

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: April 14, 2014

To: All School Principals, Child Development Center Administrators, Division and Department Heads

Subject: MANDATORY POSTING REQUIREMENTS

Department and/or Persons Concerned: School Principals, Child Development Center Administrators, Division and Department Heads, Supervisors, Managers and Secretaries

Due Date: May 16, 2014

Reference: None

Action Requested: Print and post attached posters and return verification form by due date.

Brief Explanation:

State law requires that California employers conspicuously display the mandatory posters at site central locations frequented by staff and where their employees can read them. The posters listed below which are available online at <http://www.sandi.net/page/1935> have been updated and must be displayed *immediately*. **New posters have been added, and others have been revised.** All of the posters are sized to print on regular paper size (8.5" x 11"). Please feel free to enlarge, use card stock, laminate posters, or print in color, if you wish. Failure to replace the existing posters with these revisions by May 16, 2014, may result in state-imposed monetary penalties.

1. Access to Medical Care and Exposure Records (*Revised 5/22/13*)
2. California Minimum Wage Notice (*Revised 2014*)
3. California Law Prohibits Workplace Discrimination and Harassment (*2 pages*)
4. Notice to Employees of Unemployment Insurance
5. Emergency/Disaster – Quick Reference Guide (*Revised 05/13*)
6. Employee Rights – Employee Polygraph Protection Act (*Revised Jan 2012*)
7. Equal Employment Opportunity is The Law (*Revised 11/09, 2 pages*)
8. Employee Rights and Responsibilities Under the Family and Medical Leave Act (*Revised February 2013*)
9. Your Rights and Obligations as a Pregnant Employee – “Notice A” (*Revised 11/12, 2 pages*)
10. Family Care and Medical Leave and Pregnancy Disability Leave – “Notice B” (*Revised 11/12, 2 pages*)
11. Notice to Employees – Injuries Caused by Work (*English and Spanish, Revised 06/10*)
12. Occupational Medical Facilities (*Revised 07/10/2013*)
13. Pay Day and Voting Notice (*Revised 03/31/2014*)
14. Safety and Health Protection on the Job (*Revised Feb 2014*)
15. Your Rights Under USERRA – The Uniformed Services and Reemployment Rights Act (*Publication Date – October 2008*)

16. WellComp – Access to Medical Care (*Revised 4/13, English and Spanish, 4 pages*)
17. Whistleblowers are Protected

Please remove existing posters and replace with these current editions. Principals and Department Heads must sign the attached verification form and return it to Risk Management, Revere Center, Room 7. Risk Management will monitor school sites and departments for compliance throughout the year. If you have any questions, please call Phil Ross, Risk Management, at (858) 627-7439.

Ashley K. Fenton
Manager, Insurance & Risk Services
Risk Management

APPROVED:

A handwritten signature in black ink, appearing to be 'AKF', with a long horizontal line extending to the right.

General Counsel
Legal Department

AKF:cg

Attachments: Mandatory Posting Requirements Verification Form and 17 Mandated Posters

Mandatory Posting Requirements Verification Form

School Site / Department

Cost Center

Area/Room Where Posted

I verify that the required postings listed below have been posted in an area where employees regularly congregate:

1. Access to Medical Care and Exposure Records (*Revised 5/22/13*)
2. California Minimum Wage Notice (*Revised 2014*)
3. California Law Prohibits Workplace Discrimination and Harassment (*2 pages*)
4. Notice to Employees of Unemployment Insurance
5. Emergency/Disaster – Quick Reference Guide (*Revised 05/13*)
6. Employee Rights – Employee Polygraph Protection Act (*Revised Jan 2012*)
7. Equal Employment Opportunity is The Law (*Revised 11/09, 2 pages*)
8. Employee Rights and Responsibilities Under the Family and Medical Leave Act (*Revised February 2013*)
9. Your Rights and Obligations as a Pregnant Employee – “Notice A” (*Revised 11/12, 2 pages*)
10. Family Care and Medical Leave and Pregnancy Disability Leave – “Notice B” (*Revised 11/12, 2 pages*)
11. Notice to Employees – Injuries Caused by Work (*English and Spanish, Revised 06/10*)
12. Occupational Medical Facilities (*Revised 07/10/2013*)
13. Pay Day and Voting Notice (*Revised 03/31/2014*)
14. Safety and Health Protection on the Job (*Revised Feb 2014*)
15. Your Rights Under USERRA – The Uniformed Services and Reemployment Rights Act (*Publication Date – October 2008*)
16. WellComp – Access to Medical Care (*Revised 4/13, English and Spanish, 4 pages*)
17. Whistleblowers are Protected

I understand that Risk Management will monitor these postings and that failure to post the information could result in fines for the school site/department.

Principal/Department (*Please Print*)

Signature



ACCESS TO MEDICAL AND EXPOSURE RECORDS

BY CAL/OSHA REGULATION
- GENERAL INDUSTRY SAFETY ORDER 3204 -
YOU HAVE THE RIGHT TO SEE AND COPY:

- Your medical records and records of exposure to toxic substances or harmful physical agents.
- Records of exposure to toxic substances or harmful physical agents of other employees with work conditions similar to yours.
- Material Safety Data Sheets or other information that exists for chemicals or substances used in the workplace, or to which employees may be exposed.

THESE RECORDS ARE AVAILABLE AT:

HUMAN RESOURCES DIVISION - Medical records and records of exposure
RISK MANAGEMENT DEPARTMENT - “Right to Know” information; material data safety sheets

A COPY OF GENERAL INDUSTRY SAFETY ORDER 3204 IS
AVAILABLE FROM:

Safety Department – (858) 627-7174

The above information satisfies the requirements of GISO 3204 (g), which may be done by posting this placard, or by any similar method the employer chooses.



San Francisco, CA 94142-0603

State of California
Department of Industrial Relations
Cal/OSHA Publications
P.O. Box 420603



OFFICIAL NOTICE

**California
Minimum Wage**

MW-2014

Minimum Wage - Every employer shall pay to each employee wages not less than the following:

\$8.00

\$9.00

\$10.00

per hour beginning January 1, 2008

per hour beginning July 1, 2014

per hour beginning January 1, 2016

To employers and representatives of persons working in industries and occupations in the State of California:

SUMMARY OF ACTIONS

TAKE NOTICE that on September 25, 2013, the California Legislature enacted legislation signed by the Governor of California, raising the minimum wage for all industries. (AB10, Stats of 2013, amending section 1182.12 of the California Labor Code.) Pursuant to its authority under Labor Code section 1182.13, the Department of Industrial Relations amends and republishes Sections 2, 3, and 5 of the General Minimum Wage Order, MW-2007. Section 1, Applicability, and Section 4, Separability, have not been changed. Consistent with this enactment, amendments are made to the minimum wage, and the meals and lodging credits sections of all of the IWC's industry and occupation orders.

This summary must be made available to employees in accordance with the IWC's wage orders. Copies of the full text of the amended wage orders may be obtained by ordering on-line at www.dir.ca.gov/WP.asp, or by contacting your local Division of Labor Standards Enforcement office.

1. APPLICABILITY

The provisions of this Order shall not apply to outside salespersons and individuals who are the parent, spouse, or children of the employer previously contained in this Order and the IWC's industry and occupation orders. Exceptions and modifications provided by statute or in Section 1, Applicability, and in other sections of the IWC's industry and occupation orders may be used where any such provisions are enforceable and applicable to the employer.

2. MINIMUM WAGES

Every employer shall pay to each employee wages not less than eight dollars (\$8.00) per hour for all hours worked, effective January 1, 2008, not less than nine dollars (\$9.00) per hour for all hours worked, effective July 1, 2014, and not less than ten dollars (\$10.00) per hour for all hours worked, effective January 1, 2016.

3. MEALS AND LODGING

Meals or lodging may not be credited against the minimum wage without a voluntary written agreement between the employer and the employee. When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited may not be more than the following:

	Effective January 1, 2008	Effective July 1, 2014	Effective January 1, 2016
LODGING			
Room occupied alone.....	\$37.63 per week	\$42.33 per week	\$47.03 per week
Room shared.....	\$31.06 per week	\$34.94 per week	\$38.82 per week
Apartment – two thirds (2/3) of the ordinary rental value, and in no event more than:.....	\$451.89 per month	\$508.38 per month	\$564.81 per month
Where a couple are both employed by the employer, two thirds (2/3) of the ordinary rental value, and in no event more than:.....	\$668.46 per month	\$752.02 per month	\$835.49 per month
MEALS			
Breakfast.....	\$2.90	\$3.26	\$3.62
Lunch.....	\$3.97	\$4.47	\$4.97
Dinner.....	\$5.34	\$6.01	\$6.68

4. SEPARABILITY

If the application of any provision of this Order, or any section, subsection, subdivision, sentence, clause, phrase, word or portion of this Order should be held invalid, unconstitutional, unauthorized, or prohibited by statute, the remaining provisions thereof shall not be affected thereby, but shall continue to be given full force and effect as if the part so held invalid or unconstitutional had not been included herein.

5. AMENDED PROVISIONS

This Order amends the minimum wage and meals and lodging credits in MW-2007, as well as in the IWC's industry and occupation orders. (See Orders 1-15, Secs. 4 and 10; and Order 16, Secs. 4 and 9.) This Order makes no other changes to the IWC's industry and occupation orders.

These Amendments to the Wage Orders shall be in effect as of July 1, 2014.

Questions about enforcement should be directed to the Division of Labor Standards Enforcement. Consult the white pages of your telephone directory under CALIFORNIA, State of, Industrial Relations for the address and telephone number of the office nearest you. The Division has offices in the following cities: Bakersfield, El Centro, Fresno, Long Beach, Los Angeles, Oakland, Redding, Sacramento, Salinas, San Bernardino, San Diego, San Francisco, San Jose, Santa Ana, Santa Barbara, Santa Rosa, Stockton, and Van Nuys.



CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION AND HARASSMENT

The California Department of Fair Employment and Housing (DFEH) enforces laws that protect you from illegal discrimination and harassment in employment based on your actual or perceived:

- **Ancestry**
- **Age** (40 and above)
- **Color**
- **Disability** (physical and mental, including HIV and AIDS)
- **Genetic information**
- **Gender, gender identity, and gender expression**
- **Marital status**
- **Medical condition** (genetic characteristics, cancer or a record or history of cancer)
- **National origin** (includes language use restrictions)
- **Race**
- **Religion** (includes religious dress and grooming practices)
- **Sex** (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- **Sexual orientation**

The California Fair Employment and Housing Act (Government Code sections 12900 through 12996) and its implementing regulations (California Code of Regulations, title 2, sections 7285.0 through 8504):

- **Prohibit harassment** of employees, applicants, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, harassment based on pregnancy, childbirth, breastfeeding and/or related medical conditions, as well as harassment based on all other characteristics listed above.
- **Prohibit employers from limiting or prohibiting the use of any language** in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation.
- **Require that all employers provide information** to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards set forth in California Government Code section 12950, or use a brochure from the DFEH.
- **Require employers with 50 or more employees and all public entities to provide sexual harassment prevention training** for all supervisors.
- **Require employers to reasonably accommodate** an employee or job applicant's religious beliefs and practices, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of his or her religious beliefs.
- **Require employers to reasonably accommodate employees or job applicants with a disability** to enable them to perform the essential functions of a job.
- **Permit job applicants and employees to file complaints** with the DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.

• **Prohibit discrimination** against any job applicant or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.

• **Require employers, employment agencies, and unions** to preserve applications, personnel records, and employment referral records for a minimum of **two years**.

• **Require employers to provide leaves** of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.

• **Require an employer to provide reasonable accommodations** requested by an employee, on the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.

• **Require employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave** in a 12-month period for the birth of a child; the placement of a child for adoption or foster care; for an employee's own serious health condition; or to care for a parent, spouse, or child with a serious health condition. The law also requires employers to post a notice informing employees of their family and medical leave rights.

• **Require employment agencies to serve all applicants equally**, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertisements that express a discriminatory hiring preference.

• **Prohibit unions from discriminating** in member admissions or dispatching members to jobs.

• **Prohibit retaliation** against a person who opposes, reports, or assists another person to oppose unlawful discrimination.

The law provides for remedies for individuals who experience prohibited discrimination or harassment in the workplace. These remedies include hiring, front pay, back pay, promotion, reinstatement, cease-and-desist orders, expert witness fees, reasonable attorney's fees and costs, punitive damages, and emotional distress damages.

Job applicants and employees: If you believe you have experienced discrimination, you may file a complaint with the DFEH.

Independent contractors: If you believe you have been harassed, you may file a complaint with the DFEH.

Complaints must be filed within one year of the last act of discrimination/harassment or, for victims who are under the age of 18, not later than one year after the victim's eighteenth birthday.

For more information contact (800) 884-1684; TTY (800) 700-2320; videophone for the hearing impaired (916) 226-5285; contact.center@dfeh.ca.gov; or www.dfeh.ca.gov.

Government Code section 12950 and California Code of Regulations, title 2, section 7287, require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather.

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or voice recording as a disability-related accommodation for an individual with a disability. To discuss how to receive a copy in an alternative format, please contact the DFEH at the telephone numbers or e-mail address above.

Notice to Employees:

THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

UI

Unemployment Insurance

(funded entirely by employers' taxes)

When you are unemployed or working less than full time and are ready, willing, and able to work, you may be eligible to receive Unemployment Insurance (UI) benefits. There are three ways to file a claim:

Internet

File online with eApply4UI—the fast, easy way to file a UI claim! Access eApply4UI at <https://eapply4ui.edd.ca.gov/>.

Telephone

File by contacting a customer service representative at one of the toll-free numbers listed below:

English 1-800-300-5616	Spanish 1-800-326-8937
Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058
Mandarin 1-866-303-0706	TTY (non voice) 1-800-815-9387

Mail or Fax

File by mailing or faxing UI Application, DE 1101I, by accessing the paper application online at www.edd.ca.gov/unemployment. The paper application can be filled out online and printed, or printed and completed by hand. Then the application can be mailed or faxed to an EDD office for processing.

Note: File promptly. If you delay in filing, you may lose benefits to which you would otherwise be entitled.

DI

Disability Insurance

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of Disability Insurance Provisions, DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not job related.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim and obtain claim status information.
- **By mail**, obtain the new data capturing Claim for Disability Insurance Benefits (Optical Character Recognition), DE 2501, through your employer, doctor's office, hospital, by calling us at 1-800-480-3287, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for DI coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT DI, PLEASE VISIT www.edd.ca.gov/disability OR
CONTACT DI CUSTOMER SERVICE BY PHONE AT 1-800-480-3287.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.

PFL

Paid Family Leave

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of Paid Family Leave Program Brochure, DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim and obtain claim status information.
- **By mail**, obtain the new data capturing Claim for Paid Family Leave Benefits (Optical Character Recognition), DE 2501F, through your employer, doctor's office, hospital, by calling us at 1-877-238-4373, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for PFL coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT PFL, PLEASE VISIT www.edd.ca.gov/disability OR
CONTACT CUSTOMER SERVICE BY PHONE AT 1-877-238-4373.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-877-945-4747.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-445-1312.

NOTE: SOME EMPLOYEES MAY BE EXEMPT FROM COVERAGE BY THE ABOVE INSURANCE PROGRAMS. IT IS ILLEGAL TO MAKE A FALSE STATEMENT OR TO WITHHOLD FACTS TO CLAIM BENEFITS. FOR ADDITIONAL GENERAL INFORMATION, VISIT THE EDD WEBSITE AT www.edd.ca.gov.

SAN DIEGO UNIFIED SCHOOL DISTRICT

EMERGENCY/DISASTER-QUICK REFERENCE GUIDE

TYPE OF DISASTER	WARNING	ACTION DURING SCHOOL/WORK HOURS	SIGNAL WITHIN SCHOOL SITE	ALTERNATE SIGNAL
Warning issued for: Civil defense alert Flood threat Tidal wave Severe windstorm Major fire	Notification from district or civil authorities	Stand by for instructions; tune radio to Emergency Broadcast System (600 kc or 1170 kc) on AM radio	None Notify all staff	None Notify all staff
In the building(s): Fire Explosion Chemical accident Bomb threat	Sound of explosion, smoke, fumes, burning sensation in eyes or throat.	Assess situation. Evacuate building(s). Activate site plan or specific components as needed.	Evacuate: Fire alarm Activate: As designated in site plan.	Messenger Messenger
On site or in immediate area: Major fire Explosion Fallen aircraft Chemical accident	Sound of explosion, smoke or fumes. Notification from civil or district authorities.	Assess situation; contact appropriate authorities. Stand by for instructions from authorities. Evacuate site immediately if a life-threatening situation exists.	Evacuate: Fire alarm	Messenger
Earthquake	Loud rumbling; noise like sonic boom, ground and buildings shaking.	Drop: Take protective position under tables or desk. Evacuate building(s). Activate site plan.	Drop: Command given by staff. Evacuate: fire alarm Activate: As designated in site plan.	None Messenger Messenger
Surprise Attack (Civil defense)	Explosion or blinding flash of light	Take Cover: Take protective position. Drop: Take protective position. Activate site plan.	Take Cover/Drop: Command given by staff member. Activate: As designated in site plan.	None Messenger
Power Utility Failure	Blackout; no water; telephones not working.	Assess situation; determine if entire area is affected. If telephones are working: Notify Instructional Leader. If telephones are NOT working: Notify school police dispatch with site radio. Stand by for instruction from authorities. Evacuate building(s) if necessary for safety of students and staff. Activate site plan or specific components of plan as needed.	Evacuate: Fire alarm Activate: As designated in site plan.	Messenger Messenger

ALL STAFF MEMBERS: IN ANY LIFE-THREATENING SITUATION, take immediate action to provide for the safety of the students and staff without waiting for directions from principal/site administrator if emergency is in immediate area.

ALL TEACHERS (in addition to above directions) shall do the following in the event of an emergency/disaster condition:

1. Take appropriate action (**TAKE COVER, DROP, STAND BY, EVACUATE**) as directed.
2. Maintain control over students and assure their safety at all times.
3. Await emergency signal or instructions from principal.
4. If **EVACUATE** signal (fire alarm) is given, take roll book and emergency supplies to designated assembly area.
5. Carry roll book at all times during drills or disasters.
6. Immediately report missing or injured children to principal.
7. Administer first aid to children if needed.
8. Keep students together in assembly area; wait for further instructions or "all clear" signal.

EMERGENCY/DISASTER WHEN SCHOOL/SITE NOT IN OPERATION:

1. Students remain at home.
2. Tune to Emergency Broadcast System (600 kc or 1170 kc) on AM radio.
3. District employees follow site/district plan.

EMERGENCY TELEPHONE NUMBERS

COMMUNITY AGENCIES

Fire/Police911
 Paramedics/Ambulance.....911
 Nearest Hospital.....
 Poison Control(800) 876-4766
 Private Ambulance.....
 American Red Cross(619) 542-7400
 Water Emergency.....(619) 515-3525
 Gas/Electric Emergency.....(800) 811-7343

DISTRICT OFFICE

School Police (Emergency) (619) 291-9911
 (Non-Emergency)(619) 291-7678
 Division Head _____
 Safety Office(858) 627-7174
 Communications(619) 725-5578
 Crisis Team(858) 627-7447
 Emergency Maintenance.....(858) 627-7171
 After 4:00 PM/Weekends .(619) 291-7678
 Closest School Nurse _____

AFTER-HOUR EMERGENCY

Principals/Site Administrator _____

 Vice Principal/Alternate _____

 Custodian _____
 Other _____

EMPLOYEE RIGHTS

EMPLOYEE POLYGRAPH PROTECTION ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

PROHIBITIONS

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

EXEMPTIONS

Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers.

The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer.

The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

EXAMINEE RIGHTS

Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

ENFORCEMENT

The Secretary of Labor may bring court actions to restrain violations and assess civil penalties up to \$10,000 against violators. Employees or job applicants may also bring their own court actions.

THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.



For additional information:

1-866-4-USWAGE

(1-866-487-9243)

TTY: 1-877-889-5627



WWW.WAGEHOUR.DOL.GOV

Scan your QR phone reader to learn more about the Employee Polygraph Protection Act.

U.S. Department of Labor | Wage and Hour Division

WHD 1462
Rev. Jan 2012

Equal Employment Opportunity is **THE LAW**

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division



WHD Publication 1420 · Revised February 2013



"NOTICE A"

YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

If you are pregnant, have a related medical condition, or are recovering from childbirth, **PLEASE READ THIS NOTICE.**

- California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California also law prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.

- Your employer has an obligation to:
 - reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
 - transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and
 - provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 $\frac{1}{3}$ weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from nonleave related employment actions, such as a layoff.
 - provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in Labor Code section 1030, et seq.

- For pregnancy disability leave:
 - PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.
 - Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
 - PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, "severe morning sickness," gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.

Notice A

YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

Page 2

- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.
- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the level and under the conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.

Notice obligations as an Employee:

- Give your employer reasonable notice: To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans – 30 days advance notice if the need for the reasonable accommodation, transfer or PDL is foreseeable, otherwise as soon as practicable if the need is an emergency or unforeseeable.
- Provide a Written Medical Certification from Your Health Care Provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See your employer for a copy of a medical certification form to give to your health care provider to complete.
- PLEASE NOTE that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). For more information about your rights and obligations as a pregnant employee, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department's Web site.

###

**“NOTICE B”****FAMILY CARE AND MEDICAL LEAVE AND PREGNANCY DISABILITY LEAVE**

- Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with your employer and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.
- Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take pregnancy disability leave (PDL) of up to four months, or the working days in one-third of a year or 17 $\frac{1}{3}$ weeks, depending on your period(s) of actual disability. Time off needed for prenatal or postnatal care; doctor-ordered bed rest; gestational diabetes; pregnancy-induced hypertension; preeclampsia; childbirth; postpartum depression; loss or end of pregnancy; or recovery from childbirth or loss or end of pregnancy would all be covered by your PDL.
- Your employer also has an obligation to reasonably accommodate your medical needs (such as allowing more frequent breaks) and to transfer you to a less strenuous or hazardous position if it is medically advisable because of your pregnancy.
- If you are CFRA-eligible, you have certain rights to take BOTH PDL and a separate CFRA leave for reason of the birth of your child. Both leaves guarantee reinstatement to the same or a comparable position at the end of the leave, subject to any defense allowed under the law. If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or a family member). For events that are unforeseeable, you must to notify your employer, at least verbally, as soon as you learn of the need for the leave.
- Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.
- Your employer may require medical certification from your health care provider before allowing you a leave for:
 - your pregnancy;
 - your own serious health condition; or
 - to care for your child, parent, or spouse who has a serious health condition.

NOTICE B

FAMILY CARE AND MEDICAL LEAVE AND PREGNANCY DISABILITY LEAVE

Page 2

- See your employer for a copy of a medical certification form to give to your health care provider to complete.
- When medically necessary, leave may be taken on an intermittent or a reduced work schedule. If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.
- Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. Contact your employer for more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). The FEHA prohibits employers from denying, interfering with, or restraining your exercise of these rights. For more information about your rights and obligations, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department's Web site.

###



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. There is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if your injury arises on or after 1/1/04 and results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work.
- **Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. If you predesignated by naming your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Different rules apply if your employer offers a Health Care Organization (HCO) or has a Medical Provider Network (MPN). You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
4. **Medical Provider Networks.** Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. **If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor.** If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number: _____ MPN website: _____

MPN Effective Date _____ Current MPN's address: _____

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator _____ Phone _____

Workers' compensation insurer _____ (Enter "self-insured" if appropriate)

Policy Expiration Date _____

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement (DLSE).

You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer can be found at location: _____ or by calling toll-free (800) 736-7401. Learn more information about DWC and DLSE online: www.dwc.ca.gov or www.dir.ca.gov/dlse.

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo el lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías y medicinas que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay un límite para ciertos servicios médicos.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si su lesión le causa una incapacidad permanente.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible pagadero a una escuela aprobada por el estado si su lesión surge en o después del 1/1/04, y le ocasiona una incapacidad permanente que le impida regresar al trabajo dentro de 60 días después de que los pagos por TD terminen y su empleador no le ofrece a usted un trabajo modificado o alternativo.
- **Beneficios por Muerte:** Pagados a los dependientes de un(a) trabajador(a) que muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione y su médico debe estar de acuerdo de atenderle la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a su presunta lesión y será responsable por diez mil dólares (\$10,000) en tratamiento hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad. Si usted designó previamente a su médico personal o grupo médico antes lesionarse (vea uno de los párrafos anteriores), en ciertas circunstancias, usted puede consultarlo para el tratamiento. De otra forma, su empleador tiene el derecho de seleccionar al médico que le atenderá durante los primeros 30 días. Es posible que usted pueda cambiar a un médico de su preferencia después de 30 días. Hay reglas diferentes que se aplican cuando su empleador ofrece una Organización de Cuidado Médico (HCO) o si tiene una Red de Proveedores Médicos (MPN). Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Si su empleador usa una MPN, una notificación de la MPN debe estar al lado de este cartel para explicar como usar la MPN. Usted puede pedir una copia de esta notificación hablando al número de la MPN debajo descrito. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted no ha hecho una designación previa y su empleador está usando una MPN, usted puede escoger un proveedor apropiado de la lista de la MPN después de la primera visita médica dirigida por su empleador. Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información del contacto de la MPN :

Número gratuito de la MPN vigente: _____ Página web de la MPN: _____

Fecha de vigencia de la MPN _____ Dirección de la MPN vigente _____

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos _____ Teléfono _____

Asegurador del Seguro de Compensación de trabajador _____ (Anote "autoasegurado" si es apropiado)

Fecha de Vencimiento de la Póliza _____

Si la póliza de compensación de trabajadores se ha vencido, comuníquese con el Comisionado Laboral, en la *División para el Cumplimiento de las Normas Laborales* (Division of Labor Standards Enforcement- DLSE).

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores.

El Oficial de Información y Asistencia más cercano se localiza en _____

o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre de la DWC y DLSE en el Internet en: www.dwc.ca.gov o

www.dir.ca.gov/dlse.

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.

OCCUPATIONAL MEDICAL FACILITIES
MANDATED POSTER BY THE STATE OF CALIFORNIA

In case of workplace injury, first notify your supervisor
Call 911 if the injury or illness is an emergency

San Diego Unified School District has arranged for medical care to be provided at the specialized work related injuries/illness occupational medical facilities listed below. No appointment is necessary. Inform the medical facility that you are a SDUSD employee and request that they **send medical reports and billing to York Risk Services Group, Inc.**

In the event of a serious injury/illness of an employee: CALL CalOSHA at (619) 767-2280 within 8 hours of the accident.

Serious injury/illness is defined as any injury/illness occurring in a place of employment, or in connection with any employment, which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation, or in which an employee suffers a loss of any member of body, or suffers any serious degree of permanent disfigurement. **Failure to report to CalOSHA may result in a fine of up to \$5,000 to the site.**

MISSION VALLEY/ HILLCREST

UCSD Medical Center Hillcrest
8:00 am - 4:30 pm
330 Lewis Street, Suite 100, SD 92103
(619) 471-9210

UCSD Medical Hospital Hillcrest
***After Hours Care**
200 W. Arbor Drive, SD 92103
(619) 543-6400

U.S. HealthWorks
7:00 am-7:00 pm
3930 Fourth Ave, Ste 200, SD 92103
(619) 297-9610

Kaiser On-the-Job**
7:00 am - 7:00 pm
4647 Zion Ave., 1st Floor, SD 92120
(619) 528-5062

Kaiser Permanente Hospital
***After Hours Care**
4647 Zion Avenue, SD 92120
(619) 528-5700

Mission Valley Medical Center
8:00 am - 6:30 pm
5333 Mission Center Rd, Suite 100,
SD 92108
(619) 295-3355

CAMP PALOMAR

U.S. HealthWorks
8:00 am - 5:00 pm
326 W. Mission Avenue, Ste 104,
Escondido 92025
(760) 747-2330

CLAIREMONT/KEARNY MESA

U.S. HealthWorks (Open 24 hours)
5575 Ruffin Rd., Suite 100, SD 92123
(858) 277-2744

Sharp Rees-Stealy Genesee
7:00 am - 5:00 pm
2020 Genesee Avenue, SD 92123
(858) 616-8400

Sharp Emergency Room
7901 Frost St
San Diego CA 92123
(858) 939-3400

NORTH COUNTY

UCSD Medical Center UTC/La Jolla
8:00 am - 4:30 pm
8899 University Center Lane, Ste. 160,
SD 92122
(858) 657-1600

UCSD Medical Center Thornton Hospital
***After Hours Care**
9300 Campus Point Drive, La Jolla 92037
(858) 657-7612

U.S. HealthWorks
8:00 am - 5:00 pm
5897 Oberlin Dr., Suite 100, SD 92121
(858) 455-0200
7590 Miramar Road, Suite C, SD 92126
(858) 549-4255

Sharp Rees-Stealy Sorrento Mesa
8:00 am - 5:00 pm
10243 Genetic Center Dr, SD 92121
(858) 526-6150
***After Hours Urgent Care (858) 526-6100**
5 p.m. - 8 p.m., Monday - Friday
8 a.m. - 8 p.m., Weekends/Holidays

Kaiser On-the-Job**

9:00 am - 5:00pm
400 Craven Road, San Marcos 92078
(760) 510-5350

SOUTH BAY

U.S. HealthWorks
8:00 am - 6:00 pm
1111 Broadway, Suite 305, Chula Vista
91911
(619) 425-8212
102 Mile of Cars, National City 91950
(619) 474-9211

Sharp Rees-Stealy Chula Vista
7:00 am - 5:00 pm
525 3rd Ave., Chula Vista 91910
(619) 585-4050
***After Hours Urgent Care (619) 585-4000**
Open 8 a.m. - 8 p.m. daily

Kaiser On-the-Job**
9:00 am - 5:00 pm
4650 Palm Ave., 1st Floor, SD 92154
(619) 662-5006

EAST COUNTY

U.S. HealthWorks
7:00 am - 6:00 pm
9745 Prospect Ave, Ste 100, Santee
92071
(619) 448-4841

Sharp Rees-Stealy La Mesa
8:00 am - 5:00 pm
5525 Grossmont Center Dr, La Mesa 91942
(619) 644-6600
***After Hours Urgent Care (619) 644-6625**
Open 8 a.m. - 8 p.m. daily

*After Hours Care Available
**Effective 07/10/2013



PAY DAY NOTICE

All district employees in a monthly status will receive their pay warrant on the last working day of each month.

All district employees in an hourly status will receive their pay warrants on or about the 10th of the following month.

For questions, please call
Payroll at (619) 725-7725



VOTING NOTICE

(Voting Notice Elections Code Section 14000)

If a voter does not have sufficient time outside of working hours to vote at a statewide election, the voter may, without loss of pay, take off enough working time that, when added to the voting time available outside of working hours, will enable the voter to vote.

No more than two (2) hours of the time taken off for voting shall be without loss of pay, and shall only be at the beginning or end of the regular working shift, whichever allows the most free time for voting and the least time off from the regular working shift, unless otherwise mutually agreed.

If the employee on the third working day prior to the day of election, knows or has reason to believe that time off will be necessary to be able to vote on election day, the employee shall give the employer at least two working days' notice that time off for voting is desired, in accordance with this section.

SAFETY AND HEALTH PROTECTION ON THE JOB

State of California
Department of Industrial Relations



California law provides job safety and health protection for workers under the Cal/OSHA program. This poster explains the basic requirements and procedures for compliance with the state's job safety and health laws and regulations. The law requires that this poster be displayed. (Failure to do so could result in a penalty of up to \$7,000.)

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective injury and illness prevention program for your employees to follow.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in serious injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify the nearest Cal/OSHA office of any serious injury or fatality occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or fatality within 8 hours can result in a minimum civil penalty of \$5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA law.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN RIGHTS IN WORKPLACE SAFETY & HEALTH:

As an employee, you (or someone acting for you) have the right to file a complaint and request an inspection of your workplace if conditions there are unsafe or unhealthful. This is done by contacting the local district office of the Division of Occupational Safety and Health (see list of offices). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator making an inspection of your workplace. Upon request, Cal/OSHA will withhold the names of employees who submit or make statements during an inspection or investigation.

Any employee has the right to refuse to perform work that would violate a Cal/OSHA or any occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or using any other right given to you by Cal/OSHA law. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the Department of Industrial Relations, Division of Labor Standards Enforcement (State Labor Commissioner) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the State Labor Commissioner.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to people on the job.

While working, you must always obey state job safety and health laws.

HELP IS AVAILABLE:

To learn more about job safety rules, you may contact the Cal/OSHA Consultation Service for free information, required forms and publications. You can also contact a local district office of the Division of Occupational Safety and Health. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

SPECIAL RULES APPLY IN WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance listed as a hazardous substance in Section 339 of Title 8 of the California Code of Regulations, or subject to the Hazard Communications Standard (T8 CCR Section 5194), must provide employees with information on the contents on Safety Data Sheets (SDS), or equivalent information about the substance that trains employees to use the substance safely.

Employers shall make available on a timely and reasonable basis a Safety Data Sheet on each hazardous substance in the workplace upon request of an employee, an employee collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee has the right to observe monitoring or measuring of employee exposure to hazards conducted pursuant to Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may periodically visit the workplace to make sure your company is obeying job safety and health laws.

An inspection will also be conducted when a legitimate complaint is filed by an employee with the Division of Occupational Safety and Health.

Cal/OSHA also goes to the workplace to investigate a serious injury or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification from the Division of Occupational Safety and Health.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. A representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS & PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, then the Division of Occupational Safety and Health issues a citation. Each citation specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Citations carry penalties of up to \$7,000 for each regulatory or general violation and up to \$25,000 for each serious violation. Additional penalties of up to \$7,000 per day for regulatory or general violations and up to \$15,000 per day for serious violations may be proposed for each failure to correct a violation by the abatement date shown on the citation. A penalty of not less than \$5,000 nor more than \$70,000 may be assessed an employer who willfully violates any occupational safety and health standard or order. The maximum civil penalty that can be assessed for each repeat violation is \$70,000. A willful violation that causes death or permanent impairment of the body of any employee results, upon conviction, in a fine of not more than \$250,000, or imprisonment up to three years, or both and if the employer is a corporation or limited liability company the fine may not exceed \$1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

Call the FREE Worker Information Hotline - 1-866-924-9757

OFFICES OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

HEADQUARTERS: 1515 Clay Street, Ste. 1901, Oakland, CA 94612 — Telephone (510) 286-7000

District Offices

Bakersfield	7718 Meany Avenue, Bakersfield 93308	(661)588-6400
Concord	1450 Civic Court, Suite 525, Concord 94520	(925)602-6517
Foster City	1065 East Hillsdale Blvd. Suite 110, Foster City 94404	(650)573-3812
Fremont		
/San Jose	39141 Civic Center Dr. Suite 310, Fremont 94538	(510) 794-2521
Fresno	2550 Mariposa St. Room 4000, Fresno 93721	(559) 445-5302
Los Angeles	320 West Fourth St. Room 670, Los Angeles 90013	(213) 576-7451
Modesto	4206 Technology Dr. Suite 3, Modesto 95356	(209) 545-7310
Oakland	1515 Clay St. Suite 1301, Oakland 94612	(510) 622-2916
Sacramento	2424 Arden Way Suite 165, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St. Suite 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr. Suite 207, San Diego 92108	(619) 767-2280
San Francisco	455 Golden Gate Ave. Rm. 9516, San Francisco 94105	(415) 557-0100
Santa Ana	2000 E. McFadden Ave. Ste. 122, Santa Ana 92705	(714) 558-4451
Santa Rosa	1221 Farmers Lane Suite 300, Santa Rosa 95405	(707) 576-2388
Torrance	680 Knox St. Suite 100, Torrance 90502	(310) 516-3734
Van Nuys	6150 Van Nuys Blvd. Suite 405, Van Nuys 91401	(818) 901-5403
West Covina	1906 West Garvey Ave. S. Suite 200, West Covina 91790	(626) 472-0046

Regional Offices

Oakland	1515 Clay Street, Ste. 16-22A, Oakland 94612	(510)286-1066
Sacramento	2424 Arden Way Suite 300, Sacramento 95825	(916)263-2803
Santa Ana	2000 E. McFadden Ave. Ste. 119, Santa Ana 92705	(714)558-4300
Monrovia	750 Royal Oaks Drive, Ste 104, Monrovia 91016	(626)471-9122

Cal/OSHA Consultation Service

Headquarters: 2000 E. McFadden Ave. #214, Santa Ana, CA 92705 (714) 558-4411

Area & Field Offices

• Fresno/Central Valley	1901 North Gateway Blvd. Suite 102, Fresno 93727	(559) 454-1295
• Oakland/Bay Area	1515 Clay St. Suite 1103 Oakland 94612	(510) 622-2891
• Sacramento/Northern CA	2424 Arden Way Suite 410 Sacramento 95825	(916) 263-0704
• San Bernardino	464 West Fourth St. Suite 339 San Bernardino 92401	(909) 383-4567
• San Diego/Imperial Counties	7575 Metropolitan Dr. Suite 204 San Diego 92108	(619) 767-2060
• San Fernando Valley	6150 Van Nuys Blvd. Suite 307 Van Nuys 91401	(818) 901-5754
• Santa Fe Springs/Los Angeles/Orange County	1 Centerpointe Suite 150 La Palma 90623	(714) 562-5525

Enforcement of Cal/OSHA job safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor (Tel: 415-975-4310). OSHA monitors the operation of state plans to assure that continued approval is merited. Feb 2014



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at <http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at **<http://www.dol.gov/elaws/userra.htm>**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365

U.S. Department of Justice Office of Special Counsel

1-800-336-4590

Publication Date—October 2008

Access to Medical Care

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, please complete the front of this card and carry it with you to present to your medical service providers for access to care.

This card is not required to receive medical services.

This employee is covered by the WellComp Network for workers' compensation medical care. Possession or use of this card does not guarantee eligibility for benefits. Treatment must be furnished or referred by a WellComp medical provider with the exception of emergency care or necessary treatment while the employee is out of the state of California. All treatment requires pre-authorization except for emergency care.

For treatment authorization contact WellComp Provider Services.
For WellComp Patient Services:
Toll Free (800) 544-8150
fax: (888) 620-6921

For emergency care or necessary treatment while the employee is outside of the state of California, please notify WellComp to facilitate authorization, billing and payment, as well as transfer of care.

■ Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

■ Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

■ Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

■ Hospital and Specialty Care

Your primary treating provider in the WellComp Network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

■ Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the WellComp Patient Services Department or discuss your options with your initial care provider.

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact your WellComp Patient Services Department.

■ Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

■ Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

■ Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens and requires ongoing treatment over 90 days. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy, please visit www.WellComp.com or call WellComp Patient Services.

■ Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network.

If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. Your current doctor may be allowed to become a member of WellComp.

If your current treating physician is not a participating physician within WellComp, you are not covered under the MPN and your physician can make referrals to providers within or outside the MPN.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.

■ Care Transfer Disputes

If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN.

If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department, if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision.

If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved. For a complete copy of the Transfer of Care policy, please visit www.WellComp.com or call WellComp Patient Services.

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care



WellComp Provider Directory

To access a directory of medical providers in the WellComp Network, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. To receive a hard copy of the regional area listing or the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

To access more information, regarding the WellComp Network, go to www.WellComp.com. You can download the Employee Handbook, Transfer of Care Policy or the Continuity of Care Policy. To receive a hard copy of this information please contact WellComp. MPN Liaison: Gale Chmidling, MPN Manager (800) 544-8150

WellComp Patient Services Department

P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.com

This pamphlet is available in Spanish. For a free copy, please contact WellComp.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp.



This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp



Employee Name: _____
Employer Name: _____
Date of Injury: _____

Medical Treatment for Workers' Compensation
MPN Liaison, Gale Chmidling, MPN Manager
P.O. Box 59914 Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.com

Bienvenidos a WellComp

Su empleador ha elegido proveerle a usted con una amplia selección de servicios médicos en casos de lesiones y enfermedades relacionadas con su trabajo, y para ello ha establecido una Red de Proveedores Médicos (MPN por sus siglas en inglés), llamada WellComp. WellComp suministra cuidado médico de calidad a través de su elección de un proveedor médico que esta afiliado a una red exclusiva de proveedores de asistencia sanitaria, donde cada uno posee un profundo entendimiento del sistema del Seguro de Indemnización por Accidentes de Trabajo del estado de California y el impacto que sus decisiones tienen en su persona. Su empleador ha recibido aprobación del Estado de California para cubrir sus necesidades de cuidado médico relacionadas con el Seguro de Indemnización por Accidentes de Trabajo a través de la Red WellComp. Usted está protegido automáticamente por la Red WellComp si la fecha de su lesión o enfermedad es en o después de la fecha del establecimiento de WellComp por parte de su empleador, y si usted no ha pre-designado un doctor personal antes de su lesión o enfermedad.

En caso de que usted sufra una lesión o tenga una enfermedad, por favor llene el frente de esta tarjeta y llévela con usted para preséntesela a su proveedor de servicio médico para acceder a la atención necesaria.

Esta tarjeta no es requerida para recibir servicios médicos.

Este empleado está protegido por el cuidado del Seguro de Indemnización por Accidentes de Trabajo a través de la Red WellComp. Posesión o uso de esta tarjeta no garantiza la elegibilidad para los beneficios. Tratamiento tiene que ser administrado o referido por proveedor médico de WellComp con la excepción de atención de emergencia o tratamiento necesario mientras el empleado está fuera del estado de California. Todos los tratamientos requieren preautorización con la excepción de atención de emergencia.

Para pedir autorización para un tratamiento, comuníquese con el Servicio de Proveedores de WellComp.
Para el Servicio al Paciente de WellComp:
Gratis al (800) 544-8150
fax: (888) 620-6921

Para servicio de emergencia o tratamiento necesario mientras el empleado está fuera del estado de California, por favor comunicarse con WellComp para facilitar la aprobación, factura y pagaré, así como también la transferencia del cuidado médico.

Accesibilidad al Cuidado Médico

■ Cuidado Inicial

En caso de emergencia usted debe llamar al 911 o ir a la sala de emergencia más cercana.

En caso de que sufra una lesión o enfermedad relacionada con su trabajo, notifique inmediatamente a su supervisor y obtenga autorización médica de su empleador para designar un proveedor médico dentro de la Red, para el cuidado inicial. Si usted no puede comunicarse con su supervisor o empleador, por favor comuníquese con el Departamento del Servicio al Paciente de WellComp. Para servicios que no sean de emergencia, el MPN tendrá que asegurar que usted es proveído(a) una cita o tratamiento inicial dentro de 3 días de negocio de que su empleador o el MPN a recibido un pedido de tratamiento dentro del MPN.

■ Cuidado Subsiguiente

Si usted aún necesita atención después de la evaluación inicial, usted puede ser atendido por un doctor de su agrado, o el doctor inicial puede referirle a usted a un especialista médicamente y geográficamente apropiado dentro de la Red, el cual puede proveer el tratamiento adecuado para su lesión o condición. Su empleador es requerido a proveerle de por lo menos 3 médicos de cada especialidad esperada para tratar lesiones experimentadas por empleados lesionados basado en su ocupación o industria. Estos médicos estarán disponibles dentro de 30 minutos o 15 millas de su lugar de trabajo o residencia y especialistas estarán disponibles dentro de 60 minutos o 30 millas de su lugar de trabajo. Para conseguir un directorio de los proveedores médicos, por favor visite www.WellComp.com o llame al Servicio al Paciente de WellComp.

■ Cuidado de Emergencia

En una emergencia, definida como una condición médica que se manifiesta de forma imprevista, con síntomas severos, los cuales sin atención médica inmediata pueden poner en sumo riesgo su salud, vaya al proveedor de atención médica más cercano sin importar si participan en la Red de WellComp. Si su lesión está relacionada con su trabajo, pídale al proveedor del cuidado de emergencia, que se comunique con WellComp para preparar la transferencia de su atención médica, a un proveedor de WellComp cuando sea el tiempo médicamente adecuado para hacerlo.

■ Cuidado Especializado y de Hospital

El proveedor principal de la Red WellComp de su tratamiento, puede hacer todos los arreglos y referencias necesarias para los especialistas, hospitales, centro de cirugía de servicio ambulatorio y servicios de cuidados auxiliares.

■ Elección de Doctor para el Tratamiento

Si usted aún necesita atención después de la evaluación inicial por el proveedor designado por su empleador, usted puede acceder el directorio de WellComp y seleccionar un doctor apropiado, el cual pueda proveer el tratamiento necesario para su condición o enfermedad. Ayuda para determinar las opciones acerca de los doctores, comuníquese con el Departamento del Servicio al Paciente de WellComp o también puede consultar con su proveedor de cuidado inicial.

■ Cambiando el Doctor Principal de su Tratamiento

Si usted necesita cambiar de doctor y se determina que usted necesita cuidado médico continuo para su lesión o enfermedad, usted puede elegir un nuevo doctor del Directorio de WellComp y reservar una cita. Una vez que haya echo su cita, inmediatamente comuníquese con el Servicio al Paciente de WellComp el cual coordinará la transferencia de su historial médico al doctor elegido por usted.

■ Reservación de Citas

Si usted tiene problemas haciendo sus reservaciones de citas con el proveedor inicial o el proveedor subsiguiente, por favor comunicarse con el Departamento de Servicio al Paciente de WellComp.

■ Obteniendo una Recomendación a un Especialista

Siempre y cuando usted continúe necesitando cuidado médico para su lesión o enfermedad, hay varias alternativas para obtener una recomendación a un especialista:

1. Su proveedor principal en la Red de WellComp puede hacer todos los trámites necesarios para la recomendación a un especialista. Esta recomendación será hecha dentro de la Red y si es necesario fuera de la Red.
2. Usted puede seleccionar un especialista adecuado usando el Directorio de WellComp.
3. Usted puede comunicarse con el Servicio al Paciente de WellComp, el cual puede coordinar los arreglos necesarios.

Si su proveedor de tratamiento primario hace un referido a una clase de especialista que no está incluido dentro la red, usted puede seleccionar un especialista fuera de la red.

Para servicios que no sean de emergencia, el MPN tendrá que asegurar que usted es proveído(a) una cita dentro de 20 días de negocio de que su empleador o el MPN a recibido un referido a un especialista dentro del MPN.

■ Continuidad de su Cuidado

¿Que pasa si estoy siendo tratado por un doctor de Wellcomp y el doctor deja a Wellcomp?

Su empleador ha suscrito una póliza de “Continuidad de Cuidado” que puede permitirle a usted continuar el tratamiento con su doctor, si su doctor no está actualmente participando en WellComp.

Si usted está siendo tratado dentro de la Red WellComp por una lesión relacionada con su trabajo y su doctor deja de tener un contrato con WellComp, su doctor puede continuar tratándolo siempre y cuando su lesión o enfermedad satisface una de las siguientes condiciones:

- **(Aguda)** Condición médica que incluye síntomas que se manifiestan de forma imprevista y que requieren pronta atención médica, y tiene duración menos de 90 días.
- **(Seria o Crónica)** Su lesión o enfermedad es seria y continua sin cura completa o empeorando y requiere tratamiento continuo, por mas de 90 días. Se le puede permitir que siga siendo tratado por el doctor que actualmente lo esta tratando por un período de hasta un año, hasta que una transferencia de cuidado pueda ser efectuada de una manera sana y salva.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía u otro procedimiento autorizado por su empleador o seguro de salud y el cual ocurrirá dentro de los 180 días de la fecha efectiva de la Red de Proveedores Médicos (MPN por sus siglas en inglés).

Si cualquiera de las condiciones antes mencionadas existe, Wellcomp puede requerir que su doctor acepte por escrito los mismos términos que el había aceptado cuando era un proveedor del Red de Wellcomp. Si el doctor no está de acuerdo o no acepta los términos, no podrá continuar tratándolo.

Si el contrato con su doctor fue clausurado o no fue renovado por Wellcomp por razones relacionadas con causas de disciplina médica, fraude o actividad criminal, no le será permitido completar el tratamiento con ese doctor. Para obtener una copia completa de la póliza de la Continuidad de Cuidado, por favor visite www.Wellcomp.com o llame al Servicio al Paciente de Wellcomp.

■ Transferencia del Cuidado Actual y Corriente

¿Qué pasa si usted ya está siendo tratado por una lesión relacionada con su trabajo, antes de comenzar el programa Red de WellComp?

Su empleador tiene una póliza de “Transferencia de Cuidado” que describe lo que pasará si usted esta actualmente siendo tratado por una lesión relacionada con su trabajo, por un doctor que no es miembro de la Red de WellComp.

Si su doctor actual del tratamiento es un miembro participante de Wellcomp, entonces usted puede continuar el tratamiento con su doctor y su tratamiento se hará bajo la Red de Wellcomp. Se le puede permitir ser miembro de WellComp a su doctor actual.

Si su medico de tratamiento actual no es participante dentro de WellComp, no esta usted forrado bajo el MPN y su medico de tratamiento puede hacer referidos a los proveedores dentro, o afuera del MPN.

Usted no será transferido a un doctor de Wellcomp si su lesión o enfermedad satisface cualquiera de las siguientes condiciones:

- **(Aguda)** El tratamiento de su lesión o enfermedad será completado en menos de 90 días.
- **(Seria o Crónica)** Su lesión o enfermedad es seria y continuará por mas de 90 días sin cura completa o empeorando y requiere tratamiento continuo. Se le puede permitir que siga siendo tratado por el doctor que actualmente lo esta tratando por un período de hasta un año de la fecha de notificación que usted tiene una condición seria o cronica.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos. Tratamiento medico sera proporcionado por la duracion de la enfermedad terminal.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía o procedimiento autorizado por su empleador o seguro de salud y el cual ocurrirá dentro de los 180 días de la fecha efectiva de la Red de Proveedores Médicos (MPN por sus siglas en inglés).

■ Disputas de Transferencia de Cuidado

Si Wellcomp va a transferir su cuidado médico y usted no está de acuerdo, usted puede pedirle al doctor que lo está tratando actualmente, un informe o parte médico alegando que su condición pertenece o está dentro de una de las condiciones antes mencionadas. Su doctor que lo esta tratando actualmente si le proveera un informe dentro de veinte días del calendario de la fecha de solicitud. Si su doctor que lo esta tratando actualmente no logra emitir el informe, entonces usted sera requerido a seleccionar un nuevo proveedor dentro el MPN.

Si Wellcomp o usted no está de acuerdo con el informe del doctor que lo está tratando, esta disputa será resuelta de acuerdo a la Sección 4062 del Código del Trabajo. Usted tiene que notificar al Departamento del Servicio al Paciente de WellComp, si usted no está de acuerdo con el informe o parte médico.

Si el doctor que lo está tratando está de acuerdo de que su condición no pertenece o no está dentro de las condiciones antes mencionadas, se continuará con la transferencia de su cuidado médico, aún cuando usted no está de acuerdo con la decisión.

Si su doctor cree que su condición satisface una de las condiciones antes mencionadas, usted puede continuar el tratamiento con ese doctor hasta que la disputa sea resuelta. Para obtener una copia completa de la póliza de Transferencia de Cuidado, por favor visite www.Wellcomp.com o llame al Servicio al Paciente de Wellcomp.

Proceso para Segunda Opinión, Tercera Opinión y Examen Médico Independiente:

Si usted no está de acuerdo con su doctor o no le gusta su doctor sea cual sea la razón, usted siempre puede elegir otro doctor en el MPN (Red de Proveedores).

■ Obteniendo Segunda y Tercera Opiniones

Si usted no está de acuerdo con el diagnóstico o con el plan de tratamiento de su doctor actual o con el doctor de la segunda opinión, y quisiera una segunda o tercera opinión, usted debe de tomar los siguientes pasos:

- ✓ Notificar al Administrador(a) de su reclamo a quien le proveerá una lista de doctores y/o especialistas en el área regional dentro de la Red de WellComp, quienes tienen pericia reconocida para evaluar o tratar su lesión o condición.
- ✓ Elija un doctor o especialista de la lista.
- ✓ Dentro de los 60 días de recibir la lista, reserve una cita con el doctor o especialista seleccionado de la lista proporcionada a través del por Administrador(a) de su reclamo. Si, dentro de los 60 días, decide usted en no confirmar cita, su derecho en buscar otra opinión puede ser renunciado.
- ✓ Informe al Administrador(a) de su reclamo de su elección, y de la fecha de su cita, para así asegurarnos de que sus archivos médicos se pueden enviar antes de la fecha de su cita. Usted también puede pedir una copia de sus archivos médicos.
- ✓ Usted será proveído(a) con información y un impreso de pedido referente al proceso de Examinación de Médico Independiente (IMR) en el momento que usted selecciona un médico de tercera opinión. Información del proceso del IMR se puede encontrar en el Manual del MPN para el Empleado.

■ Obteniendo un Examen Médico Independiente (IMR por sus siglas en inglés)

Si usted no está de acuerdo con el diagnóstico o plan de tratamiento decidido por el médico de la tercera opinión, usted podría completar y presentar el impreso de la Aplicación para Examinación de Médico Independiente con el Director Administrativo de la División de Indemnización de Trabajadores. Se puede comunicar con su Administrador(a) de reclamo, o al Departamento de Servicios para el Paciente de WellComp para información sobre la Examinación de Médico Independiente y el impreso para pedir una Examinación de Médico Independiente.

■ Tratamiento Fuera del Área Geográfica

WellComp tiene proveedores por todo California. Si llega alguna situación que podría llevarlo fuera del área de cobertura, tales como trabajo temporal, viaje relacionado al trabajo, o vivir temporalmente o constantemente fuera del área de servicios geográficos del MPN, por favor pongase en contacto con el Departamento de Servicios para Pacientes de WellComp, su examinador de reclamos, su proveedor primario de tratamiento, y ellos le proveerán con una selección de por lo menos 3 proveedores aprobados fuera de la red de los que usted pueda obtener tratamiento o recibir segunda o tercera opiniones de la selección de médicos referidos.

Servicios Médicos Proveídos:

A continuación es un resumen de los servicios médicos del Seguro de Indemnización por Accidentes de Trabajo disponibles para usted por la Red de WellComp.

Tratamiento principal o primario y servicios especiales incluyendo las consultas y recomendaciones

Ejemplos de proveedores de tratamientos primarios o proveedores de especialización incluyen: doctores de medicina general, quiroprácticos, dentistas, ortopedistas, cirujanos, psicólogos, psiquiatras, cardiólogos, neurólogos.

Servicios de Hospital, y Centros de Cirugía Ambulatoria

Ejemplos de servicios de proveedores de servicios de hospital, y centros de cirugía ambulatoria incluyen: servicio agudo de hospital, cuidado general de enfermera, salas de operaciones y facilidades relacionadas, unidad de cuidado intensivo y sus servicios, laboratorios para diagnósticos o servicio de rayos-x y los tratamientos de terapias necesarias.

Servicios de Cuidado Complementarios

Ejemplos de proveedores de servicios de cuidado complementarios incluyen: laboratorios para diagnósticos o servicio de rayos-x, medicina física, terapia de ocupación, equipos médicos y de cirugía, consejeros, enfermeras, cuidado médico apropiado en casa, medicación.

Servicios de Emergencia incluye el servicio ambulatorio y servicio fuera del área de la Red.



Directorio de Proveedores de WellComp

Para acceder el directorio de proveedores médicos en la Red de WellComp, vaya al www.WellComp.com donde usted puede buscar la especialidad médica, el código postal, el doctor, grupo médico. Para recibir una copia del directorio de WellComp, por favor comuníquese con WellComp (el administrador de la Red de proveedores médicos designado por su empleador):

Información de WellComp

Para acceder más información, en respecto a la Red de WellComp, vaya al www.WellComp.com donde usted puede obtener la información de la guía del empleado, la Política de Tránsito de Cuidado médico, o la Política de Cuidado médico de Continuidad. Para recibir copia en dura de esta información, favor de comunicarse con WellComp. MPN Liaison: Gale Chmidling, MPN Manager (800) 544-8150

WellComp Departamento de Servicios al Paciente

P.O. Box 59914

Riverside, CA 92517

Gratis al (800) 544-8150

fax: (888) 620-6921 o

e-mail: info@WellComp.com

Este folleto está disponible en Inglés. Para una copia gratis, por favor llame a WellComp.



Este folleto contiene información importante para el acceso en la Red de Proveedores Médicos WellComp.

- ✓ Entérese si está protegido
- ✓ Acceso a cuidado médico
- ✓ Aprenda acerca de la continuidad de su cuidado
- ✓ Seleccione su propio doctor
- ✓ Transferencia dentro de la Red de WellComp
- ✓ Comunicarse con WellComp



Nombre del Empleado: _____

Nombre del Empleador: _____

Fecha de la Lesión: _____

Tratamiento Médico para el Seguro de Indemnización por Accidentes de Trabajo

MPN Liaison, Gale Chmidling, MPN Manager

P.O. Box 59914 Riverside, CA 92517

Gratis al (800) 544-8150

fax: (888) 620-6921 o

e-mail: info@WellComp.com

WHISTLEBLOWERS ARE PROTECTED

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcing agency when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a state or federal rule or regulation.

Who is protected?

Pursuant to California Labor Code Section 1102.5, employees are the protected class of individuals. "Employee" means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. [California Labor Code Section 1106]

What is a whistleblower?

A "whistleblower" is an employee who discloses information to a government or law enforcement agency where the employee has reasonable cause to believe that the information discloses: 1) a violation of a state or federal statute, 2) a violation or noncompliance with a state or federal rule or regulation, or 3) with reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment.

What protections are afforded to whistleblowers?

- 1) An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
- 2) An employer may not retaliate against an employee who is a whistleblower.
- 3) An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
- 4) An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Under California Labor Code Section 98.6, if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages, and take other steps necessary to comply with the law.

How to report improper acts

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, ***call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225***. The Attorney General will refer your call to the appropriate government authority for review and possible investigation.