



## Mississippi Workers' Compensation Commission

1428 Lakeland Drive / Post Office Box 5300  
Jackson, Mississippi 39296-5300  
(601) 987-4200  
<http://www.mwcc.state.ms.us>

Liles Williams, Chairman  
John R. Junkin, Commissioner  
Debra H. Gibbs, Commissioner

Ray C. Minor, Executive Director

### **NOTICE CONCERNING CHANGES TO THE WORKERS' COMPENSATION LAW, EFFECTIVE JULY 1, 2012**

Pursuant to Senate Bill 2576, which was passed during the 2012 Regular Session of the Mississippi Legislature, the Mississippi Workers' Compensation Commission is required to promulgate a written statement specifying the changes being made to the Workers' Compensation Law by this Bill. This statement is to be made available to every employer in this State subject to the Workers' Compensation Law. This written statement is available at the Commission's website: <http://www.mwcc.state.ms.us/>, and the Commission will attempt to reach as many employers as possible by mailing written copies of this statement.

As provided in Senate Bill 2576, within ten (10) days of receipt of this written statement from the Commission, "every employer shall post the Commission's statement in a conspicuous place or places in and about his place or places of business and adjacent to the Notice of Coverage as required by Section 71-3-81." These changes shall take effect and be in force from and after July 1, 2012, and shall apply to injuries occurring on or after July 1, 2012.

A copy of this statement is being mailed to all known employers and/or their insurers. All insurers and third party administrators are asked to please notify their insureds of these requirements immediately upon receipt of this statement.

The following is a summary of the changes made to the Workers' Compensation Law by Senate Bill 2576. The changes themselves are underlined for easy reference.

#### **–Section 71-3-1 is amended as follows in relevant part:**

- (1) ...[T]his chapter shall be fairly and impartially construed and applied according to the law and the evidence in the record, and, notwithstanding any common law or case law to the contrary, this chapter shall not be presumed to favor one party over another and shall not be liberally construed in order to fulfill any beneficent purposes.
- (3) The primary purposes of the Workers' Compensation Law are to pay timely temporary and permanent disability benefits to every worker who legitimately suffers a work-related injury or occupational disease arising out of and in the course of his employment, to pay reasonable and necessary medical expenses resulting from the work-related injury or occupational disease, and to encourage the return to work of the worker.

#### **–Section 71-3-7 is amended as follows in relevant part:**

- (1) ...In all claims in which no benefits, including disability, death and medical benefits, have been paid, the claimant shall file medical records in support of his claim for benefits when filing a petition to controvert. If the claimant is unable to file the medical records in support of his claim for benefits at the time of filing the petition to controvert because of a limitation of time established by Section 71-3-35 or Section 71-3-53, the claimant shall file medical records in support of his claim within sixty (60) days after filing the petition to controvert.
- (2) Where a preexisting physical handicap, disease, or lesion is shown by medical findings to be a material contributing factor in the results following injury, the compensation which, but for this subsection, would be payable shall be reduced by that proportion which such preexisting physical handicap, disease, or lesion con-

tributed to the production of the results following the injury. The preexisting condition does not have to be occupationally disabling for this apportionment to apply.

- (4) No compensation shall be payable if the use of drugs illegally, or the use of a valid prescription medication(s) taken contrary to the prescriber's instructions and/or contrary to label warnings, or intoxication due to the use of alcohol of the employee was the proximate cause of the injury, or if it was the willful intention of the employee to injure or kill himself or another.

**–Section 71-3-15 is amended as follows in relevant part:**

- (1) ...A physician to whom the employee is referred by his employer shall not constitute the employee's selection, unless the employee, in writing, accepts the employer's referral as his own selection. However, if the employee is treated for his alleged work-related injury or occupational disease by a physician for six (6) months or longer, or if the employee has surgery for the alleged work-related injury or occupational disease performed by a physician, then that physician shall be deemed the employee's selection.

**–Section 71-3-17 is amended as follows in relevant part:**

- (c)(24) Disfigurement: The commission, in its discretion, is authorized to award proper and equitable compensation for serious facial or head disfigurements not to exceed Five Thousand Dollars (\$5,000.00). No such award shall be made until a lapse of one (1) year from the date of the injury resulting in such disfigurement.

**–Section 71-3-19 is amended as follows:**

An employee who as a result of injury is or may be expected to be totally or partially incapacitated for a remunerative occupation and who, under the direction of the commission is being rendered fit to engage in a remunerative occupation may, in the discretion of the commission under regulations adopted by it, receive additional compensation necessary for his maintenance, but such additional compensation shall not exceed Twenty-five Dollars (\$25.00) a week for not more than fifty-two (52) weeks.

**–Section 71-3-25 is amended as follows in relevant part:**

If the injury causes death, the compensation shall be known as a death benefit and shall be payable in the amount and to or for the benefit of the following persons:

- (a) An immediate lump-sum payment of One Thousand Dollars (\$1,000.00) to the surviving spouse, in addition to other compensation benefits.
- (b) Reasonable funeral expenses not exceeding Five Thousand Dollars (\$5,000.00) exclusive of other burial insurance or benefits.

**–Section 71-3-63 is amended as follows in relevant part:**

- (3) ...Attorneys may not recover attorney's fees based upon benefits voluntarily paid to an injured employee for temporary or permanent disability. Any settlement negotiated by an attorney shall not be considered a voluntary payment.

**–Section 71-3-121 is amended as follows:**

- (1) In the event that an employee sustains an injury at work or asserts a work-related injury, the employer shall have the right to administer drug and alcohol testing or require that the employee submit himself to drug and alcohol testing. If the employee has a positive test indicating the presence, at the time of injury, of any drug illegally used or the use of a valid prescription medication(s) taken contrary to the prescriber's instructions and/or contrary to label warnings, or eight one-hundredths percent (.08%) or more by weight volume of alcohol in the person's blood, it shall be presumed that the proximate cause of the injury was the use of a drug illegally, or the use of a valid prescription medication(s) taken contrary to the prescriber's instructions and/or contrary to label warnings, or the intoxication due to the use of alcohol by the employee. If the employee refuses to submit himself to drug and alcohol testing immediately after the alleged work-related injury, then it shall be presumed that the employee was using a drug illegally, or was using a valid prescription medication(s) contrary to the prescriber's instructions and/or contrary to label warnings, or was intoxicated due to the use of alcohol at the time of the accident and that the proximate cause of the injury was the use of a drug illegally, or the use of a valid prescription medication(s) taken contrary to the prescriber's instructions and/or contrary to label warnings, or the intoxication due to the use of alcohol of the employee. The burden of proof

will then be placed upon the employee to prove that the use of drugs illegally, or the use of a valid prescription medication(s) taken contrary to the prescriber's instructions and/or contrary to label warnings, or intoxication due to the use of alcohol was not a contributing cause of the accident in order to defeat the defense of the employer provided under Section 71-3-7.

- (2) The results of the drug and alcohol tests, employer-administered or otherwise, shall be considered admissible evidence solely on the issue of causation in the determination of the use of drugs illegally, or the use of a valid prescription medication(s) taken contrary to the prescriber's instructions and/or contrary to label warnings, or the intoxication due to the use of alcohol of an employee at the time of injury for workers' compensation purposes under Section 71-3-7.
- (3) No cause of action for defamation of character, libel, slander or damage to reputation arises in favor of any person against an employer under the provisions of this section.

**–Section 71-7-5 is amended as follows in relevant part:**

- (d) An employer may administer drug and alcohol testing or require that the employee submit himself to drug and alcohol testing as provided under Section 71-3-121 in the event that the employee sustains an injury at work or asserts a work-related injury.

**–A new section is created which states the following:**

–The Workers' Compensation Commission shall promulgate a written statement specifying the changes made to the Workers' Compensation Law by this act to every employer in this state subject to the Workers' Compensation Law. Within ten (10) days of receipt of this written statement from the Commission, every employer shall post the Commission's statement in a conspicuous place or places in and about his place or places of business and adjacent to the Notice of Coverage as required by Section 71-3-81.

**–This act shall take effect and be in force from and after July 1, 2012, and shall apply to injuries occurring on or after July 1, 2012.**

MWCC

June 14, 2012

## EMPLOYERS

Upon receipt of this summary, post in a conspicuous place or places in and about your places of business and adjacent to the Notice of Coverage as required by Section 71-3-81.

## INSURERS

Upon receipt of this summary, immediately provide a copy to each of your Mississippi insureds so that the posting requirements for employers can be timely satisfied.

# MISSISSIPPI WORKERS' COMPENSATION NOTICE OF COVERAGE

- I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and maintains workers' compensation insurance coverage with the following:

THE TRAVELERS INSURANCE COMPANIES

(Name of insurance carrier or self-insurance group)

ONE TOWER SQUARE  
HARTFORD, CT 06183

(800) 238-6225

(address & telephone number)

- II. Individual workers' compensation claims will be submitted to and processed by:

TRAVELERS

(Name of third party claims administrator or claims office)

P.O. BOX 4614  
BUFFALO, NY 14240-4614

(800) 238-6225

(address & telephone number)

- III. This workers' compensation coverage is effective for the following period: 01-01-20 to 01-01-21

- IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

\_\_\_\_\_  
(Name of employer contact person)

\_\_\_\_\_  
(Title & Department/Division)

- V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.

**2001 M.W.C.C. Notice of Coverage Form**

## COMPENSACIÓN AL TRABAJADOR DE MISSISSIPPI

### NOTIFICACIÓN DE COBERTURA

- I. Por favor tome nota que su Empleador está en cumplimiento con los requisitos de la Ley de Compensación al Trabajador de Mississippi, y mantiene seguro de compensación al trabajador con el siguiente:

THE TRAVELERS INSURANCE COMPANIES

(Nombre del asegurador o grupo de seguro propio)

ONE TOWER SQUARE  
HARTFORD, CT 06183

(800) 238-6225

(dirección y número de teléfono)

- II. Los reclamos individuales de compensación al trabajador serán entregados y procesados por:

TRAVELERS

(Nombre del administrador de reclamos de terceros u oficina de reclamos)

P.O. BOX 4614  
BUFFALO, NY 14240-4614

(800) 238-6225

(dirección y número de teléfono)

- III. Esta cobertura de compensación al trabajador está en vigencia durante el siguiente periodo:

01-01-20 Hasta 01-01-21

- IV. Todas las lesiones o enfermedades laborales deben ser reportadas tan pronto como sea factible a su supervisor inmediato, o a la siguiente persona:

(Nombre de la persona de contacto del empleador)

(Título y departamento o división)

- V. Por favor tenga presente que cualquier persona que intencionalmente hace cualquier declaración o representación falsa o engañosa con el propósito de obtener o retener erróneamente cualquier beneficio o pago bajo la Ley de Compensación al Trabajador de Mississippi puede ser acusado de infracción de Miss. Code Ann. §71-3-69 (Rev. 2000) y al ser condenado será sujeto a las penas provistas en ella.

# Workers' compensation

## If you are injured

- Report any injury to your supervisor as soon as possible, no matter how minor it may appear. You may lose the right to workers' compensation benefits if you do not make a timely report of the injury to your employer. The time limit may be as short as 14 days.
- Provide your employer with as much information as possible about your injury.
- Get any necessary medical treatment as soon as possible. If you are not covered by a certified managed care organization (CMCO), you may treat with a doctor of your choice. Your employer must notify you in writing if you are covered by a CMCO.
- Cooperate with all requests for information concerning your claim.  
The law allows the workers' compensation insurer to obtain medical information related to your work injury without your authorization, but they must send you written notification when they request the information.  
The insurer cannot obtain other medical records unless you sign a written authorization.
- Get written confirmation from your doctor about any authorization to be off work. The note should be as specific as possible.

## Workers' compensation pays for

- Medical care for your work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income.
- Compensation for permanent damage to or loss of function of a body part.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer due to your work injury.
- Benefits to your spouse and/or dependents if you die as a result of a work injury.

## What the insurer must do

- The insurer must investigate your claim promptly. If you have been disabled for more than three calendar-days, the insurer must begin payment of benefits or send you a denial of liability within 14 days after your employer knew you were off work or had lost wages because of your claimed injury.
- **If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will notify you and must start paying wage-loss benefits within the 14 days noted above. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.
- **If the insurer denies your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will send notice to you within 14 days. The notice must clearly explain the facts and reasons why they believe your injury or illness did not result from your work or why the claimed wage-loss benefits are not related to your injury.  
If you disagree with the denial, talk with the insurance claims adjuster who is handling your claim. If you are not satisfied and still disagree with the denial, **call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline at 1-800-342-5354.**

### Fraud

Collecting workers' compensation benefits you are not entitled to is theft. Call 1-888-372-8366 to report workers' compensation fraud.

### Insurer name and contact information

THE TRAVELERS INSURANCE COMPANIES

(800) 238-6225

**m** DEPARTMENT OF  
LABOR AND INDUSTRY

(651) 284-5032 • 1-800-342-5354 • [dli.workcomp@state.mn.us](mailto:dli.workcomp@state.mn.us) • [www.dli.mn.gov](http://www.dli.mn.gov)

Posting required by law in a location where employees can easily see this notice.

August 2017



# Compensación laboral

## Si usted se lesiona

- Informe cualquier lesión a su supervisor tan pronto le sea posible; no importa qué tan leve le pueda parecer. Usted podría perder el derecho a los beneficios de compensación laboral si no presenta a tiempo un informe de la lesión a su empleador. El tiempo límite puede ser tan corto como 14 días.
- Provea a su empleador la mayor cantidad de información posible sobre su lesión.
- Obtenga el tratamiento médico que necesite lo más pronto posible. Si no está cubierto por una organización de atención médica certificada, (CMCO), usted puede recibir tratamiento con el doctor que usted elija. Su empleador debe notificarle por escrito si tiene cobertura con un CMCO.
- Colabore con todas las solicitudes de información relacionadas con su reclamo.  
La ley permite que la aseguradora de compensación laboral obtenga la información médica relacionada con su lesión sin su autorización, pero le debe enviar una notificación por escrito cuando solicite la información.  
La compañía aseguradora no puede obtener otros expedientes médicos a menos que usted firme una autorización por escrito.
- Obtenga una confirmación por escrito de su médico sobre cualquier autorización para ausentarse del trabajo. La nota debe ser lo más específica posible.

## Compensación laboral paga por lo siguiente

- Atención médica para su lesión ocurrida en el trabajo, siempre que sea razonable y necesaria.
- Beneficios por salario perdido para cubrir parte de los ingresos no recibidos.
- Compensación por daños permanentes o por pérdida de la función de una parte del cuerpo.
- Servicios de rehabilitación vocacional si usted no puede regresar al trabajo o a su empleador previo al accidente debido a su lesión en el trabajo.
- Beneficios para su cónyuge o dependientes si usted fallece como consecuencia de una lesión laboral

## Lo que la aseguradora debe hacer

- La compañía aseguradora deberá investigar su reclamo con prontitud. Si usted ha estado incapacitado por más de tres días calendario, la aseguradora debe iniciar el pago de beneficios o enviarle un aviso de negación de responsabilidades dentro de los 14 días después que su empleador se enteró de su ausencia laboral o había perdido parte de su salario debido a su reclamo por lesión.
- **Si la compañía aseguradora acepta su reclamo de beneficios por pérdida de salario y usted ha estado incapacitado por más de tres días calendario:** La aseguradora le notificará y deberá iniciar el pago de los beneficios por pérdida de salario dentro de los 14 días mencionados anteriormente. La aseguradora deberá pagar los beneficios puntualmente. Los beneficios por pérdida de salario se pagan en los mismos intervalos que sus cheques de nómina.
- **Si la compañía aseguradora deniega su reclamo de beneficios por pérdida de salario y usted ha estado incapacitado por más de tres días calendario:** La aseguradora le enviará una notificación dentro de los 14 días. La notificación debe explicar claramente los hechos y motivos por los cuales ellos consideran que su lesión o enfermedad no fue resultado de su trabajo o por qué los beneficios por pérdida de salarios que reclama no están relacionados con su lesión.  
Si usted no está de acuerdo con la denegación, hable con el ajustador de reclamos de la aseguradora a cargo de su reclamo. Si usted no está satisfecho y aún está en desacuerdo con la denegación, **comuníquese con el teléfono gratuito para Compensación para Trabajadores del Departamento de Trabajo e Industria de Minnesota (Minnesota Department of Labor and Industry) al 1-800-342-5354.**

## Fraude

Cobrar beneficios de compensación laboral a los cuales no tiene derecho, se considera robo. Llame al 1-888-FRAUD MN (1-888-372-8366) para reportar fraude de compensación laboral.

## Nombre e información de contacto de la compañía aseguradora

THE TRAVELERS INSURANCE COMPANIES

(800) 238-6225



DEPARTAMENTO DE  
TRABAJO E INDUSTRIA

(651) 284-5032 • 1-800-342-5354 • dli.workcomp@state.mn.us • www.dli.mn.gov

Se requiere la publicación de este aviso por ley en un lugar donde los empleados puedan verlo fácilmente.

Agosto de 2017