

EMPLOYER'S GUIDE TO THE MASSACHUSETTS WORKERS' COMPENSATION SYSTEM

Esta guía está disponible en español en nuestro sitio electrónico: www.mass.gov/dia

Este Guia está disponível em português no nosso site: www.mass.gov/dia

Es manual sta skritu na Kriolu di Kabu Verdi prontu pa bu uzu na *website* (pagina na interneti): www.mass.gov/dia

本指南的中文版位於我們的網址：
www.mass.gov/dia

Có Hướng Dẫn này bằng tiếng Việt Nam tại mạng lưới của chúng tôi:
www.mass.gov/dia

W ap jwenn gid sa a ekri nan lang kreyòl sou sit entènèt nou an: www.mass.gov/dia

គោលការណ៍ណែនាំនេះ

អាចមានជាភាសាខ្មែរនៅលើវេបសាយរបស់យើង :
www.mass.gov/dia

يتوفر هذا الدليل باللغة العربية على موقعنا التالي على الويب:
www.mass.gov/dia

FORM 101
The Commonwealth of Massachusetts
Department of Industrial Accidents - Department 101
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
Info. Line 800-323-3249 ext. 7470 In Mass. Outside Mass. - 617-727-4900 ext. 7470
<http://www.mass.gov/dia>

DIA USE ONLY

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

THIS FORM MUST BE FILED BY THE EMPLOYER IN THE EVENT OF AN INJURY THAT RESULTS IN DEATH OR FIVE OR MORE CALENDAR DAYS OF TOTAL OR PARTIAL INCAPACITY FROM EARNING WAGES. INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.

1. Employee's Name (Last, First, MI):
2. Home Telephone Number:
3. Social Security Number:
4. Sex: M F

5. Home Address (No., Street, City, State & Zip Code):
6. Marital Status: M S

7. No. of Dependents:
8. Date of Hire (mm/dd/yyyy):
9. Date of Birth (mm/dd/yyyy):
10. Average Weekly Wage: Estimated Actual

11. Employer's Name:
12. Federal Tax ID Number:
13. Employer's Address (No., Street, City, State & Zip Code):
14. Employer's Telephone Number:
15. Industry Code (See Reverse Side):
16. Workers' Compensation Insurance Carrier and Tel. No. (NOT LOCAL AGENCY ADMINISTRATOR):
17. W.C. Policy Number:
18. Self Insured? Yes No
19. Business Type: Service Wholesale Mfg.
20. DATE OF INJURY (mm/dd/yyyy):
21. Was Employee Injured on Employer's Premises? Yes No
22. Location of Injury if not on Employer's Premises:
23. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):
24. LAST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):
25. If Employee has Died, Date of Death (mm/dd/yyyy):
26. Source of Injury (Chemicals, Machinery, etc.):
27. Briefly Describe How Injury/Exposure Occurred and Body Part(s) Involved.

28. Person to Whom Injury was Reported (last name):
29. Date Reported (mm/dd/yyyy):
30. Date Reported as Work Related (mm/dd/yyyy):
31. Injury Code(s) to body part a. Body Part Code(s) to body part b. to body part c.
32. Witnesses to Injury - Give Full Name(s). If none state as such:
33. Has Employee Returned to Work? Yes No
34. Date Employee Returned to Work (mm/dd/yyyy):
35. Employee's Regular Occupation:
36. Has Employee Returned to Regular Occupation? Yes No
37. PREPARER'S Name (SEE INSTRUCTIONS ON REVERSE SIDE):
38. PREPARER'S Title:
39. PREPARER'S Signature (SEE INSTRUCTIONS ON REVERSE SIDE):
40. Date Prepared (mm/dd/yyyy):
40a. PREPARER'S e-mail address:

*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report. Form 101 - Revised 7/2013 - Reproduction is limited.
THIS FORM DOES NOT CONSTITUTE AN EMPLOYEE'S CLAIM FOR BENEFITS UNDER WORKERS' COMPENSATION.

WHAT IS WORKERS' COMPENSATION?

The Massachusetts workers' compensation system is in place to make sure that workers are protected by insurance if they are injured on the job or contract a work-related illness. The system also limits employer exposure to liability for workplace and illnesses (except in cases of wilful negligence).

Under this system, employers are required by Massachusetts General Laws c. 152, § 25A to provide workers' compensation (WC) insurance coverage for all their employees. This insurance pays for any reasonable and necessary medical treatment related to the injury or illness and also pays partial compensation for lost wages after the first 5 calendar days of total or partial disability.

The Department of Industrial Accidents (DIA) is the agency responsible for administering the workers' compensation law in Massachusetts. Employers in Massachusetts have certain obligations under this law. This guide outlines an employer's requirements for compliance with the law.

Included in this guide are sections on:

- Insurance Requirements
- Exemption for Certain Corporate Officers
- What Happens If an Employer Does Not Have Workers' Compensation Insurance
- How to Verify Workers' Compensation Insurance
- Injury/Illness Reporting Requirements
- How to File/What to do with the *Employer's First Report of Injury/Fatality (Form 101)*
- First Report Violation Notice
- How to Appeal a First Report Violation Notice
- The Claims Reporting Process From Injury or Work-Related Illness to Adjudication
- Lump Sum Settlement
- Vocational Rehabilitation Services
- The Best Ways to Reduce Your Workers' Compensation Insurance Expenses
- The Americans with Disabilities Act (ADA)
- Some Frequently Asked Questions by Employers

INSURANCE REQUIREMENTS

All employers in Massachusetts are required to carry workers' compensation insurance covering their employees, including themselves if they are an employee of their company. This requirement applies regardless of the number of hours worked in any given week, except that domestic service employees must work a minimum of 16 hours per week in order to require coverage.

Employers are required to notify their employees of the name of the workers' compensation insurance carrier. A **NOTICE TO EMPLOYEES** poster must be posted in a common area of the workplace in English and other appropriate languages. The poster can be obtained by calling the DIA (one is included at the end of this guide), on our website at www.mass.gov/dia or from your insurance company. Failure to post this information may subject the employer to a fine of \$100.

Members of a Limited Liability Company (LLC), partners of a Limited Liability Partnership (LLP), and partnerships or sole proprietors of an unincorporated business are *not required* to carry workers' compensation insurance for themselves. However, such members, partners and sole proprietors *may now choose* to purchase workers' compensation insurance coverage for themselves. To obtain coverage, the member or partner should contact an insurance broker and request to purchase a policy. Please be advised that optional coverage applies **ONLY** to such members, partners or sole proprietors. Any *employee* of such an entity, who is not a member or partner in the business, **MUST** be covered by workers' compensation insurance.

EXEMPTION FOR CERTAIN CORPORATE OFFICERS

Certain corporate officers may request exemption from coverage under the workers' compensation act. Any corporate officer who owns at least 25% interest in the corporation may exempt themselves from the provisions of the workers' compensation act. Such an exemption **DOES NOT** apply to employees of a corporation who are not listed as corporate officers. All employees must be covered by a valid workers' compensation policy at all times. In order for corporate officers to exercise this right of exemption, they must sign the *Affidavit of Exemption for Certain Corporate Officers or Directors (Form 153)*, stating whether or not they wish to exempt themselves. All exemptions must be filed with the DIA's Office of Investigations in Boston for approval at:

Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette
Boston, MA 02111-1750

WHAT HAPPENS IF AN EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE

Employers operating without workers' compensation insurance will be issued a **STOP WORK ORDER** by the DIA Office of Investigations and shall be assessed a minimum fine of \$100 per day commencing on the date of the issuance. Fines accrue each day until insurance coverage becomes effective, and the fine must be paid in full to release the **STOP WORK ORDER**, as authorized under MGL c. 152 § 25C. These orders can be appealed, but fines accrue at \$250 per day when appealed, and **STOP WORK ORDERS** remain in effect until insurance becomes effective and the fine is paid.

Payment of these fines can be paid by Visa, Mastercard or Discover, by contacting the DIA Office of Investigations in Boston between 8 AM and 4 PM, at (857) 321-7406. Payments are also accepted in person up until 4 PM at any of the DIA offices:

- Boston: Lafayette City Center, 2 Avenue de Lafayette
- Fall River: 1 Father DeValles Blvd, 3rd Floor
- Lawrence: 354 Merrimack St., Entrance C, Suite 320
- Springfield: 436 Dwight St., Rm. 105
- Worcester: Mercantile Center, 100 Front St., Suite 310

In addition, the employer may be subject to criminal sanctions including not more than one-year imprisonment and/or up to a \$1500 fine upon conviction. Uninsured employers are also subject to debarment from public contracts for a period of 3 years.

If an employer fails to carry workers' compensation coverage and an employee is injured on the job, that employee may be eligible to receive compensation from the Workers' Compensation Trust Fund; however, the DIA's Legal Department will make every effort on behalf of the Trust Fund to collect those monies from the noncompliant employer.

HOW TO VERIFY WORKERS' COMPENSATION COVERAGE

The Department of Industrial Accidents provides the public with a free web-based "Proof of Coverage" (POC) tool that can help verify whether a particular employer has a current workers' compensation insurance policy. Although the POC tool is not designed to detect fraud, in some cases, it may assist DIA investigators (via online referrals) in determining whether fraud exists. To access the POC tool, simply go to www.mass.gov/dia and click on the link on the "DIA Key Resources" and then "Verify Workers' Compensation Coverage." The POC tool is accessible 24 hours a day.

If after checking the POC tool for a business, you believe that coverage is not in effect, you can contact our Office of Investigations at (857) 321-7406 or toll-free at 1-877-MASSAFE (1-877-627-7233) or fill out the referral form online.

INJURY/ILLNESS REPORTING REQUIREMENTS

An injured worker becomes eligible for weekly compensation benefits when they are not able to earn wages for 5 full or partial calendar days as result of a work-related injury or illness. The days of loss do not have to be consecutive. At this point, the employer is required to electronically file the *Employer's First Report of Injury/Fatality (Form 101)*.

If an injury or illness results in less than 5 calendar days of full or partial disability, then it is considered a "medical-only" claim and would not be required to be reported to the DIA. However, a medical only claim would be required to be filed with your insurance company, as any resulting medical treatment would be paid for by the insurance company.

The *Employer's First Report of Injury/Fatality (Form 101)* can only be filed electronically with the DIA. Once the form has been filled out, the employer should print 3 copies of the *Employer's First Report of Injury/Fatality (Form 101)*: 1 for the employer's records, 1 for the insurance carrier and 1 that must be sent to the employee. This form must be filed with the DIA within 7 calendar days (not including Sundays and legal holidays) from the 5th full or partial day the employee has been disabled. Submission of this form does not constitute an admission of liability.

Any employer who does not file this form on time 3 times in any given 12-month period shall be fined \$100 for each violation thereafter. Failure to pay the fine within 30 calendar days of receipt of an invoice from the DIA shall be considered a separate violation. The fines progressively escalate with each failure to pay with a penalty of \$100 increments.

If an employee does not report the injury or illness as work related to you right away, you would have 7 calendar days (not including Sundays or legal holidays) from the notification of the injury or illness to electronically file the form. For example, if an employee was out of work for 3 weeks and did not notify you they were out due to a work-related injury or illness until they returned to work, you would have 7 calendar days (not including Sundays and legal holidays) from the notification to electronically file the *Employer's First Report of Injury/Fatality (Form 101)*.

Please note: In a case such as cited above, be sure to fill out the box on the form marked “**DATE REPORTED**” with the date the injury or illness was actually reported to you. This will prevent your company from being fined for failing to file the report within the statutory limits.

WHAT TO DO WITH THE EMPLOYER’S FIRST REPORT OF INJURY/FATALITY (FORM 101)

Employers **MUST** file the *Employer’s First Report of Injury/Fatality (Form 101)* electronically.

The Department has procedures in place for filing forms electronically using a log-in and password. Visit our website at www.mass.gov/dia to sign up for an account by looking for the “Apply For A DIA Online Account” link in the “Online Services” module.

Once you have completed the form, there is a print button you can use to make a hard copy of the form. You should make 3 copies of this form: 1 copy **MUST** be given to the employee; 1 copy to your insurance company and keep 1 copy for your records.

If the form you submitted is incomplete or contains an error, it will be rejected by the DIA and you will receive an auto-rejection notice and in the comment screen the errors will be labeled. You will be asked to correct the information and resubmit the form. This will help you to avoid incurring a fine. If your submission is successful, you will receive a transmittal ID Number. Please keep the Transmittal ID Number for your records.

FIRST REPORT VIOLATION NOTICE

As the employer, it is important that you electronically file the *Employer’s First Report of Injury/Fatality (Form 101)* accurately and timely; otherwise, you may receive a First Report Violation Notice. There are a number of reasons for receiving this First Report Violation Notice. The most common reasons are:

1. The First Report is filed late.
2. The employer erroneously does not electronically file an *Employer’s First Report of Injury/Fatality (Form 101)* with the DIA and only files with their insurance agent or company.
3. The employer receives an auto-rejection notice from the department and does not fix the errors and resubmit the corrected form.
4. The insurer sends the department either an *Insurer’s Notification of Payment (Form 103)* or *Insurer’s Notification of Denial (Form 104)* in response to a report from an employer that should have been filed as a medical-only claim.
5. The DIA has made an error.

HOW TO APPEAL A FIRST REPORT VIOLATION NOTICE

The DIA is required by law to fine those employers who have not filed an *Employer’s First Report of Injury/Fatality (Form 101)* within the statutory time limits. **YOU MUST EITHER PAY THE FINE OR APPEAL WITHIN 30 DAYS.** Please mail payments to:

Department of Industrial Accidents
P. O. Box 3732
Boston, MA 02241-3732

If you receive an *Employer Injury Report Violation Notice (Form 60)* from the DIA, and believe that it is not warranted, these are the steps to appeal it:

STEP 1 - APPEAL

All inquiries/appeals must be submitted in writing along with a copy of the violation invoice. Briefly state in a letter the reasons you believe that you are not liable for this fine. You must do this within 30 calendar days from the date of the notice. Include all RELEVANT information.

STEP 2 - DIA's RESPONSE

The DIA will conduct an individual administrative review of your appeal. This means that we will research and/or pull the original forms from our files and confirm the basis for the original issuance of the fine. If the research and review supports your contention, we will take corrective action to withdraw the violation. You will be notified in writing of the DIA's decision.

STEP 3 - HEARING

If you are not satisfied with the result of this administrative review, you have the right to request a formal hearing by the DIA within 14 calendar days of receiving our decision. You will be notified of the date, time and place of this hearing.

Please Note: If you do not pay the fine or appeal your original violation, additional violations on your account will be incurred. Department regulations (452 C.M.R. 1.03 (3) (C)) do not provide for any appeal to *Demand Notices (Form 420)*. The fine is due within 14 calendar days of receipt of the administrative review. Only one administrative review is allowed for each violation.

THE CLAIMS REPORTING PROCESS FROM INJURY OR WORK-RELATED ILLNESS TO ADJUDICATION

STEP 1 - INJURY OR WORK-RELATED ILLNESS:

When an employee is incapable of earning full wages for 5 or more full or partial calendar days due to an occupational injury or illness, the employer must electronically file the original *Employer's First Report of Injury/Fatality (Form 101)* with the DIA and send a copy to their insurance carrier, a copy to the injured worker and keep a copy for their records. This form must be filed within 7 calendar days (not including Sundays and legal holidays) from the 5th day of full or partial disability.

STEP 2 - PAYMENT OR DENIAL OF CLAIM

Once the insurer receives the form, they have 14 calendar days to pay benefits on an *Insurer's Notification of Payment (Form 103)* or notify the employee and the DIA that they are denying the claim by sending an *Insurer's Notification of Denial (Form 104)*. The insurance company can pay on a claim for up to the first 180 days following the initial injury or illness without accepting liability for the claim. During this 180 day "Pay Without Prejudice" period, the insurer can stop or modify the payments after giving a 7 calendar day notice to the injured worker and the DIA on an *Insurer's Notification of Termination or Modification of Weekly Compensation During Payment Without Prejudice Period (Form 106)*. The insurer, with the consent of the injured worker and approval of the DIA, can extend the initial 180 day period for another 180 days on an

Agreement to Extend 180 Day Payment Without Prejudice Period (Form 105). After the initial 180 day period has passed, the insurer can stop or reduce payment only for reasons specified by the Workers' Compensation Act and regulations.

If the insurer denies the claim or stops or reduces payment once it has been initiated, the employee can then file an *Employee's Claim (Form 110)* to request a Conciliation, the first step in the Dispute Resolution process.

STEP 3 - CONCILIATION

The first proceeding scheduled on a contested claim is called a Conciliation, which is an informal meeting between your insurance company and your employee or your employee's attorney. At Conciliation an attempt is made to settle the issues in dispute. These are usually held within 12 business days of the *Employee's Claim (Form 110)* being received by the DIA. Notification of the Conciliation date will be sent to your insurance company, and it is the responsibility of your insurance company to send a representative to the Conciliation. Employers generally do not attend Conciliations. Only if the case involves § 28, Wilful Misconduct of Employer, will a notification of the Conciliation date and time also be sent to the employer, who must attend this proceeding. If an agreement is not reached, the claim is referred to a Conference, the second step in the Dispute Resolution process.

STEP 4 - CONFERENCE

The Conference is an informal proceeding before an Administrative Judge. The insurer and the employee must be present at the Conference. The employer will receive notification for the date of the Conference, but is only obligated to attend the Conference if the claim involves § 28, Wilful Misconduct of Employer. At the Conference, the employee would need to show: (A) they were disabled; (B) the injury or illness was work related; and (C) that any disputed medical bills were for reasonable and necessary treatment. Following the Conference, the judge will issue an order of payment or denial. Either side may appeal this within 14 calendar days. If the Conference order is appealed, it will proceed to the Hearing stage.

STEP 5 - HEARING

At a Hearing, the same Administrative Judge who presided at the Conference now holds a formal proceeding in which all the evidence is considered. The employee and the insurance company must be present at the Hearing, along with any witnesses. A notification for the Hearing date will be sent to the employer. The employer must attend the Hearing if the claim involves § 28, Wilful Misconduct of Employer. Massachusetts Rules of Evidence apply and sworn testimony from witnesses is taken. After reviewing all the information available, the judge will then issue a written decision. If either party to the case believes the judge made an error of law or exceeded their authority with the ruling, the party has 30 calendar days from the filing date of the decision to file an appeal to the Reviewing Board.

STEP 6 - REVIEWING BOARD

This board is made up of 6 Administrative Law Judges, 3 of whom will examine the Hearing transcripts. They may ask for oral arguments or written briefs from either party. The Reviewing Board can reverse the decision of the Administrative Judge; or, if they find an error of law, can remand a case back to the Hearing stage before the same Administrative Judge. The Reviewing Board may also uphold the Administrative Judge's decision if they find there were no errors of law made. Decisions can be appealed within 30 days to the Massachusetts Appeals Court. The employer must attend the oral arguments, or submit a brief, if the claim involves § 28, Wilful Misconduct of Employer.

Please Note: If the Conference or Hearing is rescheduled, the DIA recommends that you check with your insurance representative for the new date and time.

LUMP SUM SETTLEMENT

In many cases, an insurer and injured worker will agree to settle a case through a Lump Sum Settlement. This one-time payment is made in place of weekly compensation checks and certain other benefits. Under the workers' compensation law, employers with an experience modification that could be affected by the settlement must give a written consent for the settlement between the insurer and the employee. Please visit our website at www.mass.gov/dia or call our Public Information Office for a Lump Sum Brochure.

VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation (VR) services are nonmedical services designed to restore the employee to suitable employment at a salary that is commensurate with what they earned before the injury. Services may include evaluation of the injured worker's capabilities, vocational testing, counseling or guidance, workplace modifications, and/or job placement assistance/formal training.

The benefit of returning an injured worker back to work for their employer, whether it is on light duty or through modifications in the workplace or work hours, would be an improved workers' compensation history and a modification of their insurance rates. M.G.L. c. 152, § 75B, as amended by c. 572, § 58 of the Acts of 1985, prohibits an employer in Massachusetts from firing, refusing to hire, rehire, or promote or otherwise discriminate against a qualified handicapped person on account of that person's handicap. Please visit our website at www.mass.gov/dia or call our Public Information Office for a VR Brochure.

THE BEST WAY TO REDUCE YOUR WORKERS' COMPENSATION INSURANCE EXPENSES

Pre-Loss Objective

Most injuries can be prevented before they occur. Here are some of the things you can do to prevent injuries at your company:

STEP 1 – WORKPLACE SAFETY EDUCATION AND TRAINING

The best way to reduce injury and illness in the workplace is to establish a comprehensive safety and health education and training program. Preventive programs designed to train you and your employees in the recognition, avoidance and prevention of unsafe or unhealthy working conditions in the workplace have been successful in reducing injury and illness as well as increasing productivity.

The DIA Office of Safety awards grants to qualified applicants based upon a competitive selection process initiated with a Request For Response (RFR). For information about the safety grant program, to apply for a grant, or to find a list of safety training providers in Massachusetts, visit our web site at www.mass.gov/dia or contact:

Office of Safety
Department of Industrial Accidents
Lafayette City Center
2 Avenue de Lafayette
Boston, MA 02114-2017
(857) 321-7376

STEP 2 - JOINT LABOR-MANAGEMENT SAFETY COMMITTEES

An essential ingredient for reducing injuries and illnesses is the establishment of a joint labor-management safety committee at the work site. This committee will provide a systematic forum for identifying and correcting health and safety concerns in the workplace. Worker participation and involvement is fundamental to the success of any occupational health and safety program.

If you show your employees that you care about their safety, they will make the extra effort to ensure that your company is a safe place to work.

Post-Loss Objective

After an injury or illness has occurred, there are things you can do that will affect your workers' compensation insurance costs.

STEP 1 - MEDICAL ATTENTION

When an employee is injured or suffers an illness, the most important thing is to provide reasonable and necessary medical attention as soon as possible. An injured or ill employee is entitled to adequate and reasonable medical care, including doctor visits, hospital services, prescriptions, etc. Except for the employee's first scheduled appointment, which an employer may require to be with a health provider within their preferred provider arrangement, the worker has the right to choose their own healthcare professional for treatment and to change this professional once. Speedy and efficient medical attention can reduce the long-term disability of the employee and keep insurance premiums down.

STEP 2 - INJURY REPORT

Fill out all forms that need to be filed and notify your workers' compensation insurance company of all injuries and illnesses. If the employee is disabled or not capable of earning their full wages for five or more full or partial calendar days, you must electronically file the *Employer's First Report of Injury or Fatality (Form 101)*. Remember, there is a fine if you do not file the correct form in a timely manner.

You should notify the adjuster for the insurance company and provide the adjuster with any documents they need, so that the claim can be processed without unreasonable delay.

STEP 3 - INFORMATION

Maintain contact with the employee, the adjuster, the medical providers and any other party involved. Keep records of all documents and give the employee a copy.

STEP 4 – RETURN TO WORK

One of the most important ways to reduce your workers' compensation costs is by returning the employee to work. Job or tool modification can help the employee return to work as soon as possible and helps prevent future injuries.

THE AMERICANS WITH DISABILITY ACT (ADA)

An employer may not inquire into an applicant's workers' compensation history before making a conditional offer of employment.

After making a conditional offer, an employer may ask about a person's workers' compensation history in a medical inquiry or examination that is required of all applicants in the same job category.

An employer may not require an applicant to have a medical examination because a response to a medical inquiry (as opposed to results from a medical examination) discloses a previous work-related injury, unless all applicants in the same job category are required to have the examination.

Whether an injured worker is protected by the Americans With Disabilities (ADA) will depend on whether or not the person meets the ADA definition of an "individual with a disability" and "qualified individual with a disability."

The fact that an employee is awarded workers' compensation benefits or is assigned a high Workers' Compensation disability rating, does not automatically establish that this person is protected by the ADA.

Filing a workers' compensation claim does not prevent an injured worker from filing a charge under the ADA. "Exclusivity" clauses in state workers' compensation laws bar all other civil remedies related to an injury that has been compensated by a workers' compensation system. However, these clauses do not prohibit a qualified individual with a disability from filing a discrimination charge with the Equal Employment Opportunity Commission (EEOC) or filing a suit under the ADA if issued a "right to sue" letter by the EEOC.

The Americans with Disability Act prohibits you from giving a physical or medical examination to a potential applicant unless a job has been offered to the person. Remember, it is illegal to discriminate against people with a disability. For more information on the ADA, please call the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000 or The Massachusetts Office on Disability at (617) 727-7440.

SOME FREQUENTLY ASKED QUESTIONS BY EMPLOYERS

Q: How does the workers' compensation law define an employee?

M.G.L. c. 152, § 1 (4) states that an employee is "every person in the service of another under any contract of hire, express or implied, oral or written." Exceptions include but are not limited to:

- Seamen engaged in interstate/foreign commerce;
- Salesmen of real estate or consumer goods who work on a commission, or buy/sell basis, other than in a retail establishment, (with a written contract stating they are not treated as an employee under federal tax law);
- Taxi drivers who lease their cabs on a fee basis not related to fares collected (and who are not treated as an employee under federal tax law);
- Persons engaged in interstate/foreign commerce that is covered by federal law for compensation for injury or death.

Q: How does the DIA define an independent contractor and must they be covered under a workers' compensation policy?

Questions regarding independent contractor coverage will be answered by one of our attorneys. Please contact our Legal Unit at (857) 321-7423.

Q: Where do I get the *Employer’s First Report of Injury or Fatality (Form 101)*?

As of January 1, 2014, Employer’s First Report of Injury or Fatality - Form 101 is no longer available in paper-form. All Form101’s ***MUST BE*** filed electronically through an online account with the DIA.

To establish an account with us, please go to our website at www.mass.gov/dia and look for the link entitled “Apply For A DIA Online Account” located in our “Online Services” module.

Q: I am starting a business and need workers’ compensation insurance. What do I do?

You can obtain insurance through any insurance agent or broker who handles business insurance or through a direct writer of insurance. For more information, call the Workers’ Compensation Rating and Inspection Bureau at (617) 439-9030.

Q: I own a small business. The only person working with me is my wife (or any relative). Do I need workers’ compensation insurance?

Yes. Family members must be covered by workers’ compensation insurance even if they are the only employees of the company. The exception would be if they were listed as partner on an LLC, or filed for an exemption as corporate officer with at least 25% ownership.

Q: I am a corporate officer, the sole owner of the corporation. I have two employees working for me. I know I need workers’ compensation insurance for my employees, but do I have to cover myself?

No. The workers’ compensation law allows corporate officers who own at least 25% of the corporation to exempt themselves from workers’ compensation coverage. Such corporate officers can file the *Affidavit of Exemption for Certain Corporate Officers or Directors (Form 153)* with the DIA to exempt themselves. This change does not affect the requirement that all employers cover their employees with WC insurance.

Q: I am the owner of a business outside of Massachusetts and have been hired to do some work in Massachusetts. Do I need to get a Massachusetts policy for workers’ compensation?

You are required to cover your employees with Workers’ Compensation benefits under Massachusetts law. You do not need to buy a policy strictly for Massachusetts if in your existing Workers’ Compensation policy Massachusetts coverage is listed in Section 3A. Notation somewhere else in the policy that “all states are covered” or something similar is not acceptable.

Q: I am an employer, and I have a question about the experience modification for my business.

Call the Workers’ Compensation Rating and Inspection Bureau at (617) 439-9030.

Q: I am an employer; who can answer a question about the assessment on my workers’ compensation insurance?

Call the DIA Assessment Office at (617) 626-5469 or (617) 626-5468.

Q: I need to replace an employee who was injured or suffered an occupational illness and is collecting workers’ compensation; do I have to hold the job open for the employee?

Unless a union contract or the individual’s contract of hire requires it, or unless the employee falls under another lawful and recognized protected status, an employer does not have to hold an injured worker’s job open while they are unable to work due to an occupational accident or illness. M.G.L. c. 152, § 75A does require

employers to give preferential treatment in the rehiring of injured workers when they are ready to return to work, provided there is a job available that the employee is capable of doing. M.G.L. c. 152, § 75B requires that employers make all reasonable accommodations to anyone who is deemed to be a qualified handicapped person under M.G.L. c. 151B.

Q: What must employers do to make sure that employees are aware of insurance coverage and/or other related information?

All employers must post a *NOTICE TO EMPLOYEES* on a bulletin board in a suitable public area on their premises in English and other appropriate languages. The notice, which is available on our website at www.mass.gov/dia, at all DIA offices and included in this brochure, must be completed in its entirety indicating the insurance carrier, the address, policy number, and a contact person to whom injuries or incidents should be reported. This is all public information and must be readily available to any person who needs it. Failure to provide the information to the employee is a violation of the law, and the employer is subject to a fine. There is also an optional space on the notice to list a designated healthcare provider for initial treatment following an injury.

Q: As an employer, what rights do I have during the claims process?

While the insurer is legally the interested party during the claims process, the employer will receive notice of a Conciliation, Hearing, Lump Sum Conference or any proceeding involving employer misconduct (M.G.L. c. 152 § 28). If a § 28 Wilful Misconduct of Employer proceeding is called involving your business, you are required to attend. It is your right as the employer to attend the Conciliation, Conference and/or Hearing proceedings; however, you may not participate unless you are called as a witness. For this purpose, you are encouraged to maintain well-documented records of all accidents and reports including names of witnesses. If you have any pertinent information relating to any claims, you should inform the insurer.

Q: If one of my employees uses my facilities to do some purely personal work, would they still be able to claim WC benefits if they were injured?

If what they were involved in was purely personal, then they probably would not be able to claim benefits under your Workers' Compensation policy. But if it was held that use of your facilities was part of their compensation for their employment, it could be held that the injury was incidental to employment and thus covered by Workers' Compensation.

For additional "Frequently Asked Questions" please visit our website at www.mass.gov/dia.

Public Information

Workers' Compensation Law is complex; therefore, the procedures for filing a claim may be confusing. This brochure should answer most of your basic questions. If you need more information, call any of our regional offices or contact our Public Information Office; from within Massachusetts, call our toll-free line: (800) 323-3249. From outside Massachusetts, call (857) 321-7470. You can also get information by visiting our website at www.mass.gov/dia.

TDD (teletype for the hard of hearing only): (800) 224-6196

DIA Regional Offices:

Boston:

Lafayette City Center
2 Avenue de Lafayette
Boston, MA 02111-1750
(617) 727-4900; (800) 323-3249

Springfield:

436 Dwight Street, Rm. 105
Springfield, MA 01103
(413) 784-1133

Fall River:

1 Father DeValles Blvd, 3rd Floor
Fall River, MA 02723
(508) 676-3406

Worcester:

Mercantile Center
100 Front St., Suite 310
Worcester, MA 01608
(508) 753-2072

Lawrence:

354 Merrimack St.
Entrance C, Suite 230
Lawrence, MA 01843
(978) 683-6420;

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