIN ROAD, COLUMBUS, OHIO.

THEY ARE TO BE SENT THREE (3) COPIES: THE ORIGINAL, ONE COPY FOR FILING WITH THE BUREAU, AND AN ADDITIONAL COPY FOR THEIR FILE.

## V - PROCEDURES (Detailed)

### A. GENERAL INSTRUCTIONS

#### 1. Employee Notification

At the time of employment, all Kaiser Engineers' employees are to be notified by Industrial Relations Personnel that Kaiser Engineers' Workmen's Compensation Program on Armco's Project 600 at Middletown, Ohio, is administered as a self-insurer, (paying all claims direct) under the rules, regulations, and fee schedules of the Ohio Workmen's Compensation Act.

2. Recording Dispensary Visits

Each dispensary visit by an employee for treatment of an injury or illness incurred at work represents a potential claim for Workmen's Compensation. It is important, therefore, that employees be instructed by the Industrial Relations Department personnel, at time of hire, and by their assigned Supervisor on the job, that they are required to report all ailments and injuries (even minor ones) to the dispensary so that the facts surrounding the occurrence can be determined and recorded promptly. The original document recorded by the attending doctor or nurse when the employee reports to the dispensary must be preserved. Copies of these reports will be submitted by the dispensary to the Kaiser Engineers Industrial Relations Department.

3. Billings from Outside Medical Services

When an employee makes use of an outside medical service (doctor, hospital, clinic, etc.) for an industrial injury, he is to notify the first aid dispensary at the job site. The dispensary will, in turn, notify Kaiser Engineers Industrial Relations Department that the employee has used outside medical service.

The agency which rendered the service is to bill the company on the appropriate Bureau of Workmen's Compensation Form, as follows:

C-16 - Hospital Fee Bill

C-17 - General Fee Bill (for X-Rays, Prescriptions, Appliances, etc.)

C-19 - Attending Physician's Fee Bill.

C-20 - Nurse's Fee Bill*

*Members of the employee's immediate family are not to be compensated for "nursing services" without prior approval of the Manager of Industrial Relations, as this practice is easily subject to abuse.

C-108 - Dentist's Report and Fee Bill

The outside medical service should be instructed that they are to return all forms to Kaiser Engineers, NOT TO THE STATE, and that Kaiser Engineers will pay no fees if billed above those prescribed in the State Fee Schedules, and that those billed in excess of the State Fee Schedule will be reduced. When the billing forms have been completed and returned, the Personnel Representative should check the fees with the State Fee Schedule and then send them to Gates, McDonald & Company to be verified, stamped, and approved for payment. If there is a question as to the propriety of the fee charges, Gates, McDonald & Company will review and indicate amount recommended for payment. The original billing form is to be filed in the active claim file after it has been routed through the payment process. If the billing is rendered in connection with a lost-time or disability claim, an additional copy of the form should be reproduced for transmittal to Gates, McDonald & Company.

4. Recording Lost-Time Claims

Strictly speaking, "lost time" is temporary total disability of more than seven days' duration.

Permanent total disability is also treated as "lost time" for administrative purposes.

When a lost-time claim occurs and the Personnel Representative verifies that the claim is in order, Bureau Form C-106, Report of Attending or Examining Physician, is forwarded to the attending physician to obtain confirmation of total disability. In the case of an outside physician, the form should be mailed to him for completion and return. Bureau Form C-50, Claimant's Application for Compensation, is the agreement form and should be completed for each lost-time claim before payments begin. In the case of occupational disease, Form OD-1-22, Self-Insuring Employer's Report of Occupational Disease, is used instead of C-50, Claimant's Application for Compensation. The portions to be filled out by the employee must be completed in his own handwriting under the Personnel Representative's supervision. If the employee cannot write, the Personnel Representative may type the employee's portion of the form; however, two witnesses - at least one of which is not directly under the authority of the Personnel Director - must observe the preparation and signing of the agreement. The remainder of the C-50, Claimant's Application for Compensation, is prepared by Industrial Relations Department Personnel.

When Form C-50, Claimant's Application for Compensation and C-106, Report of Attending or Examining Physician have been reviewed by both parties to the agreement, Form C-50, Claimant's Application for Compensation is signed. Three copies of each form are distributed as follows:

1. Original and two copies of each form are mailed to Gates, McDonald & Company.
2. One copy of each form is filed in the active claim file. No copies of the forms are offered to the employee; however, if he demands a copy, it must be given to him.

B. INDUSTRIAL RELATIONS DEPARTMENT - KAISER ENGINEERS

Duties and responsibilities of the Kaiser Engineers Industrial Relations Department are:

1. Minor Accidents (less than 8-days lost time)
   a. Provide the attending physician with Form C-50a, Attending Physician's Report & Fee Bill, along with a letter of instructions to bill the company direct and at approved Bureau of Workmen's Compensation Fee Schedule.
   b. Upon return of the C-50a, Attending Physician's Report & Fee Bill, forms from the attending physician, retain one copy and send the original and one copy to Gates, McDonald & Company in Columbus, for review, and return of one copy to Kaiser Engineers.
   c. Follow up to see that doctors submit to Kaiser Engineers within two (2) weeks a C-50a, Attending Physician's Report & Fee Bill and all subsequent bills (in triplicate) on the correct Bureau's Fee Bill Form, as shown below:

      C-16 - Hospital Fee Bill

      C-17 - General Fee Bill

      If prescriptions or X-rays are included in the General Fee Bill, the following items must be shown:

For Prescriptions - Name of drug, quantity prescribed, dosage, and name of attending physician.

NOTE: Prescribed drugs paid for directly by claimant will be authorized for reimbursement payment upon presentation of a copy of the Doctor's prescription attached to the receipted bill.

If claimant is unable to provide a copy of Doctor's prescription with receipted bill, the receipted bill must show the following:

Name of drug

From whom purchased

Prescription number

Date filled

Quantity purchased

Dosage

Name of authorizing doctor

For X-Rays - Type and number of views taken.

C-19 - Attending Physician's Fee Bill

C-20 - Nursing Fee Bill

C-108- Report of Attending or Examining Dentist Fee Bill

d. Verify that each fee bill covers only the treatment of injuries resulting from the industrial accident. Place Kaiser Engineers identification stamp on the fee bill. Send all fee bills in duplicate to Gates, McDonald & Company in Columbus for review, and return one copy to Kaiser Engineers.

e. Review all medical fee bills to insure that craft code number is shown.

2. Lost-Time Accidents - Non-Contested*

*(8 days or more lost time, hernia claims, or claims involving permanent disability)

a. Complete Bureau of Workmen's Compensation Form C-50 Claimant's Application for Compensation or Form OD-1-22, Self-Insuring Employer's Report of Occupational Disease, for Occupations Disease Claims, in quadruplicate. Send original and two copies to Gates, McDonald & Company in Columbus, and retain one copy in Kaiser Engineers files.

b. Upon receipt of medical fee bills, verify and place Kaiser Engineers identification stamp on them and forward in duplicate to Gates, McDonald & Company in Columbus.

c. Review all medical fee bills to insure that craft code number is shown.

d. Provide Gates, McDonald & Company in Columbus with lost-time information and copies of all medical reports supporting or estimating the term of total disability.

e. Partially complete, on a bi-weekly basis, Gates, McDonald & Company Form (SI-4) "Workmen's Compensation Claim Payment Order" as required. Send this partially completed form, in duplicate, to Gates, McDonald & Company. They will insert the proper amounts payable and return it to Kaiser Engineers Industrial Relations Department for forwarding to the Accounting Department for preparation of compensation checks.

f. Notify Gates, McDonald & Company in Columbus on Form WCO-58 "Return to Work Notice" of Claimant's release for or return to work.

g. Provide the Columbus Office of Gates, McDonald & Company with two copies of all correspondence directed to, or received from the Bureau of Workmen's Compensation, regardless of distribution shown.

3. Contested Claims

a. Hold all fee bills and compensation until compensability is decided and notification is received from Gates, McDonald & Company.

b. If and when the claim is allowed, treat as a non-contested claim, as shown in section "2" above.

c. As required, complete appropriate questionnaire. Forward questionnaire and all other investigational data to Gates, McDonald & Company in Columbus.

d. When a contested claim application and request for an answer is received from the Bureau of Workmen's Compensation on their Form C-113 "Notice of Filing Application for Determination of Award" contact Gates, McDonald & Company by phone immediately.

4. Payment of Bills

a. Receive all bills for payment of Compensation and Medical Services.

b. The Personnel Representative will review all bills received and then forward them to Gates, McDonald & Company, Columbus, Ohio, for review, approval, and return.

c. The Personnel Representative will forward all reviewed and approved bills received from Gates, McDonald & Company to the Accounting Department for preparation of vouchers for payment.

d. Personnel Representative will receive all checks issued by the Accounting Department for subsequent issuance.

e. If Gates, McDonald & Company's recommendation for payment of bills is not followed, the Personnel Representative will note the reasons for difference, resolve them, and have payment approved by the Industrial Relations Manager before submission to Accounting Department for payment.

f. Notify Gates, McDonald & Company of any deviations from their recommendations for payment and note reasons.

C. ACCOUNTING DEPARTMENT - KAISER ENGINEERS

Duties and responsibilities of the Accounting Department are:

1. Minor Accidents

a. Pay all medical and doctor bills promptly in accordance with Gates, McDonald & Company's interpretation of the Bureau's Fee Schedule, and approval by Kaiser Engineers' Industrial Relations Department.

b. Prepare checks for payment of bills and forward to Kaiser Engineers Industrial Relations Department for subsequent issuance by the Personnel Representative.

c. Maintain separate files, for bills paid, by individual claim.

2. Lost-Time Accidents, Non-Contested

   a. Pay compensation, medical, and doctor bills promptly in accordance with Gates, McDonald & Company's interpretation of the Bureau's Fee Schedule and approval of Kaiser Engineers Industrial Relations Department.

   b. Prepare checks for payment of bills, and forward to Kaiser Engineers Industrial Relations Department for subsequent issuance by the Personnel Representative.

   c. Discontinue compensation payments upon instructions from Gates, McDonald & Company and verification by Kaiser Engineers Industrial Relations Department.

   d. Maintain separate files, for bills paid, by individual claim.

3. Contested Claims

   a. Withhold the payment of Compensation, Doctor's Fees, and medical bills relating to questionable claims during the pending dispute period, upon instructions from Gates, McDonald & Company and verification by Kaiser Engineers Industrial Relations Department.

   b. Prepare checks for payment of Compensation, Doctor's Fees, and medical bills upon notification by Gates, McDonald & Company and verification by Kaiser Engineers Industrial Relations Department that the dispute relative to the contested claim has been resolved; then forward to Kaiser Engineers Industrial Relations Department for subsequent issuance to payee by the Personnel Representative.

   c. Maintain separate files, for bills paid, by individual claim.

e. Send copy of payment vouchers to Kaiser Engineers Industrial Relations Department for subsequent issuance by the Personnel Representative to Gates, McDonald & Company.

5. Surety Bond

a. Review and make certain that Surety Bonds covering claims costs are current and in effect.

b. Issue checks for Surety Bond premium payments as required.

D. GATES, McDONALD & COMPANY, COLUMBUS, OHIO

Duties and responsibilities of the Gates, McDonald & Company are:

1. Minor Accidents

a. Review and forward a copy of Form C-50a, Attending Physician's Report & Fee Bill to Kaiser Engineers' Personnel Representative in Middletown, who will forward it to their Accounting Department for payment.

b. Review, approve, and forward all medical fee bills to Kaiser Engineers Personnel Representative who will forward them to their Accounting Department for payment.

2. Lost-Time Accidents - Non-Contested

a. File original of the claim application with the Bureau of Workmen's Compensation.

b. Advise Kaiser Engineers Personnel Representative regarding payment of compensation by completing Gates, McDonald & Company Form SI-4, "Workmen's Compensation Claim Payment Order" and return it to Middletown. In serious injuries, up to (4) weeks of compensation may be approved without written medical proof.

(2. Lost-Time Accidents - Non-Contested - cont'd.)

c. Review, approve and forward all medical fee bills to Kaiser Engineers Personnel Representative, who will forward them to their Accounting Department for payment.

d. Where indicated, Gates, McDonald & Company will, as necessary, complete and submit Form C-83, "Payment of Compensation Reports" to the Bureau of Workmen's Compensation. A copy will be sent to Kaiser Engineers Personnel Representative in Middletown.

e. When all compensation and benefits have been paid, Gates, McDonald & Company will partially complete the "Final Report" in quadruplicate, and forward it to Kaiser Engineers Personnel Representative in Middletown. The Personnel Representative will then have the attending Doctor complete the report in quadruplicate and return original and two (2) copies to him at Kaiser Engineers. Kaiser Engineers will then forward original and one (1) copy to Gates, McDonald & Company who will file the original with the Bureau of Workmen's Compensation.

f. Maintain a separate record, by craft code breakdown, of all compensation and medical costs incurred.

g. Provide a complete Cost Control Service for all Workmen's Compensation matters, including notification of changes in administrative rules, Legislation, Fee Schedules, and issue periodic (quarterly) status reports.

3. Contested Claims

a. Gates, McDonald's field representatives are available to assist the Kaiser Engineers Personnel Representative with his investigation of the background on contested claims.

b. Record and promptly file Kaiser Engineers answers to disputed claims.

c. Attend and report the results of the Bureau's or the Commission's hearings, relative to Kaiser Engineers' disputed claims.

d. Provide recommendations regarding further administrative considerations of adverse decisions.

## VI - INTERPRETATION OF IMPORTANT ITEMS

### A. Filing Time

Claims for compensation and/or medical expense shall be forever barred unless an application is filed with the Bureau of Workmen's Compensation or the employer, or compensation or benefits have been paid or furnished by the employer within the time limit prescribed. The limitations on the various types of claims are as follows:

1. Injury or Death from Injury:

   In all claims of injury or death, claims for compensation or benefits shall be forever barred unless within two (2) years after the injury or death, written application has been made to the Bureau of Workmen's Compensation, or compensation or benefits have been paid or furnished by the employer within two years after the injury or death.

   "Benefits" have been defined as:

   (a) a hospital bill, or

   (b) a medical bill to a licensed physician or hospital, or

   (c) an orthopedic or prosthetic device.

2. Occupational diseases or death from occupational disease:

   In claims other than silicosis or dust diseases of the respiratory tract or radiation illness, claims for compensation or benefits shall be forever barred unless within two (2) years after the disability due to the disease began, or within such longer period as does not exceed six (6) months after diagnosis of the occupational disease occurs, application is made to the Bureau of Workmen's Compensation or to the employer.

3. Silicosis or death from silicosis or other dust diseases of the respiratory tract:

An application must be filed within one (1) year after total disability began or within such longer period as does not exceed six (6) months after diagnosis of silicosis by a licensed physician.

Claims of dependents for benefits on account of death are forever barred unless application therefore is made to the Bureau within six (6) months after death.

B. Definition of Injury

The usual accidents causing cuts, bruises, fractures, or other violent or traumatic bodily damage present no particular problem of definition. However, when the disability is attributed to strain or unusual working conditions, the problem becomes more complex. Under recent amendments and interpretations, a workman claiming injury due to a greater degree of exertion than customarily in the performance of his work may now have a compensable claim. Injury has now been defined as including any injury whether caused by external accidental means or accidental in character and result, received in the course of, and arising out of, the injured employee's employment.

1. Arising out of Employment:

"Arising out of Employment" means that the injury must bear a direct relationship to the employment. An injury is considered to have arisen out of employment when it occurs while the employee is performing some act contemplated by his contract of hire and is reasonably connected with the employer's business, or if it arises from some hazard associated with the employer's equipment or premises.

An injury occasioned by an attack of a fellow-workman, because of a personal grudge, would not arise out of employment.

2. In the Course of Employment

"In the Course of Employment" means that the injury must occur while the employee is performing some duty for his employer as opposed to a personal duty. An injury received by an employee while on company property is usually considered to have occurred in the course of employment. An employee going to, or coming from, work is generally in the course of employment after he reaches or before he leaves the physical premises, provided he is traversing the usual route of ingress or egress. However, an injury received while an employee is on the physical premises of the employer, but while he is making a personal visit to a fellow-employee in a different part of the plant from where the injured normally worked, would not be considered in the course of employment.

3. As a Result of Horseplay

Injuries received as a result of horseplay are not compensable if the disabled employee was the instigator of the action. However, if he is an innocent victim, injured as a result of the frivolity of fellow-workmen, his claim would be compensable.

C. Pre-Existing Conditions

Generally, an employee may not waive his rights to compensation. A blind employee may waive his right to compensation but few other disabilities can be so handled. The following paragraphs detail pre-existing conditions which give protection from loss to the employer while still providing compensation to the handicapped employee who is subsequently injured in his employer's service.

D. Injuries to Handicapped Persons

Under certain circumstances, an employer may seek relief from the cost of Workmen's Compensation claims of handicapped employees afflicted with, or subject to the following physical or mental impairments:

| | |
|---|---|
| Epilepsy | Arthritis |
| Diabetes | Cerebral Palsy |
| Cardiac Disease | Multiple Sclerosis |
| Parkinson's Disease | Psychoneurotic Disability following treatment in a recognized medical or mental institution. |
| Tuberculosis | |
| Silicosis | |
| Cerebral Vascular Accident | Hemophilia |
| Amputated Foot, Leg, Arm or Hand | Chronic Osteomyelitis |
| Loss of sight in one or both eyes or partial loss of vision of more than 75% bilaterally | Ankylosis |
| | Hyperinsulinism |
| Residual disability from Poliomyelitis | Muscular Dystrophies |
| Varicose Veins | Arteriosclerosis |
| | Thrombophlebitis |

An employer, upon application to the Commission, may have all or a portion of the cost of such a claim charged to the Statutory Surplus Fund. In claims where the Commission concluded that the handicapped employee would not have been injured, disabled or killed except for the pre-existing impairment, all of the cost of the claim will be charged to or paid from the Surplus Fund. However, if it is established that the pre-existing impairment was only aggravated by the injury or occupational disease, an equitable and reasonable determination shall be made, based upon medical

evidence, of the portion of the cost attributed to the pre-existing disability, and that portion so determined shall be charged to the Surplus Fund.

These provisions are applicable in cases of death, temporary total or permanent total disability, or in case of permanent partial disability governed by the scheduled awards payable for loss of member, loss of sight, deafness, and facial or head disfigurement. It will not apply to temporary partial, percentage of permanent disability, settlements or awards payable for change of occupation due to silicosis. Moreover, it applies only to claims in which the injury or occupational disease occurred after September 27, 1955.

E. Service Connected Disabilities

If a person in active service in the Armed Forces of the United States at any time subsequent to May 1, 1940, and prior to the termination of the war between the United States and the Government of Japan, sustained an injury or suffered a disease while in such service, and if such person is thereafter injured or suffers an occupational disease in the course of, and arising out of his employment, and compensation is awarded therefor, the Commission may determine what part, if any, of such compensation is attributable to the injury or disease which this person sustained or suffered while in the Armed Service and what part of such compensation is attributable to the injury or occupational disease. In such a situation, the Commission may order the employer to pay the employee reimbursed out of the Surplus Fund for that part of the compensation which is attributable to the service connected disability.

F. Compensable Occupational Diseases

Disability resulting from the contracting of an occupational disease is compensable. Silicosis and other diseases of the respiratory tract, due to the inhalation of dusts, are compensable only when due to injurious exposures aggregating three years or more. The complete Occupational Disease Schedule is shown below:

Anthrax

Glanders

Lead Poisoning

Mercury Poisoning

Phosphorus Poisoning

Arsenic Poisoning

Poisoning by benzol or by nitro and amidoderivatives of benzol (dinitro-benzol, anilin and others)

Poisoning by gasoline, benzine, naphtha, or other volatile petroleum

Poisoning by carbon bisulphide

Poisoning by wood alcohol

Infection or inflammation of the skin on contact surfaces due to oils, cutting compounds, or lubricants, dust, liquids, fumes, gases, or vapors.

Compressed air illness

Carbon dioxide poisining

Manganese dioxide poisoning

Brass or Zinc Poisoning

Radium Poisoning

Tenosynovities & prepatellar Bursitis

Chrome ulceration of the skin and nasal passages

Potassium cyanide poisoning

Sulphur dioxide poisoning

Berylliosis

Silicosis

Radiation Illness

Epithelioma cancer or ulceration of the skin or of the corneal surface of the eye due to carbon, pitch, tar or tarry compounds.

All other occupational diseases peculiar to particular industrial process and to which employee is not subjected or exposed outside of employment.

G. Method of Payment of Compensation

Certain limitations must be met in the payment of compensation to injured employees. The check should be made payable to the employee, unless he is suffering from a mental disability, in which instance payment can be made to a legally appointed guardian. In a death claim, it is advisable to make separate checks for each of the dependents, but it is permissible to forward them all to the widow for use by herself and any dependent children, except where a guardian has been appointed. In a death claim where there is no dependent widow, dependent children may be paid through a legally appointed guardian. Some of the important functions with respect to the making of payments are as follows:

1. Payment should be made weekly. Compensation starts on the eighth day. However, in the event there are more than three weeks of continuous total disability (regardless of when this may occur), the injured employee is then to be paid for the first week of lost time. The payment of a death award begins with the day after death.
2. Compensation cannot be paid in a lump sum unless written approval is received from the Industrial Commission. Request for lump sum payments may be made by the employee or employer on Form C-63, "Request for Authorization to Make Lump Sum Payments." Of course, it is permissible to pay an employee, or the dependents of a fatally injured employee, the amount accrued from the date of eligibility to receive compensation up to the date of the issuing of the first check.

When a controverted claim is allowed by the Deputy Administrator, compensation accrued from the date of filing of the claim application can be paid. The payment of compensation accrued from the date of injury to the date the claim was filed can be withheld pending the disposition of an application for reconsideration.

3. In making payment for permanent partial disability for a scheduled number of weeks, compensation can be started on the beginning day of the first week following the end of total disability.

4. In making payment for percentage of permanent partial disability for injuries occurring on or after October 1, 1963, the award is paid beginning with the date of last payment. This assumes that the employee elects to receive the award on the basis of the permanent partial determination.

5. The payment of compensation for temporary total or temporary partial disability may be stopped if the claimant refused to submit to medical examination by a doctor designated by the Company, but it is necessary to obtain the Bureau's approval before payment is stopped.

6. When payment of compensation is being made for permanent partial disability, percentage of permanent partial disability, permanent total disability, or death, compensation may be stopped, but immediate notice must be sent to the Bureau setting forth the reason this was done.

7. If the award is being paid to the injured employee for permanent partial disability or for percentage of permanent partial disability or in the event the proof shows an award would be payable to

him for permanent partial disability and the employee dies of causes unrelated to his injury, notice of the death should be sent to the Bureau. In such instances, it is necessary to pay to a dependent wife, dependent children, or any other dependents determined by the Industrial Commission the balance of the award to which the decedent was entitled. Reference should be made in the notice to the Bureau of the death of the employee, to the names of the alleged dependent parties to whom the Company may be required to pay the balance of the award. Request should be made of the Bureau to investigate and rule on the question of dependency.

H. Rate of Compensation Payments

The weekly rate of payment is two-thirds (2/3) of the average weekly wage earned prior to the date of injury or date total disability from an occupational disease began. This is subject to a maximum of $56 per week for the first twelve (12) weeks of total disability ($8 per day) for injuries occurring on or after October 1, 1963. For the period of disability commencing on the 13th week and thereafter, the maximum rate is $49.

I. Average Weekly Rate

Compensation during the first twelve (12) weeks of temporary total disability is based on the full weekly wage at the time of the injury. Usually, the highest weeks' earnings in the eight (8) weeks immediately prior to the date of injury is used as the base. This means total wages including overtime and bonuses.

Compensation for temporary total disability after the first twelve (12) weeks, and compensation for all other types of disability or for death is based on the average weekly wage for one (1) year

prior to the date of injury or of the date that total disability from an occupational disease began.

J. Disability Compensations

1. For Temporary Total Disability

This type of compensation is paid during the period of convalescence following the injury and is continued until the claimant returns to work or the attending physician has reported he is able to do so. Current regulations of the Bureau of Workmen's Compensation limit payments to a total amount no greater than $10,750 in all, on injuries sustained on or after November 2, 1959.

2. For Temporary Partial Disability

This type of compensation is paid after the maximum temporary total compensation has been paid, or at any time disability ceases to be total. The weekly rate is two-thirds (2/3) of the impairment, determined by multiplying the average weekly wage by the percentage of physical disability, or two-thirds (2/3) of the actual wage impairment, whichever is the lesser, but with a maximum weekly rate of $49. The maximum amount of compensation payable under this program is $10,000.

3. For Permanent Total Disability

Where a claimant has been found to be permanently and totally disabled, compensation is paid on such basis during the remainder of his lifetime. The loss of both hands, arms, both feet, both eyes, or any two thereof shall constitute permanent total disability. Generally speaking, it is advisable to first pay the maximum amounts for temporary total disability and temporary partial disability before considering the issue of permanent total disability.

4. For Percentage of Permanent Partial Disability

- Partial disability continuing after forty (40) weeks following the end of the latest period of total disability may be evaluated on a permanent basis. The award shall be not less than that part of 200 weeks' compensation which is the percentage of disability as indicated by medical proof. This shall be paid in weekly installments at two-thirds (2/3) of the average weekly wage, not to exceed a maximum of $49 per week. The compensation payable shall accrue from the date of last payment of compensation. After the evaluation of permanent partial disability, the employee has the right to accept the award or elect to be paid temporary partial compensation on a wage impairment basis. Such election, once made, cannot be changed, except for good cause shown. Re-evaluation of permanent disability can be requested by the employee any time within ten (10) years from the last payment of compensation, by showing that medical proof substantiates greater disability than that for which he has been paid.

5. For Permanent Partial Disability

In cases of amputation, ankylosis (total stiffness) or contracture (due to scars or injuries) of the fingers, loss of vision, loss of hearing, or facial disfigurement, the following schedule determines the amount of the average weekly wage not to exceed $49.00, nor less than $25.00 per week. Payment for permanent partial disability can be made at less than $25.00 per week if the employee's average weekly wage in the year preceding his injury was less than that amount. Any temporary partial compensation previously paid should be deducted from this award.

a. For Fingers, Hand, or Arm

| | |
|---|---|
| -Thumb | 60 weeks |
| First (Index) | 35 weeks |
| Second | 30 weeks |
| Third | 20 weeks |
| Fourth | 15 weeks |
| Hand | 175 weeks |
| Arm | 225 weeks |

The loss of the second or distal phalanx of the thumb shall be considered to be equal to the loss of one-half (1/2) of such thumb; the loss of more than one-half (1/2) of this thumb shall be considered to be equal to the loss of the whole thumb.

The loss of the third (1/2) or distal phalanx of any finger shall be considered to be equal to the loss of one-third (1/3) of such finger.

The loss of the middle or second phalanx of any finger shall be considered to be equal to the loss of two-thirds (2/3) of such finger.

The loss of more than the middle and distal phalanges of any finger shall be considered to be equal to the loss of the whole finger, provided, however, that in no case will the amount received for the loss of more than one (1) finger exceed the amount provided in this schedule for the loss of the hand.

For the loss of the metacarpal bone (bones of palm) for the corresponding thumb, finger, or fingers, add ten (10) weeks to the number of weeks set forth in this schedule. For ankylosis

(total stiffness) or contractures (due to scars or injuries) which make any of the fingers, thumbs, or parts of either more than useless, the same number of weeks applies to such members or parts thereof, as given in the schedule.

If the claimant has suffered the loss of two (2) or more fingers and the nature of his employment in the course of which he was working at the time of injury is such that the handicap or disability resulting from such loss of fingers exceeds the normal, handicap or disability resulting from such loss of fingers, the Commission may take that fact into consideration and order an increase in the award of compensation accordingly, but the total award made should not exceed the amount of compensation which the law provides for loss of hand.

b. <u>For Toes, Foot, or Leg</u>

| | |
|---|---|
| Great Toe | 30 weeks |
| Any other toe | 10 weeks |
| Foot | 150 weeks |
| Leg | 200 weeks |

The loss of more than two-thirds (2/3) of any toe shall be considered to be equal to the loss of the whole toe.

The loss of less than two-thirds (2/3) of any toe shall be considered to be no loss, except the great toe where loss up to the interphalangeal joint equals one-half (1/2) the toe and beyond equals a total loss, fifteen (15) and thirty (30) weeks of compensation, respectively.

c. For Eyes or Ears

| | |
|---|---|
| Loss of sight of an eye | 125 weeks |
| Loss of hearing of one ear | 25 weeks |
| Loss of hearing of both ears | 125 weeks |

In the case of partial loss of sight, a determination must be made of the percentage of uncorrected visual loss. Compensation is payable for the number of weeks equal to the percentage of loss as the result of injury but no payment is made for less than twenty-five per cent (25%) loss of vision.

Compensation is only paid for permanent and total loss of hearing of either one (1) or both ears.

d. For Facial or Head Disfigurement

In case of an injury resulting in serious facial or head disfigurement which may impair the opportunities to secure or retain employment, the Industrial Commission may at its discretion order payment of an award of compensation which it deems proper and equitable in view of the nature of the disfigurement. However, the sum to be paid should not exceed $5,000.

K. Aggregate Compensation Payable for Partial Disability

There is no aggregate limit to the amount of compensation payable for temporary partial, percentage of permanent partial, or permanent partial disability as set forth in the above schedule when more than one type of such disability arises from the same accident.

L. Disability Compensation Payable when Employee Dies from Causes unrelated to His Injury

When an injured employee is entitled to compensation, but dies from causes unrelated to his injury, the dependents can be paid such amount as the Bureau deems equitable of the amount accrued and due

at the time of death. Where death is from unrelated causes, there are certain instances in which it is required to pay the full amount that would have been payable to the decedent even though the award would extend beyond the date of death.

M. Death Benefits Payable when Employee Dies from Causes Related to His Injury

1. Determining Conditions

The following conditions determine eligibility for payment of death benefits:

a. Death must occur within three (3) years of the date of the injury, or the beginning of the disability due to the occupational disease, or

b. Compensation for total or partial disability on account of the injury or occupational disease which causes death was paid for any portion of the year next preceding the date of death, or

c. The decedent has applied for compensation under Part "b" above, was examined by a licensed physician, and would have been entitled to an award of compensation had not death ensued.

2. Classes of Dependents

The amount payable to the various classes of dependents varies, and the factors evaluated by the Bureau with respect to the extent of dependency are numerous. The following are the ones most frequently involved:

a. Persons wholly dependent at the time of death shall receive compensation at the weekly rate of two-thirds (2/3) of the average weekly wage, not to exceed $49 per week and not in any event less than a minimum of $40.25 per week, regardless of the average weekly wage. The sum total of payments to

persons wholly dependent at the time of said death shall be $15,000. Any compensation paid to the deceased employee prior to his death shall not be deducted from the sum of $15,000.

b. The majority of death awards involving a widow or dependent children under eighteen (18) years of age, will range between $16,000 and the maximum of $18,000. An additional $1,000 to the basic award of $15,000 is payable to each such dependent up to a maximum of $3,000.

c. The following are presumed to be wholly dependent:

1. A wife upon a husband with whom she lives at the time of his death, or a wife who is not residing with her husband because of the aggression of the husband.

2. A child under the age of sixteen (16) years, or over said age if physically or mentally incapacitated from earning, upon the parents with whom he is living at the time of the death of such parent, or for whose maintenance such parent was legally liable at the time of his death.

d. All other persons must prove the degree of dependency and the Bureau determines the amount of benefits to be paid, with the limitation that no more than $15,000 shall be paid. However, it shall be presumed that there is sufficient dependency to entitle surviving natural parents with whom decedent was living at the time of his death to a minimum award of $3,000.

3. Funeral Expenses

Reasonable funeral expenses shall be paid in an amount not to exceed the sum of $500.

4. - Payments Prior to Death

a. When an award for percentage of permanent physical disability or permanent partial disability has been made, or the employer has directed to make such payment prior to the death of an employee, all unpaid installments accrued or to be accrued under the provisions of the award shall be payable to the widow. If there is no surviving widow, such payments shall be made to the dependent children, or other dependents, if any as determined by the Industrial Commission. If such payments are to be made to the dependent children, the payments must be made through a legally appointed guardian.

b. When an employee has suffered the loss of a member by amputation, the full award for such loss shall be paid to the referenced dependents regardless of whether or not an agreement as to compensation for permanent disability had been reached prior to death.

VII - CLAIM FORMS

| Number | Title |
|---|---|
| C-16 | Hospital Fee Bill |
| C-17 | General Fee Bill for X-Rays and all services except Hospital Fees and Medical Fees of Attending Physician |
| C-19 | Attending Physician's Fee Bill |
| C-20 | Nurse's Fee Bill |
| C-50 | Claimant's Application for Compensation |
| C-50-A | Attending Physician's Report & Fee Bill |
| C-51 | Self-Insuring Employer's Report of First Notice of Death |
| C-52 | Agreement as to Compensation for Permanent Disability |
| C-57 | Application for Adjustment of Claims |
| C-58 | Application for Adjustment of Claims in case of Fatal Injury |
| C-61 | Report of Payment of Compensation, etc. |
| C-63 | Request for Authorization to Make Lump Sum Payment |
| C-83 | Monthly Report of Compensation Payments |
| C-85-A | Application to Reactivate Claim |
| C-86 | Motion |
| C-92 | Application for the Determination of the Percentage of Permanent Partial Disability |
| C-92-A | Application for Increase in Percentage of Permanent Partial Disability |
| C-106 | Report of Attending or Examining Physician |
| C-108 | Dentist's Report Fee Bill |
| C-113 | Notice of Filing Application for Determination of Award |

VII - CLAIM FORMS (continued)

| Number | Title |
|---|---|
| OD-1-22 | Self-Insuring Employer's Report of Occupational Disease |
| OD-51 | Self-Insuring Employer's Report of First Notice of Death |
| OD-57 | Application for Adjustment of Claim in Case of Occupational Disease |
| OD-58 | Application for Adjustment of Claim in Case of Death on Account of Occupational Disease |
| WCO-58 | Return to Work Notice |
| GM-O | Workmen's Compensation Claim Payment Order |

VIII - REFERENCES

1. Gates, McDonald & Company (Brown Covered Binder)
2. Gates, McDonald & Company (Blue Covered Binder)
3. The Workmen's Compensation Law of Ohio
4. Rules Governing Claims Procedures before the Bureau of Workmen's Compensation - Boards of Review
5. Workmen's Compensation Act of the State of Ohio
6. The Workmen's Compensation Handbook of Facts