

WARNING

IF YOU ARE INJURED ON THE JOB, WRITTEN NOTICE OF YOUR INJURY MUST BE GIVEN TO YOUR EMPLOYER WITHIN FOUR WORKING DAYS AFTER THE ACCIDENT, PURSUANT TO SECTION 8-43-102(1) AND (1.5), COLORADO REVISED STATUTES.

IF THE INJURY RESULTS FROM YOUR USE OF ALCOHOL OR CONTROLLED SUBSTANCES, YOUR WORKERS' COMPENSATION DISABILITY BENEFITS MAY BE REDUCED BY ONE-HALF IN ACCORDANCE WITH SECTION 8-42-112.5, COLORADO REVISED STATUTES.

AVISO

SI SE LASTIMA EN EL TRABAJO, DEBE DARLE UN AVISO POR ESCRITO A SU EMPLEADOR DENTRO DE CUATRO DÍAS LABORABLES DEL ACCIDENTE, SEGÚN A LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-43-102(1) Y (1.5).

SI EL ACCIDENTE RESULTA DEBIDO AL USO DE ALCOHOL O UNA SUSTANCIA CONTROLADA, SUS BENEFICIOS DE LA INCAPACIDAD DE LA COMPENSACIÓN DE LOS TRABAJADORES PUEDEN SER REDUCIDOS POR UN MEDIO EN ACUERDO DE LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-42-112.5.

COLORADO WORKERS' COMPENSATION INFORMATION

Your employer has workers' compensation coverage for employees through:

Workers' compensation is a type of insurance coverage that employers must provide to their employees. The cost of workers' compensation insurance is paid entirely by the employer and may not be deducted from an employee's wages.

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. **WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT.** If you don't report your injury or occupational disease promptly your benefits may be reduced.

If you are unable to work as the result of a work-related injury or occupational disease, compensation (wage replacement) benefits will be based on 2/3 of your average weekly wage up to a maximum set by law. No compensation is payable for the first 3 days' disability unless the period of disability exceeds two weeks.

You are entitled to reasonable and necessary medical treatment of compensable injuries or occupational diseases. If you notify your employer of an injury or occupational disease and are not offered medical care, you may select the services of a licensed physician or chiropractor.

You may file a Worker's Claim for Compensation with the Division of Workers' Compensation. To obtain forms or information regarding the workers' compensation system, you may call Customer Service at 303.318.8700, or visit our website at: www.coworkforce.com/dwc/.

COLORADO DIVISION OF WORKERS' COMPENSATION
633 17TH Street, Suite 400, Denver, CO 80202-3626

Any information provided below comes from your employer and is specific to this place of employment:

P&C WORKERS' COMPENSATION CLAIMS SETTLEMENT - CO COLORADO WCCLMCO

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DEFINITIONS

1. "Average weekly wages" means the rate at which services are paid for under the contract of hire in effect at the time of the injury, whether express or implied. The wages must be determined based on one of the following:
 - a. if the employee was paid by the month, the monthly salary must be multiplied by 12 and divided by 52;
 - b. if the employee was paid by the week, this must be the average weekly wages;
 - c. if the employee was paid by the day, the daily wage must be multiplied by the number of days and parts of days he worked, or would have worked, in the week he was injured;
 - d. if the employee is paid by the hour, the hourly rate must be multiplied by the number of hours worked in the day and then multiplied by the number of days the employee worked, or would have worked, in the week he was injured;
 - e. if the employee was a seasonal employee, the total amount earned in the last 12 months divided by the number of pay periods he actually worked must be the average weekly wages;
 - f. if the employee was paid by the mile, the mile rate must be multiplied by the average miles driven in the last 60 days then multiplying this by the number of days he worked, or would have worked, in the week he was injured;
or
 - g. if these methods are not fair the Division must determine the average weekly wages.

[CO ST s 8-40-201]¹[REF](#)

Westlaw.

[CO ST s 8-42-102]¹[REF](#)

Westlaw.

2. "Dependents" means members of the employee's family including:
 - a. spouse;
 - b. children;
 - c. mother or father;
 - d. grandmother or grandfather;
 - e. sister or brother; and
 - f. grandchild.

[CO ST s 8-41-502]¹[REF](#)

Westlaw.

INSURER LIABILITY

1. Notice or knowledge by the employer is notice or knowledge by the insurer.
2. The insurer has the same responsibilities as the employer.

[CO ST s 8-44-105]¹[REF](#)

Westlaw.

3. If the claim is accepted, the insurer must send notice to the employee and the Division. The notice must include:
 - a. the amount of compensation due;
 - b. whom it must be paid to;
 - c. how long the payments must continue;
 - d. the disability for which payment is being made;
 - e. a statement that this is the final admission by the insurer including:
 - I. the claimant may contest the admission if he feels entitled to more compensation;
 - II. to whom the claimant should send the written objection; and
 - III. notice that the claim will automatically close if the claimant does not contest the final admission in writing and request a hearing.
 - f. The notice to the Division can be made electronically.

[CO ST s 8-43-203]¹[REF](#)

Westlaw.

4. The insurer must assign a person with knowledge of workers' compensation health care to coordinate benefits between the employer, employee and the treating physician to assure that appropriate and timely medical care is being provided.
5. Insurers must offer:
 - a. at least managed care or medical case management in:
 - I. Denver;
 - II. Adams;
 - III. Jefferson;
 - IV. Arapahoe;
 - V. Douglas;
 - VI. Boulder;
 - VII. Larimer;
 - VIII. Weld;
 - IX. El Paso;
 - X. Pueblo; and
 - XI. Mesa counties; and
 - b. medical case management in all other counties.

[CO ST s 8-42-101(p)]¹[REF](#)

Westlaw.

6. An injured employee can accept workers' compensation benefits and sue a third party responsible for the injury.

- a. If the employee chooses compensation under workers' compensation, this will assign the right to recover to the insurer.
- b. If the employee elects to bring suit, the insurer must provide the difference, if any, between the recovery awarded and the compensation provided by the workers' compensation laws.

[CO ST s 8-41-203(1)]¹ [REF](#)

Westlaw.

7. The insurer must electronically report injuries of no more than 3 days or no permanent disability to the Division on a summary form every month.

[CO ST s 8-43-101]¹ [REF](#)

Westlaw.

8. The insurer is responsible for making sure all filed documents and medical reports and bills are dated showing the date of receipt. For documents required to be exchanged, the insurer must note the date of mailing or delivery and to whom they were mailed or delivered on the face of the document or by some other verifiable method.

[7 CO ADC 1101-3 (Part 1) (Rule 4-1)]¹ [REF](#)

9. If documents or correspondence are mailed or served on a party, the insurer must send a copy of each document or correspondence to every party to the claim and attorney.

[7 CO ADC 1101-3 (Part 1) (Rule 1-4)]² [REF](#)

10. If the insurer seeks recovery of damages from a person who is not an employee of the covered employer, it must send written notice to the Division and the employee within 10 days. This does not apply to demand for recovery of medical payments. The notice must contain:

- a. a description of the claim;
- b. names and addresses of all persons believed to be negligent;
- c. name and address of any attorney representing the employee;
- d. name and address of any attorney representing persons believed to be negligent; and
- e. the name, address and phone number of the insurer or third party administrator.

[CO ST s 8-41-203(4)]² [REF](#)

Westlaw.

11. At the time of injury, the insurer can provide a list of at least two physicians or two corporate medical providers or one of each to the employee. Failure to provide the list at the time of injury means the employee can select the attending physician or chiropractor. If the list is provided at the time of injury, the employee will choose the attending physician from this list.

- a. The two designated providers must have two distinct locations without common ownership.

- b. If there are not two providers at two distinct locations without common ownership within 30 miles of each other, the insurer can designate two providers at the same location or with shared ownership interests.
 - c. If there are less than four physicians or four corporate medical providers within 30 miles of the employer's place of business who are willing to treat an employee, the insurer can designate one physician or one corporate medical provider as the attending physician.
 - d. The employer can designate physicians within its own system, if the employer is a health care provider or governmental entity that has its own occupational health care provider system or has its own on-site health care facility.
12. An employee can change the attending physician one time within 90 days of the date of injury and before reaching maximum medical improvement.

[CO ST s 8-43-404 (5)(a)(I,II,III)]¹ REF

Westlaw

REPORTING

1. Each insurer must submit to a survey of claims at least annually by a statistical agent designated by the Commissioner. Claims will be examined until closed or for eight years, whichever is sooner.
2. Each claim examined must include the following:
 - a. Accident Information
 - I. Employee Information:
 - (1) name;
 - (2) social security number;
 - (3) date of birth;
 - (4) sex;
 - (5) marital status;
 - (6) occupation at time of injury (employee class code);
 - (7) employment status at time of report;
 - (8) number of dependents;
 - (9) date of hire;
 - (10) history of previous workers' compensation injuries:
 - (a) previous impairment rating; and
 - (b) number of prior injuries.
 - (11) race; and
 - (12) educational level.
 - II. Employer Information:
 - (1) federal tax identification number;
 - (2) SIC code;

- (3) payroll; and
 - (4) benefit package provided (group health/disability).
- III. Claims Administration Information:
- (1) name of carrier;
 - (2) insurer identification code number;
 - (3) policy number;
 - (4) policy effective date; and
 - (5) deductible (yes/no).
- IV. Accident Severity:
- (1) date of injury (accident date for traumatic injury. For all other injuries, the last date of injurious exposure. If this cannot be determined, the last effective day of the policy will be used if there is one. If there is no last effective day the date of the first report will be used.)
 - (2) nature of injury;
 - (3) part of body affected;
 - (4) cause of injury or illness;
 - (5) date disability began (date eligible for benefits);
 - (6) zip code of injury site; and
 - (7) source (this is a standard ANSI category but would not be included if NCCI codes are used).
- V. General Information:
- (1) date reported to employer;
 - (2) date reported to insurer;
 - (3) date reported to the Division of Labor and Employment;
 - (4) jurisdiction (state or federal acts);
 - (5) carrier claim number;
 - (6) report type;
 - (7) Department of Labor file number;
 - (8) status of time of report (open, reopen or closed);
 - (9) was a risk management program in place?
 - (10) did injury occur because of intoxication?
 - (11) did injury occur because of failure to use safety devices? and
 - (12) did injury occur because of a failure to obey safety rules?
- b. Benefit Information
- I. Payment Information:
- (1) weekly wage at time of injury;
 - (2) other weekly amounts included in computing the compensation rate;
 - (3) date of first indemnity payment;
 - (4) date of closing; and
 - (5) date employee returned to work.
- II. Indemnity Payment Information:
- (1) benefits paid to date by type:
 - (a) temporary total;
 - (b) temporary partial;
 - (c) permanent partial;
 - (d) scheduled;
 - (e) disfigurement;

- (f) permanent total; and
 - (g) fatal benefits.
 - (2) compensation rate by type (weekly compensation payment for each indemnity type at the time the report is completed. It must be completed only when a specific type indemnity payment has been made);
 - (3) incurred indemnity benefits (paid plus reserves excluding vocational rehabilitation);
 - (4) funeral expense (burial benefit);
 - (5) method of payment (lump sum or structured settlement);
 - (6) percentage of permanent impairment (identify standard used); and
 - (7) date of maximum medical improvement (where useful and authoritatively determined).
- III. Medical Benefit Information:
- (1) designated provider;
 - (2) non-designated provider;
 - (3) health care provider;
 - (4) payments to health care providers;
 - (5) description of services and identification;
 - (6) payments to hospitals with description of services and identification;
 - (7) other medical:
 - (a) drugs;
 - (b) prosthetic devices; and
 - (c) custodial care.
 - (8) transportation to and from the health care provider; and
 - (9) incurred medical expenses.
- IV. Vocational Rehabilitation:
- (1) vocational rehabilitation:
 - (a) evaluation expense;
 - (b) education/retraining expense; and
 - (c) all other expenses.
 - (2) Incurred vocational rehabilitation; and
 - (3) post injury wage.
- V. Other Benefit Information (paid amounts in dollars):
- (1) employers liability payments;
 - (2) employers legal expense;
 - (3) employees legal expense in addition to award;
 - (4) expert witness fees;
 - (5) penalties; and
 - (6) allocated loss adjustment expenses paid.
- VI. Benefit Offset (yes/no):
- (1) social security;
 - (2) unemployment compensation; and
 - (3) employer-provided pension benefits.
- VII. Benefit Recoveries (dollar amounts):
- (1) third party recoveries:
 - (a) product liability;
 - (b) automobile liability; and
 - (c) other.
 - (2) Special fund recoveries:
 - (a) subsequent injury fund;
 - (b) apportionment between carriers; and

- (c) apportionment for preexisting injury.
- c. Attorney Involvement and Litigation
 - I. Involvement of Claimant's Attorney:
 - (1) attorney name;
 - (2) attorney identification number;
 - (3) date of attorney retention; and
 - (4) financial arrangement regarding fees.
 - II. Controverted Case Information for each level of litigation including informal proceedings, formal proceedings, administrative and judicial review:
 - (1) reason for controversy;
 - (2) date of award; and
 - (3) resolution.

[3 CO ADC 702-5 (Regulation 5-3-2)(Section 3)]¹ [REF](#)

CLAIMS DENIAL

Claims must be accepted or denied within 20 days of a report being filed or should have been filed with the Division. Denials must be filed electronically.

- a. The decision must be in writing and given to the employee and to the Division. The notice to the Division can be made electronically.
- b. The denial must give the reasons for the denial.

[CO ST s 8-43-203]² [REF](#)

Westlaw.

BENEFITS

REDUCED BENEFITS

If the employee fails to attend an appointment with his attending physician, the insurer must notify the employee by certified mail that a second failure to attend must result in a suspension of benefit payments until the employee attends the appointment. After missing the second appointment, the insurer may suspend benefits without a hearing.

[CO ST s 8-42-105(2)(c)]¹ [REF](#)

Westlaw.

BURIAL EXPENSES

Burial expenses up to \$7,000.00 must be paid.

[CO ST s 8-42-123]¹ [REF](#)

Westlaw.

INTEREST DUE

Late award payments must be charged interest at 8% per year.

[CO ST s 8-43-410]¹ [REF](#)

Westlaw.

TRAVEL EXPENSES

Workers must receive mileage for travel to and from medical appointments at 55 cents per mile.

[Departmental Website (1/6/2009)]¹ [REF](#)

VOCATIONAL REHABILITATION

1. The insurer shall designate a rehabilitation vendor to provide a vocational evaluation immediately upon knowledge that an employee is unlikely to be able to return to his usual and customary occupation on a permanent basis.
2. Once the vocational evaluation report is submitted, the insurer must indicate if it is providing vocational rehabilitation voluntarily or is requesting the Director to determine eligibility.

[7 CO ADC 1101-3 (Part 1) (Rule 15-3)]³ [REF](#)

3. If vocational rehabilitation is offered by the insurer and accepted by the claimant, rehabilitation may be terminated by any party providing written notice, no less than 14 days before the termination, to the other parties and the Director of Workers' Compensation.

[CO ST s 8-42-105(1)]² [REF](#)

Westlaw.

SETTLEMENT AGREEMENT

Requests for approval of a settlement agreement must include:

- a. "Workers' Compensation Claims Settlement Agreement: Represented Claimant", if the claimant is represented by counsel;
- b. "Pro Se (Unrepresented) Workers' Compensation Claims Settlement Agreement", if the claimant is not represented by counsel;
- c. the original settlement agreement plus two copies signed by all parties. The agreement must be signed and the claimant's signature must be verified by a Notary Public;
- d. the proposed order on the form designated by the Division; and
- e. the completed settlement routing sheet.
- f. Settlement agreements involving a fatal claim do not have to use the forms listed in (a) and (b) above.

[7 CO ADC 1101-3 (Part 1) (Rule 7-2)]⁴[REF](#)

FORMS AND NOTICES

1. General Requirements: Information provided on forms must be typed or legibly written in blue or black ink and completed in full. If approved by the Division, insurers can provide information in an electronic format.
2. First Report of Injury: The insurer should file a first report of injury with the Division whenever any of the following occurs:
 - a. immediately if an employee is killed or an accident injures 3 or more employees;
 - b. within 10 days of notice or knowledge that an employee:
 - I. suffers a permanent impairment,
 - II. contracts one of the following occupational diseases:
 - (1) chronic respiratory disease;
 - (2) cancer;
 - (3) pneumoconiosis;
 - (4) nervous system diseases; or
 - (5) blood borne infectious, contagious diseases;
 - III. suffers an injury or occupational disease resulting in the employee missing more than 3 shifts or calendar days of work; or
 - c. within 10 days after notice or knowledge of any claim denial.
3. First Report of Injury: The insurer must inform the Division if it is admitted or denying liability within 20 days of:
 - a. the date the employer's filed the first report of injury

- with the Division;
 - b. the date the employer's first report of injury should have been filed; or
 - c. mailing of the claim for compensation from the Division to the insurer.
4. First Report of Injury: All first reports of injury and notices of contest must be transmitted electronically to the Division by electronic data interchange or the Division's internet filing process. First reports of injury and notices of contest cannot be submitted by e-mail.
5. Monthly Report: Insurers must submit a monthly report to the Division containing the following information:
- a. injuries resulting in:
 - I. no more than 3 days' or shifts' lost time from work;
 - II. no permanent physical impairment;
 - III. no fatality;
 - IV. no contraction of an occupational disease; and
 - b. exposure to injurious substances, energy levels or atmospheric conditions requiring the use of methods or equipment to prevent exposure and where methods or equipment failed, was used improperly or was not used at all.
6. Final Payment Notice: The insurer should file final payment notice for all claims for which benefits were paid. The final payment notice should show cumulative totals for all benefits paid and be submitted in the format required by the Division within 60 days after the claim is closed. For permanent total disability claims, final payment notice must be filed within 60 days after benefits have terminated.

[7 CO ADC 1101-3 (Part 1) (Rule 5-11)]⁵ [REF](#)

7. Admission of Liability: Temporary disability payments may be ended without a hearing by filing an admission of liability form with one of the following:
- a. a medical report from a treating physician stating the claimant has reached maximum medical improvement.
 - I. The admission must state a position on liability for permanent disability payments.
 - II. This section does not apply to cases where vocational rehabilitation has been accepted;
 - b. a medical report from a treating physician who provided primary care stating that the employee is able to return to regular employment;
 - c. a written report from the employer or claimant stating the employee has returned to work and stating the wages now being earned so long as liability for temporary partial disability is admitted;
 - d. a certified letter or written order with certificate of service that was sent to the claimant containing:
 - I. offer of modified employment; including hours, wages, and;
 - II. duties, and a statement from a treating physician

- that the employment is within the claimant's abilities;
- III. a copy of the letter to the treating physician asking him to provide a statement on the claimant's capacity to perform the modified employment must be sent to the claimant at the same time the letter is sent to the treating physician;
 - e. a certified letter or written order with certificate of service that was sent to the claimant containing:
 - I. a statement that payments must be suspended for failure to appear at a medical appointment; and
 - II. a statement from a treating physician showing the claimant's failure to appear; and
 - f. a letter or death certificate showing the death of the claimant and a statement on the insurer's liability for death benefits.
 - g. For injuries on or after July 1, 2008, the insurer cannot reduce temporary total disability, temporary partial disability or medical benefits because of a prior injury.
 - h. To reduce a permanent impairment rating, a copy of the previous award or other documentation supporting the apportionment must be attached to the admission.

[7 CO ADC 1101-3 (Part 1) (Rule 5-5),(Rule 9-3)]⁶[REF](#)

- 8. Claim Closure: When no activity has occurred on a claim for at least 6 months, a party can request the claim be closed.
 - a. The request should include a properly captioned proposed order to show cause and prepared certificate of mailing. Addressed, stamped envelopes for the claimant, insurer and each attorney must be included.
 - b. If the Director issues the order to show cause why the claim should not be closed and no response is mailed or delivered within 30 days of the mailing of the order, the claim will automatically be closed.

[7 CO ADC 1101-3 (Part 1) (Rule 7-1)]⁷[REF](#)

PAYMENT SCHEDULE

DETERMINATION OF BENEFITS

- 1. If the disability lasts 3 days or less, only medical benefits must be provided. If the disability lasts longer than 3 days, disability compensation must be paid. Compensation for the first 3 days of disability must not be paid unless the disability lasts longer than 2 weeks.

[CO ST s 8-42-103]¹ [REF](#)

Westlaw.

2. Both permanent and temporary disability payments are due on the date of admission of liability and every 2 weeks thereafter.
3. The first installment is due within 20 days after the insurer receives written notice or knowledge of the claim, unless the claim is denied. Compensation must be paid every 2 weeks unless the Director sets another payment schedule.
4. Claimants with an impairment rating of 25% or less cannot receive more than \$75,000 from combined temporary disability payments and permanent partial disability payments. Claimants with an impairment rating greater than 25% cannot receive more than \$150,000 from combined temporary disability payments and permanent partial disability payments. A mental impairment rating will be combined with the physical impairment rating to establish the employee's impairment rating for determining the applicable cap for benefits.

[CO ST s 8-42-107.5]¹ [REF](#)

Westlaw.

[7 CO ADC 1101-3 (Part 1) (Rule 5-6)]⁸ [REF](#)

5. Anytime after 6 months from the date of injury, the employee can request lump sum payment of all or part of compensation. The notice, including the amount requested, must be sent to the insurer in writing. The insurer must make payment and file the lump sum calculation with the Division, the claimant and his attorney within 10 business days of receipt. Any objection to the request for lump sum payment must be submitted to the Director, the claimant and his attorney along with lump sum calculations within 10 business days of receipt. The aggregate of all lump sum payments cannot exceed \$60,000.

[CO ST s 8-43-406]¹ [REF](#)

Westlaw.

[7 CO ADC 1101-3 (Part 1) (Rule 5-10)]⁹ [REF](#)

TOTAL DISABILITY

Temporary

Temporary total disability is paid at 66 2/3% of the employee's average weekly wage but not to exceed \$807.24 per week. Temporary total disability payments should begin no later than the date the insurer admits liability and continue until one of the following occurs:

- a. the employee reaches maximum medical improvement;
- b. the employee returns to regular or modified employment;

- c. the attending physician gives a written release to the employee to return to regular employment; or
- d. the attending physician gives a written release to the employee to return to modified work and the employee fails to do modified employment when it is offered.

[CO ST s 8-42-105]³[REF](#) [Westlaw.](#) [CO ST s 8-43-209]¹[REF](#) [Westlaw.](#)
[Order Dated 6/10/2004]¹[REF](#) [Departmental Website (6/25/2009)]²[REF](#)

Permanent

Permanent total disability must be paid at 66 2/3% of the employee's average weekly wages while the disability lasts, up to a maximum of \$807.24 per week. If the employee dies and the death was not caused by the injury, his dependents must receive the disability benefits for 6 years.

[CO ST s 8-42-111]¹[REF](#) [Westlaw.](#) [CO ST s 8-42-116]¹[REF](#) [Westlaw.](#)
[CO ST s 8-42-117]¹[REF](#) [Westlaw.](#) [Order Dated 6/10/2004]²[REF](#)
[Departmental Website (6/25/2009)]³[REF](#)

PARTIAL DISABILITY

Temporary

Temporary partial disability must be paid at 66 2/3% of the difference between the employee's average weekly wage before the injury and his average weekly wages after the injury up to a maximum of \$807.24 per week. These payments must continue until:

- a. maximum medical improvement is reached; or
- b. he is released to return to modified employment and fails to accept the work.

[CO ST s 8-42-106]¹[REF](#) [Westlaw.](#) [Order Dated 6/10/2004]³[REF](#)
[Departmental Website (6/25/2009)]⁴[REF](#)

Permanent

1. Permanent partial disability is paid, in addition to any

temporary disability payments, for the following timeframes:

- a. 208 weeks for the loss of:
 - I. an arm above the wrist; or
 - II. the loss of a leg above the ankle.
- b. 139 weeks for the loss of:
 - I. an eye by enucleation;
 - II. total deafness in both ears; or
 - III. total loss of hearing in one ear when the employee had already lost hearing in the other ear.
- c. 104 weeks for the loss of:
 - I. a hand;
 - II. foot; or
 - III. total blindness in one eye.
- d. 50 weeks for the loss of a thumb and the metacarpal bone.
- e. 35 weeks for the loss of:
 - I. a thumb at the proximal joint; or
 - II. for total deafness in one ear.
- f. 26 weeks for the loss of:
 - I. a great toe with the metatarsal bone; or
 - II. an index finger and the metacarpal bone.
- g. 18 weeks for the loss of:
 - I. a thumb at the second or distal joint;
 - II. an index finger at the proximal joint;
 - III. a middle finger and the metacarpal bone; or
 - IV. a great toe at the proximal joint.
- h. 13 weeks for the loss of:
 - I. an index finger at the second joint;
 - II. a middle finger at the proximal joint; or
 - III. a little finger and the metacarpal bone.
- i. 11 weeks for the loss of:
 - I. the third finger and the metacarpal bone; or
 - II. loss of any toe, besides the great toe, and the metatarsal bone.
- j. 9 weeks for the loss of:
 - I. an index finger at the distal joint;
 - II. a middle finger at the second joint;
 - III. a little finger at the proximal or second joint; or
 - IV. a great toe at the second or distal joint.
- k. 7 weeks for loss of the third finger at the second or distal joint.
- l. 5 weeks for the loss of a middle finger at the distal joint.
- m. 4 weeks for the loss of:
 - I. a third finger at the distal joint;
 - II. a little finger at the distal joint; or
 - III. any toe, other than a great toe, at the proximal or distal joint.
- n. if two or more listed injuries occur, the timeframe for which compensation is due is the combination of both injuries added together.
- o. if toe or more fingers or toes are lost, the Director may order payment based on the partial loss of a hand or foot respectively.
- p. paralysis is the equivalent of loss of the part.
- q. Up to \$10,000.00 may be paid in a lump sum at the written request of the employee.

2. The rate for payment is **\$254.06** per week.
 - a. Every July 1 thereafter, the Director must determine a new state average weekly wage.
 - b. The payment must be adjusted to the same percentage increase or decrease as that for the state average weekly wage.
3. If the employee dies and the death was not caused by the injury, his dependents must receive any remaining benefits.
4. Medical impairment benefits must be paid after the date of maximum medical improvement.
 - a. The rating must be multiplied by the age factor and by 400 weeks and calculated at 66 2/3% of the employee's average weekly wages.
 - b. Up to \$10,000.00 may be paid in a lump sum at the written request of the employee.
 - c. All other amounts shall be paid at the temporary total disability rate, not less than \$150.00 per week and no more than 50% of the state average weekly wage.

[CO ST s 8-42-107]¹[REF](#)

Westlaw.

[CO ST s 8-42-116]²[REF](#)

Westlaw.

[CO ST s 8-42-117]²[REF](#)

Westlaw.

[Order Dated 6/10/2004]⁴[REF](#)

[Departmental Website (6/25/2009)]⁵[REF](#)

5. For any disputes concerning permanent partial disability benefits, the employee can request an independent medical exam.
 - a. The insurer and employee must select the physician.
 - I. The selection cannot be made later than 30 days after receipt of the request.
 - II. If a selection cannot be reached, the insurer must notify the Division, in writing using US mail first class postage, within 30 days.
 - III. The Division will provide a list of three physicians to the employee and insurer.
 - IV. The employee and insurer can each remove one physician from the list. If only one physician or no physician is removed from the list, the Division will select the physician who will conduct the independent medical exam.
 - b. Once the physician has been selected, the insurer must send copies of all medical records in its possession to the physician and all other parties. The records must be hand delivered or postmarked at least 14 days before the exam.

[CO ST s 8-42-107.2(3)(a,b)]¹[REF](#)

Westlaw.

DEATH BENEFITS

1. Whole dependents must receive benefits at 66 2/3% of the employee's average weekly wages up to a maximum of **\$807.24** per week and not less than **\$201.81**. Payments must be made until the spouse remarries or the dependent dies or turns 18. If the spouse remarries and there are no dependent children, the spouse must receive a 2 year lump sum payment.
2. Partial dependents must receive an amount based on an award from the Director subject to these limits. Partial dependents cannot receive compensation if there is a whole dependent available to receive the benefits. Partial dependents must receive payment for 6 years from the employee's date of death.

[CO ST s 8-42-114]¹[REF](#)

Westlaw.

[CO ST s 8-42-115]¹[REF](#)

Westlaw.

[CO ST s 8-42-119]¹[REF](#)

Westlaw.

[CO ST s 8-42-120]¹[REF](#)

Westlaw.

[Order Dated 6/10/2004]⁵[REF](#) [Departmental Website (6/25/2009)]⁶[REF](#)

3. Whole dependents include:
 - a. the employee's spouse;
 - b. the person designated in a designated beneficiary agreement for receiving workers' compensation benefits, unless the designated beneficiary was voluntarily separated and living apart from the other designated beneficiary at the time of injury or death or was not at least partially dependent on the employee for support; and
 - c. children:
 - I. under 18;
 - II. under 21 if enrolled in an accredited school; or
 - III. actually dependent on the employee.
4. All other dependents must actually be dependent on the employee before they will be entitled to any death benefits.

[CO ST s 8-41-501]¹[REF](#)

Westlaw.

[CO ST s 8-41-502]²[REF](#)

Westlaw.

5. If there are no dependents, the insurer must pay \$15,000.00 to the subsequent injury fund.

[CO ST s 8-46-102]¹[REF](#)

Westlaw.

DISFIGUREMENT

1. The Director can order compensation of up to **\$4,286.00** for employees seriously and permanently disfigured about the head, face or other parts normally exposed to public view.

2. The Director can order compensation of up to **\$8,572.00** for any of the following disfigurements:
 - a. extensive facial scars or facial burn scars;
 - b. extensive body scars or burn scars; or
 - c. stumps due to loss or partial loss of limbs.

This amount will be adjusted yearly by the Director based on the percentage adjustment in the state average weekly wage.

[\[CO ST s 8-42-108\]¹](#)^{REF}  [\[Order Dated 6/10/2004\]⁶](#)^{REF}
[\[Departmental Website \(6/25/2009\)\]⁷](#)^{REF}

MENTAL STRESS CLAIMS

Mental impairment claims must be paid for no more than 12 weeks.

- a. The payments must be no less than \$150.00 per week and no more than 50% of the state average weekly wage including the amount of any temporary disability payments.
- b. This limitation does not apply to victims of violent crimes nor to employees who suffer physical injuries that cause brain damage.
- c. The injury must be caused by a psychologically traumatic event that would have caused significant distress to another employee.
- d. Mental stress claims must be caused solely by conditions the employee would not have been equally exposed to outside of work.

[\[CO ST s 8-41-301\]¹](#)^{REF}  [\[CO ST s 8-41-302\]¹](#)^{REF} 

ALTERNATIVES TO HEARING

1. Mediation is available upon written request to the Division by any party. Mediation is voluntary and all parties must consent to it.
 - a. The Director must order a mediation conference within 30 days of the request.
 - b. A neutral mediator must be appointed and all proceedings must be confidential.

[\[CO ST s 8-43-205\]¹](#)^{REF}  [\[7 CO ADC 1101-3 \(Part 1\) \(Rule 1-6\),\(Rule 9-2\)\]¹⁰](#)^{REF}

2. Any party may request a settlement conference.
 - a. All parties must consent to the conference.
 - b. The request is made to the Director or the Office of Administrative Courts.
 - c. The conference is conducted by a prehearing administrative law judge or by an administrative law judge.
 - d. The parties may agree on a judge or one must be appointed upon request of both parties.
 - e. Settlement proceedings are confidential.
 - f. All settlements must be in writing, approved by both parties and signed by an administrative law judge or the Director.
 - g. Claims in excess of \$75,000.00 must provide written notice of the settlement agreement to the employer.

[CO ST s 8-43-204]¹[REF](#) Westlaw. [CO ST s 8-43-206]¹[REF](#)
[7 CO ADC 1101-3 (Part 1) (Rule 9-2)]¹¹[REF](#)

3. Binding arbitration is also available. Both parties must agree to the selection of an administrative law judge.

[7 CO ADC 1101-3 (Part 1) (Rule 9-2)]¹²[REF](#)

INFORMACIÓN DE INDEMNIZACIÓN POR ACCIDENTES LABORALES DE COLORADO

Su empleador tiene cobertura de indemnización por accidentes laborales para empleados completamente:

La indemnización por accidentes laborales es un tipo de cobertura de seguro que los empleadores deben proveer a sus empleados. El coste del seguro de indemnización por accidentes laborales es pagado completamente por el empleador y no puede ser deducido de los sueldos de un empleado.

Si usted está lastimado o mantiene una enfermedad profesional mientras su curso de trabajo, usted puede estar autorizado para los beneficios de compensación como proveer por ley. **LA NOTIFICACIÓN ESCRITA DEBE SER DADO A SU EMPLEADOR DENTRO DE 4 DÍAS HÁBILES DEL ACCIDENTE.** Si usted no informa sobre su lastimación o enfermedad profesional inmediatamente sus beneficios podrían ser reducidos.

Si usted no puede trabajar por el resultado de una lastimación de trabajo o la enfermedad profesional, los beneficios de compensación (la sustitución de sueldo) serán sobre la base de 2/3 de su sueldo semanal medio iguales a un máximo fijado por ley. Ninguna remuneración es pagadera para la incapacidad de los primeros 3 días a menos que el período de la incapacidad sobrepasa dos semanas.

Usted está autorizado para el tratamiento médico razonable y necesario de lesiones compensables o enfermedades profesionales. Si usted notifica a su empleador sobre una lesión o la enfermedad profesional y no ser ofrecidos la atención médica, usted puede seleccionar los servicios de un médico dado licencia o quiropráctico.

Usted puede archivar el Reclamo de un Trabajador para la Compensación con la División de la Indemnización por Accidentes Laborales. Para obtener formularios o información tratar del sistema de indemnización por accidentes laborales, en los que usted puede llamar al servicio de asistencia al numero 303.318.8700, o visitar nuestro sitio web en: www.coworkforce.com/dwc/.

**División de Colorado de la Indemnización por Accidentes Laborales
633 17th St. Suite 400, Denver, CO 80202-3660**

Cualquier información proveída abajo viene de su empleador y es propio de este lugar del empleo: