



*Communications
Workers of America*

*The Connecticut Union
of
Telephone Workers, Inc.*



Local 1298
AFL-CIO

3055 Dixwell Avenue • Hamden, CT 06518 • (203) 288-5271 • Toll Free (800) 833-2889

WORKERS COMPENSATION & COVID 19

A Workers Compensation claim can be filed by calling Zurich, 1-800-987-3373, or by filling out a form 30C (attached). Due to the potential volume of claims and the nature of the issue, it is recommended that the form 30C is used. On the form there is a box to check for "Occupational Disease". Covid 19 should be considered an Occupational Disease by Workers Compensation Commission. Check that box. When you are remitting the form you need to send it certified mail, and keep a copy for your records.

The initial claim will likely be denied, and the follow up to that is to request an Informal Hearing (attached). You do not need an attorney for an Informal Hearing. You should bring as much medical evidence as you can to your hearing. You should also try to compile evidence that supports the fact that your exposure happened in the workplace. Proof that your employer did not follow CDC guidelines in the workplace is important.

Filing a Workers Compensation claim will not affect your employment status. There is no down-side to filing a claim. If the claim is accepted you are ensuring that your current and possible future medical bills, along with any absences from work, will be covered by Workers Compensation. If the claim is denied you have not lost anything.

State of Connecticut Workers' Compensation Commission

This form prepared by the WCC is proper for ordinary use and is recommended, but any other notice complying with Section 31-294c shall be deemed sufficient.

Rev. 07-01-2019



30C

Notice of Claim for Compensation (Employee to Commissioner and to Employer)

Notice is hereby given that the injured worker, while in the employ of the employer, sustained injuries arising out of and in the course of his/her employment as follows, and makes claim for compensation benefits.

Please TYPE or PRINT IN INK

WCC File #

Date filed in District

(for WCC use only)

INJURED WORKER

Name (first) (middle) (last)

D.O.B. (required)

Check, if a Minor (under 18 yrs. of age)

Address

Town State

Zip Code Tel.#

INJURY

Date of Injury

Town of Injury

Body Part(s)

Describe Injury and How It Happened:

- Check, if an Occupational Disease or a Repetitive Trauma
Check, if you have MORE THAN ONE Employer
Check, if PTSD pursuant to P.A. 19-17 (police officer, parole officer, firefighter)

EMPLOYER

Employer

Address

Town State

Zip Code Tel.#

Was Injury ON Premises of Employer? YES NO

If NO, where?

Address

Town

Zip Code Tel.#

SIGNATURE OF INJURED WORKER OR REPRESENTATIVE

Signature

Date

Print name & address below, if other than injured worker:

Name

Name of Firm

Address

Town State

Zip Code Tel.#

This notice must be served upon the Commissioner and *Employer by personal presentation or by registered or certified mail. For the protection of both parties, the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date it was served.

- * Persons employed by the State of Connecticut must serve the employer by serving this notice upon the Commissioner of Administrative Services.
* Persons employed by a municipality must serve the employer by serving this notice upon the town clerk of the municipality in which he or she is employed.
* If your employer pursuant to statute has posted the location where this notice is to be filed, it is your obligation to file it at that location, using certified mail.

WARNING: If an employer does not file a notice contesting liability (e.g. Form 43) for this claim OR begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, COMPENSABILITY SHALL BE PRESUMED and cannot thereafter be contested. If an employer chooses to begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice contesting liability for this claim within one year from receipt of this claim [See Sec. 31-294c(b)] OR, in the case of a claim for PTSD pursuant to P.A. 19-17, within 180 days.

A 30C Form should be filed promptly after a work-related injury or illness takes place. There is a statute of limitation for filing workers' compensation claims: within **one** year of the date of an accidental injury or within **three** years from the first manifestation of a symptom of an occupational disease.

[NOTE: If, within the applicable time period described above, (1) there has been a hearing or a written request for a hearing or an assignment for a hearing or (2) your employer's insurance carrier has already signed a Voluntary Agreement, you do **NOT** need to file a 30C Form for the injury or illness it covers.]

You Should File A 30C Form Because . . .

- There will be no doubt that you are claiming that you have a work-related injury or occupational disease.
- It is the **best way** to insure that you have met the statute of limitations for filing a workers' compensation claim.
- A simple "accident report" filed with the employer is **not** an official claim for workers' compensation.
- Your claim will be more likely to receive prompt attention from your employer or insurance carrier.
- Once your employer receives an official claim, they have only 28 calendar days in which to either deny your claim or to begin making workers' compensation benefit payments "without prejudice." If an official denial is not issued within 28 calendar days or if benefit payments are not initiated within 28 calendar days, your employer must accept the compensability of your claim. (If your employer has opted to post a location where you must file your claim, this 28-day period begins when your employer has received your claim at *the location posted* per statute.)

Directions for Completing the 30C Claim Form

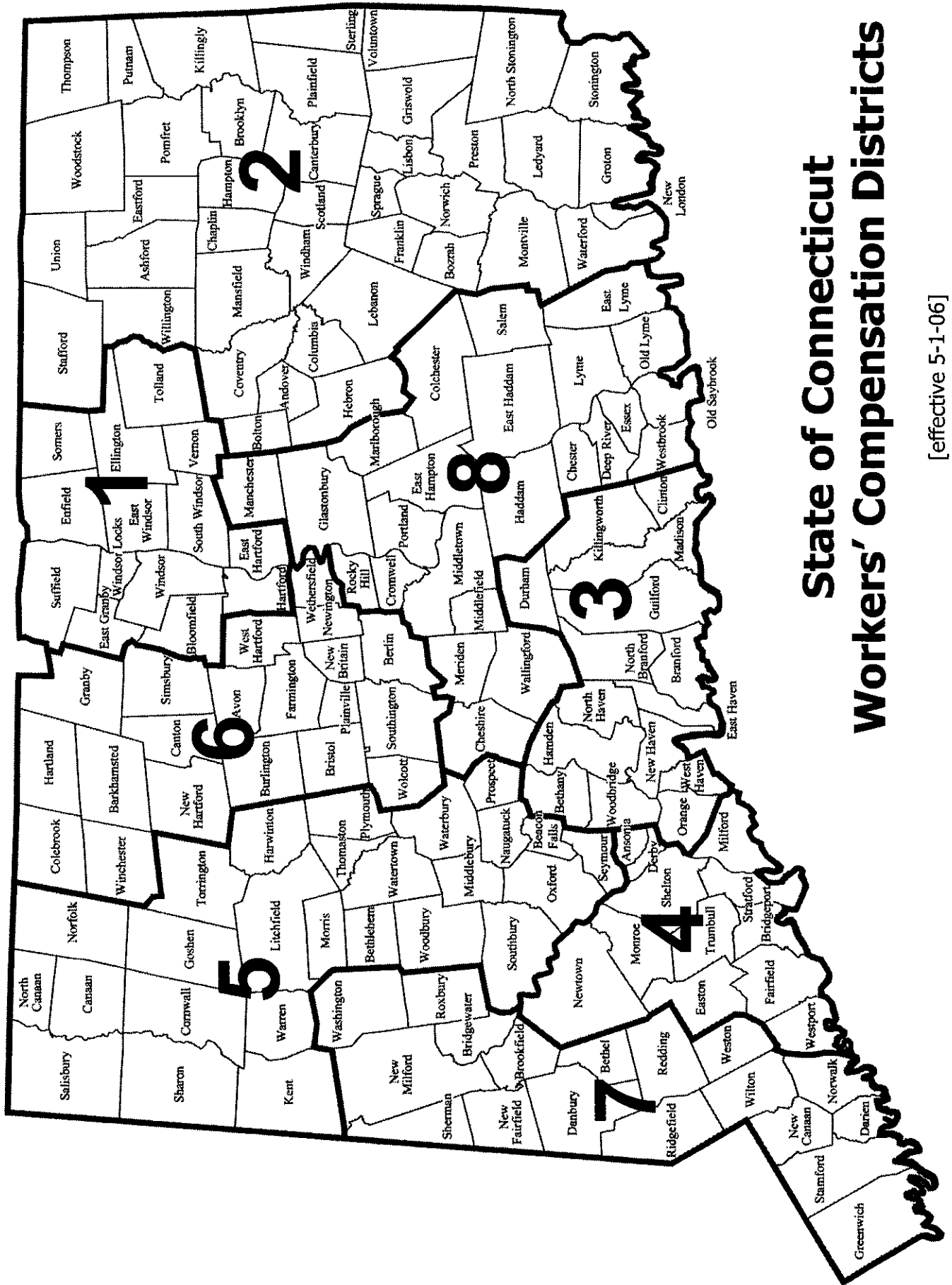
Please pay close attention to these directions. Remember to Type or Print Neatly In Ink (except for signatures).

In filling out the 30C Form, please note the following:

1. In the "INJURED WORKER" box at the upper left side of the form, **type or neatly print the name of the injured worker (If YOU are the injured worker, print YOUR name here).** Also fill in the injured worker's D.O.B. (date of birth), put a check in the box if the worker is a minor (under the age of 18), and fill in the injured worker's street address, town, state, zip code, and telephone number.
2. In the "EMPLOYER" box at the lower left side of the form, **type or neatly print the name of the employer** ("Name of employer" means the name of the organization for which you work, **NOT** your boss or supervisor.) **and its street address, town, state, zip code, and telephone number.** Next indicate (YES or NO) whether the injured worker's injury occurred at the employer's location just listed; **if the injury took place at a location other than that listed, fill in the location, street address, town, state, zip code, and telephone number where the injury actually occurred.**
3. In the "INJURY" box at the upper right side of the form, **type or neatly print the date of the injured worker's injury and the town in which the injury occurred** (Note the city or town in which the injury actually occurred. This will **not necessarily** be the same location as the employer's business address!). **Indicate the part(s) of the worker's body injured and how the injury occurred** (In the blank space describe your injury in simple terms, specifying the part(s) of your body affected and the type(s) of injury. For example: "sprain to the right shoulder", "amputation of the left thumb", "fracture of the right ankle", "severe strain to lower back", etc.). **Next check the first box, if the injury is an occupational disease or a repetitive trauma, check the second box if you have more than one employer, and check the third box if you are a police officer, parole officer, or firefighter claiming benefits for PTSD pursuant to Public Act 19-17.**
4. In the "SIGNATURE OF INJURED WORKER OR REPRESENTATIVE" box at the lower right side of the form, **sign your name and fill in the date of your signature, if you are the injured worker. If you are NOT the injured worker, then sign your name, fill in the date of your signature, and then type or neatly print your name, the name (if any) of your firm, your street address, town, state, zip code, and your telephone number.**
5. In the "WCC File #" box at the upper right side of the form (just below the "30C" number in the upper right corner), **type or neatly print the WCC File Number, ONLY IF YOU KNOW IT.** In most instances, this number will be assigned to your claim by the Workers' Compensation Commission only after you send the 30C Form in, so it is okay to leave this one area of the form blank, if you are not absolutely sure of the number.

Once you have completed the 30C Form, follow these procedures:

6. **Make two (2) extra copies of your completed 30C Form** (this can be done at many quick-copy printers).
7. **Send the original 30C to your employer* by Certified or Registered mail, return receipt requested. The claim may also be delivered in person but if so, have the employer acknowledge in writing the receipt of the claim.**
 - * *State employees' work-related injuries and illnesses are reported on Form PER-WC 207, entitled "Report of Occupational Injury or Disease to an Employee". If a State employee elects to file a 30C Form, then he or she must send the 30C Form to the Commissioner of Administrative Services, 450 Columbus Boulevard, Hartford, CT 06103, NOT to the particular office where employed. (The Form PER-WC 207 is ONLY an accident report and is NOT the official claim form for workers' compensation benefits — State employees, like any other employees, must file a 30C Form in order to file an official workers' compensation claim.)*
 - * *Municipal employees, like any other employees, must file a 30C Form in order to file an official workers' compensation claim; if a municipal employee elects to file a 30C Form, then he or she must send the 30C Form to the town clerk of the municipality in which he or she is employed.*
 - * *Employees (other than State or municipal employees): if your employer pursuant to statute has posted the location where you must file a 30C Form, it is your obligation to file it at that location, using certified mail.*
8. **Send a copy of the 30C to the appropriate Workers' Compensation Commission District Office by Certified or Registered mail, return receipt requested, or deliver by personal presentation.** Addresses for all Workers' Compensation Commission District Offices may be found in this packet of material. **The "District Office" refers to the number given to the District Workers' Compensation Commission Office for the town in which you were injured.** Refer to the Connecticut map provided with the Form 30C for the number of the Compensation District for the town in which you were injured.
9. **Keep the remaining copy of the 30C for your own file.**



State of Connecticut Workers' Compensation Districts

[effective 5-1-06]

Workers' Compensation Commission District Offices

District 1 — Hartford

999 Asylum Avenue
Hartford, CT 06105

Phone: (860) 566-4154
Fax: (860) 566-6137

District 5 — Waterbury

55 West Main Street
Waterbury, CT 06702

Phone: (203) 596-4207
Fax: (203) 805-6501

District 2 — Norwich

55 Main Street
Norwich, CT 06360

Phone: (860) 823-3900
Fax: (860) 823-1725

District 6 — New Britain

233 Main Street
New Britain, CT 06051

Phone: (860) 827-7180
Fax: (860) 827-7913

District 3 — New Haven

700 State Street
New Haven, CT 06511-6500

Phone: (203) 789-7512
Fax: (203) 789-7168

District 7 — Stamford

111 High Ridge Road
Stamford, CT 06905

Phone: (203) 325-3881
Fax: (203) 967-7264

District 4 — Bridgeport

350 Fairfield Avenue
Bridgeport, CT 06604

Phone: (203) 382-5600
Fax: (203) 335-8760

District 8 — Middletown

90 Court Street
Middletown, CT 06457

Phone: (860) 344-7453
Fax: (860) 344-7487



State of Connecticut Workers' Compensation Commission

Please TYPE or PRINT IN INK
and SEND A COPY OF THIS REQUEST
TO ANY OTHER INTERESTED PARTY(IES)

Rev. 7-13-2009

HR

Hearing Request

I hereby notify the Workers' Compensation Commission of my request for the following hearing:

- Informal
 Pre-Formal
 Formal
 Stip Approval

Disfigurement / Scar — Surgery Date(s): _____

For injuries occurring ON OR AFTER July 1, 1993, disfigurement/scar benefits are available ONLY for disfigurements or scars on the face, head, neck, or any other area of the body that handicaps the employee from obtaining or continuing to work. (See Sec. 31-308(c))

Reason(s) for the requested hearing **AND** supporting documents are required:

WCC File # _____

Date filed in District _____

(for WCC use only)

INJURED WORKER

Name _____

D.O.B. (required) _____

Address _____

City/Town _____ State _____

Zip Code _____ Tel.# _____

INJURY

Date of Injury _____

City/Town of Injury _____

State _____ Zip Code _____

Body Part _____

EMPLOYER

Name _____

Address _____

City/Town _____ State _____

Zip Code _____ Tel.# _____

ATTORNEY OR REPRESENTATIVE OF INJURED WORKER

Name _____

Name of Firm _____

Address _____

City/Town _____ State _____

Zip Code _____ Tel.# _____

INSURANCE

Policy Insurer Name _____

Policy No. _____ Eff. Date _____

Address _____

City/Town _____ State _____

Zip Code _____ Tel.# _____

ADDITIONAL INTERESTED PARTIES FOR NOTIFICATION --- List:

Administrator Name _____

Contact Person _____

Address _____

City/Town _____ State _____

Zip Code _____ Tel.# _____

REQUIRED

You **MUST** attach to this form a list of the names and addresses of each party you have contacted in your attempt to resolve this issue.

As the party requesting the hearing, I CONFIRM THAT I HAVE CONTACTED ALL COUNSEL AND PRO SE PARTIES OF RECORD BY TELEPHONE OR WRITTEN COMMUNICATION AND HAVE BEEN UNABLE TO RESOLVE THE ABOVE ISSUES.

I understand that it is improper to request a hearing without first trying to resolve the issues with the other party.

I am the (check ONE):

- injured worker or representative
 insurance company or representative
 additional interested party (please specify): _____

Attorney for Insurance Carrier _____

Name of Firm _____

Address _____

City/Town _____ State _____

Zip Code _____ Tel.# _____

Signature _____ Date _____

Hearings and Appeals

Most employees with work-related injuries or illnesses will have undisputed cases in which their medical treatment, wage replacement benefits, and other benefits proceed smoothly and expeditiously. These employees will not need a workers' compensation hearing, because there will be no dispute to settle; all parties agree on the compensability of the accident or illness and on the medical treatment and benefits due the employee as a result. However, for those cases in which there is some level of difference of opinion, disagreement, or misunderstanding, the Workers' Compensation Act provides for several levels of hearings in which to resolve disputes.

Of all disputed cases, over 95% are settled in Informal Hearings. In a very small number of cases, usually involving very complex issues or matters of law, disputes are taken to Formal Hearings for resolution. Decisions rendered at Formal Hearings may be appealed to the Compensation Review Board (CRB). [Cases may also be appealed past the CRB to the Appellate Court and to the State Supreme Court, but this is very rare indeed.] Sec. 31-290a cases, involving Discharge and Discrimination, do not get appealed to the CRB, but directly to the Appellate Court.

Hearings may also be held for reasons other than disputes. For instance, a claimant must request an Informal Hearing before a Workers' Compensation Commissioner to request discretionary "308a" wage differential benefits or to have a scar or disfigurement evaluation.

Informal Hearings

An Informal Hearing is an informal conference held at a Workers' Compensation Commission District Office and presided over by a Workers' Compensation Commissioner. The purpose of the conference, which usually lasts about 15 minutes, is to resolve disputes in workers' compensation cases, or to make appropriate awards of benefits such as "308a" or scar and disfigurement benefits. A Commissioner presiding over an Informal Hearing will not "represent" either party in a case, but will serve as an impartial fact finder and mediator between the two parties.

Either party—claimant or respondent—may request an Informal Hearing by contacting the District Office having jurisdiction. However, an effort must be made to resolve the dispute *prior* to requesting the hearing.

Both the claimant and the employer or its workers' compensation insurance carrier attend the Informal Hearing. (An Informal Hearing will not be postponed if one party fails to attend, unless both parties have agreed ahead of time to such a postponement.) A claimant may come alone to an Informal Hearing or may come with an interpreter (if needed) and may also be represented by an attorney, union official, or other workers' compensation representative. Employers and insurers often have an insurance adjuster and/or attorney as their representative(s).

As a claimant, you have the right to attend hearings involving your case, including when represented by counsel.

The Informal Hearing is informal in nature, simply including a discussion of the issues and evidence, and most often a recommendation by a Commissioner as to how to resolve the dispute. There are no stenographic records of such hearings.

The party requesting the hearing should clearly explain to the Commissioner any issues that are in dispute. Evidence (such as medical reports, test results, evaluations, or any documents supporting the request) should have been attached to the Hearing Request so that the Commissioner will have them in the file.

After reviewing evidence presented and discussing the issues, the Commissioner will usually make a recommendation to resolve the dispute. If both parties agree, the recommendation(s) will be binding upon the parties as an award made by the Commissioner.

When a resolution cannot be determined and agreed upon in one Informal Hearing, another one is usually scheduled for more discussion, presentation of evidence, or for whatever other reason(s) the Commissioner deems necessary. In cases where the parties cannot reach agreement after one or more Informal Hearing(s), it may be necessary to request a Formal Hearing.

Pre-Formal Hearings

If a Commissioner determines that a dispute cannot be resolved informally, or one of the parties requests a Formal Hearing, a Pre-Formal Hearing may be held prior to the scheduling of the Formal Hearing. Where possible, a party who has not been represented by an attorney during the Informal Hearings may wish to consider retaining counsel, as discussed in the section on Formal Hearings (below).

The purpose of the Pre-Formal Hearing is to help the settlement of claims and to prepare a case for trial at a Formal Hearing by clarifying the issues in dispute. At the Pre-Formal Hearing, the parties should cover the issues to be decided at the Formal Hearing, the evidence that they expect to submit, the particular testimony to be addressed, and the names of persons being deposed. Once the hearing is concluded, the parties should know what the Commissioner expects of them for the Formal Hearing. They should not expect the Commissioner to consider issues or evidence, including testimony, that goes beyond the matters addressed at the Pre-Formal Hearing.

At the Pre-Formal Hearing, the parties should also agree to a timetable for preparing their respective cases. This timetable will be given to the Commissioner, who may either schedule a second Pre-Formal Hearing to confirm that the parties have followed the schedule, or proceed to schedule the Formal Hearing. The goal of a Pre-Formal Hearing is to streamline the overall process.

Formal Hearings

Unlike Informal Hearings, a "Formal Hearing" is a formal legal proceeding presided over by a Workers' Compensation Commissioner which may last up to several hours and may involve more than one session.

The purpose of Formal Hearings, like that of the Informal Hearings, is to resolve differences and disagreements. It is the second level of hearing available to adverse parties in a workers' compensation case, although perhaps only about 3% or 4% of disputed cases ever reach this level. (NOTE: A Formal Hearing is scheduled ONLY when disputes are not resolved by a Commissioner at one or more Informal Hearings; they are NOT scheduled without previous attempts to reach agreement at the Informal Hearing level.)

Like the Informal Hearing, either party—claimant or respondent—may request a Formal Hearing, if earlier Informal Hearings have failed to produce an agreement between the adverse parties. Both the claimant and the respondent attend the hearing. Although a claimant may represent himself or herself (called "pro se") at a Formal Hearing and they are not legally required to retain an attorney, it is almost always recommended that the claimant be represented at this level by legal counsel.

In Formal Hearings, which resemble court trials, evidence is submitted as exhibits, witnesses may be produced and provide testimony under oath, and a stenographic record of the proceedings is taken. Unlike regular court trials, however, a Commissioner is not as restricted by statutory rules of evidence or procedure. It is the Commissioner's duty in a Formal Hearing to make inquiry (through oral testimony, deposition testimony, or through written or printed records) in a manner designed to ascertain each of the parties' substantial rights and carry out the provisions of the Workers' Compensation Act, as well as its intent.

Following a Formal Hearing the presiding Commissioner reviews the evidence presented, as well as any briefs filed with the Commissioner after the actual hearing, and renders a written decision called a "Finding and Award" or a "Finding and Dismissal" in which he or she issues any findings of fact and conclusions regarding the disputed issue(s) in the case. It must be delivered to both parties within 120 days after the conclusion of the hearing. This written decision is binding on all parties, unless appealed by either party to the Workers' Compensation Commission's Compensation Review Board (CRB).

Appeals

A small number of disputed workers' compensation cases are appealed to the Workers' Compensation Commission's Compensation Review Board (CRB), which is a panel of two (2) Workers' Compensation Commissioners and the Workers' Compensation Commission Chairman that regularly meets to review such appeals of decisions from lower level workers' compensation hearings. The CRB may affirm, modify or reverse the decision of the Commissioner, subject to appeal to the Appellate Court.

After a Commissioner has rendered a Formal Hearing decision, either party to the claim has twenty (20) days in which to appeal the Commissioner's decision to the CRB, which does NOT try the case again, but hears the appeal on the record of the earlier hearing. The CRB will not change a Commissioner's decision from the earlier hearing, if that decision was based on the evidence presented. New evidence or testimony will be allowed ONLY if the CRB determines that such evidence or testimony is material and there were good reasons for failure to present it at the Formal Hearing.