



WORKERS' COMPENSATION ADMINISTRATION
**WORK-RELATED
INJURIES AND OCCUPATIONAL ILLNESSES**

4401 Sion Farm
Christiansted, VI 00820
Phone: (340) 773-1994
Fax: (340) 713-3421

Presenters: Rainia Thomas, Director & Kesi Petersen, Assistant Director

2353 Kronprindsens Gade
St. Thomas, VI 00802
Phone: (340) 715-5708
Fax: (340) 715-5743

WHAT IS WORKERS' COMPENSATION?

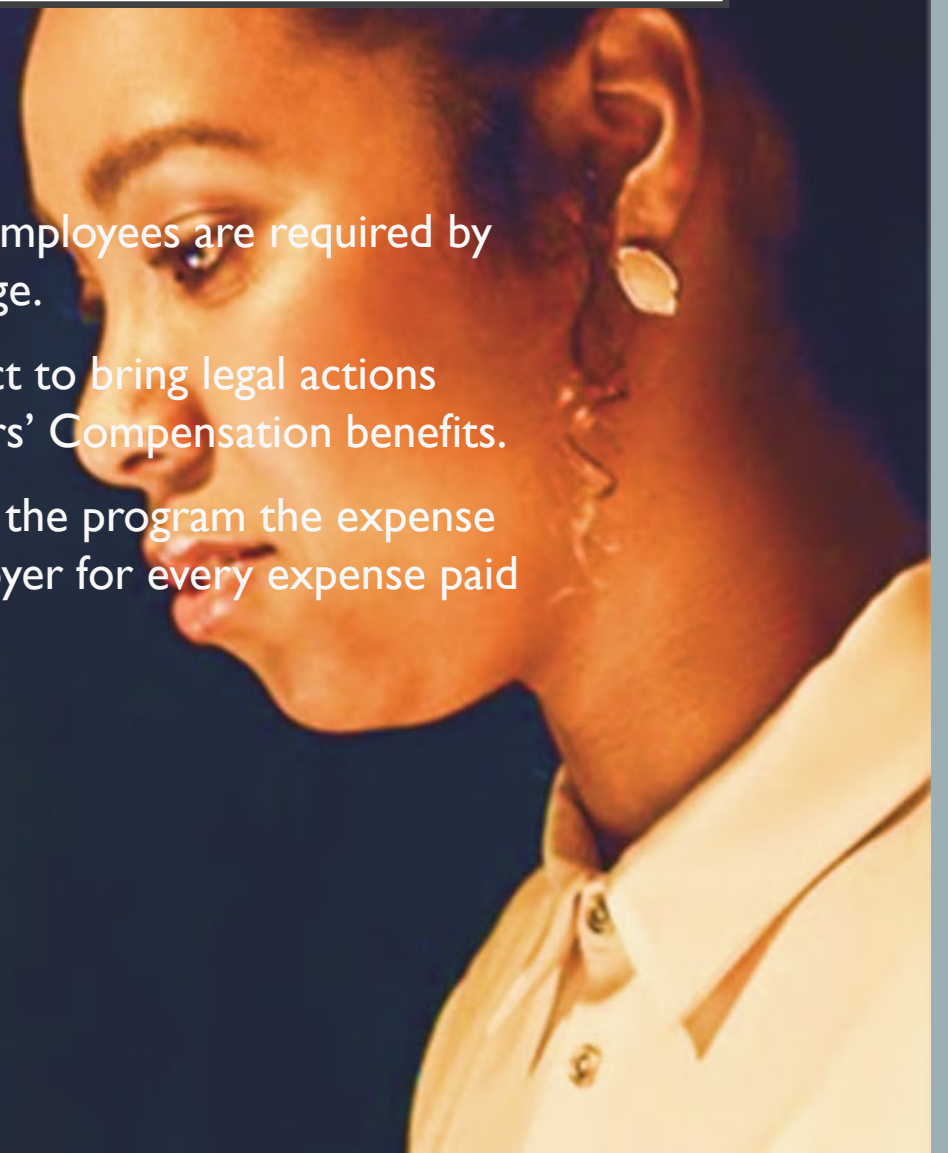
- Workers' Compensation is an insurance program that provides medical and disability benefits for work-related injuries and illnesses arising out of and in the course of their employment.
- All employers in the U.S. Virgin Islands with one or more employees are required by the law to obtain Workers' Compensation coverage.

HOW DOES
WORKERS' COMP
WORK?



EMPLOYERS WHO DO NOT PURCHASE WORKERS' COMPENSATION COVERAGE FOR THEIR EMPLOYEES

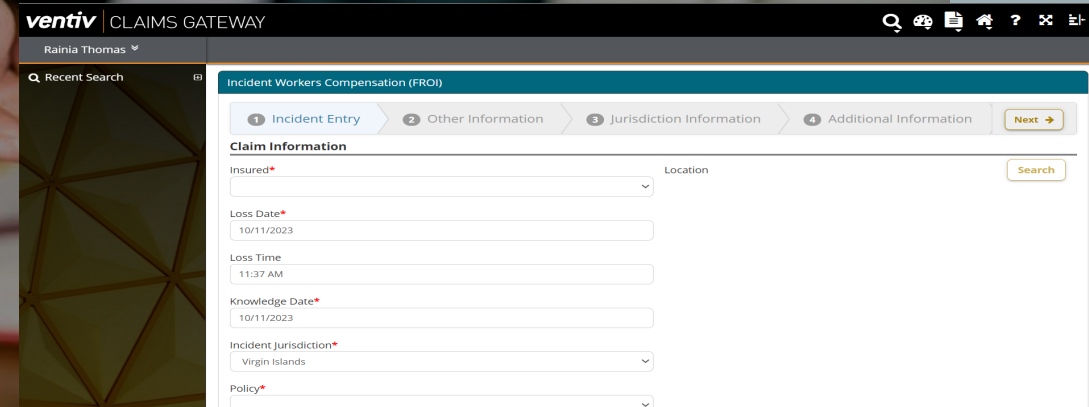
- The Employer will be UNINSURED.
- All employers in the territory with one or more employees are required by the law to obtain Workers' Compensation coverage.
- If an employer is uninsured the employee may elect to bring legal actions against their employer instead of receiving Workers' Compensation benefits.
- If the employee elects to accept the benefits from the program the expense plus a 30% penalty will be levied against the employer for every expense paid in the claim.



HOW CLAIMS ARE SUBMITTED

SUBMITTING CLAIMS ONLINE

- Employer's First Report and Notice of Injury forms are completed online.
- Be as descriptive as possible as it aids in minimizing the claims processing time.
- All documents must be printed, signed, dated, and attached to the claim before submission.
- Additional claim documents can be submitted to workerscompensation@dol.vi.gov.
- Submit an Incident or Accident Report



The screenshot displays the 'ventiv CLAIMS GATEWAY' interface. The user is logged in as 'Rainia Thomas'. The main heading is 'Incident Workers Compensation (FROI)'. A progress bar shows four steps: 1. Incident Entry (active), 2. Other Information, 3. Jurisdiction Information, and 4. Additional Information, with a 'Next' button at the end. The 'Claim Information' section includes the following fields:

- Insured***: A dropdown menu with a 'Location' label and a 'Search' button.
- Loss Date***: A date field containing '10/11/2023'.
- Loss Time**: A time field containing '11:37 AM'.
- Knowledge Date***: A date field containing '10/11/2023'.
- Incident Jurisdiction***: A dropdown menu with 'Virgin Islands' selected.
- Policy***: A dropdown menu.

HOW CLAIMS ARE SUBMITTED

SUBMITTING CLAIMS ONLINE

- A Late Filing Letter (Employer/ Injured Worker)
- Police Report (If involved in a MVA or an assault)
- An Employer may submit a detailed letter explaining the grievances with the claim.

VIRGIN ISLANDS DEPARTMENT OF LABOR

Division of Workers' Compensation Ventiv Claims Gateway

The Workers' Compensation Division is pleased to announce the deployment of our online claims system! Claim submissions are now at your fingertips. Less paper! Less mess! Less stress!

 REGISTER

 LOGIN

LATE CLAIM SUBMISSION

- ✓ An employer must submit an injury report within 8 days of the injury or exposure. If the report is submitted after this period, it is considered late, and the employer must provide a late filing letter.
- ✓ An Injured Worker has 48 hours to notify their employer of an injury and 90 days for Occupational Exposure anything outside of the period is considered late and a late notification letter is required from the employee.
- ✓ A claim can be denied if it is file outside of the reporting window.
- ✓ An employer who refuses or neglects to make a report as required by law can penalized up to \$5,000.



WHEN AN INJURY OCCURS

- A Request for Information Form will be sent to the Injured Worker for missing information.
- A Workers' Compensation brochure/pamphlet will be sent to the Injured worker to get familiar with what benefits are covered.
- Once disability is evident a Payroll Inquiry Form will be sent to the Employer (The Employer has 10 days to submit the completed form to the agency).
- Once the requested documents are received from the Injured worker and Employer. The case will be reviewed and processed for lost wages or reimbursements.
- The processed lost wages or reimbursement will then be forwarded to the Department of Finance for payment distribution.



PAYROLL INQUIRY FORM

GOVERNMENT OF THE VIRGIN ISLANDS
WORKERS' COMPENSATION
ADMINISTRATION

DATE: April 24, 2019

INJURED WORKER'S NAME: Jane Doe DATE OF INJURY: 03/29/19

Ascertained if the Injured Worker resumed employment, and if so, what date, 04/22/19

☒ Ascertain date of injury 03/29/19

☒ Ascertain when disability began 04/01/19

☒ Disability period extends from 04/01/19 to 04/19/19

☒ Ascertain number of hours worked per day regularly 8 hours

☒ Ascertain wages per hour at time of injury \$13.00

☒ Ascertain number of days worked per week regularly 5 days

☒ Ascertain if attached medical bill(s) or receipt(s) is (are) a cash or charge transaction

☒ Ascertain if claimant continued working after injury date, and if so, through which dates No

☒ Ascertain if the Injured Worker received wages, sick pay, or advanced compensation benefits was (were) paid and forward copy (ies) of cancelled checks. No

☐ OTHER (Specify) _____

REMARKS _____

FAILURE TO SUBMIT THE DOCUMENTS REQUESTED WITHIN TEN (10) DAYS WILL DELAY THE PROCESSING OF THE CLAIM OR AFFECT PAYMENT (S) ACCORDING TO THE POLICIES OF THE AGENCY.

SIGNATURE AND OFFICIAL TITLE OF EMPLOYER/AUTHORIZED AGENT _____ DATE _____

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF LABOR
4401 Sans Pareil
Christiansted, VI 00820-4245

Workers' Compensation Administration Tel: (340) 713-3413 Fax: (340) 772-3365

DATE: January 12, 2016

TO: Ms. Doreyan EMPLOYEE No: 12345
Department's Payroll Division
St. John, Virgin Islands - 00821

FROM: DEPARTMENT OF LABOR - WORKERS' COMPENSATION ADMINISTRATION DIVISION

Re: Ms. Jane Doe Date disability began: 09/24/15

SSN: xxx-xx-8642 Date returned to work: 11/02/15

W. C. Case: 0000-0000 Rate per hour: 10.75

Date of injury: 09/23/15 Number of days worked per (reg.) work week: 5

The above referred to employee was paid from accrued leave during his/her disability. Therefore, pursuant to Section 584a, Chapter 25, Title 3, V.I.C., an employee of the Government of the Virgin Islands is entitled to full salary and reinstatement of accumulated leave used during disability resulting from a compensable injury. For a period not to exceed 90 days and the award shall be paid to the employing unit.

Please verify by Pay Periods the amount of accumulated leave used from the date of injury during which time the employee received his/her full wages from the Department.

AS OF DATE OF INJURY TOTAL NUMBER OF ACCUMULATED LEAVE:

SICK 84 ANNUAL 77 DONATED 41

EMPLOYEE HAD:

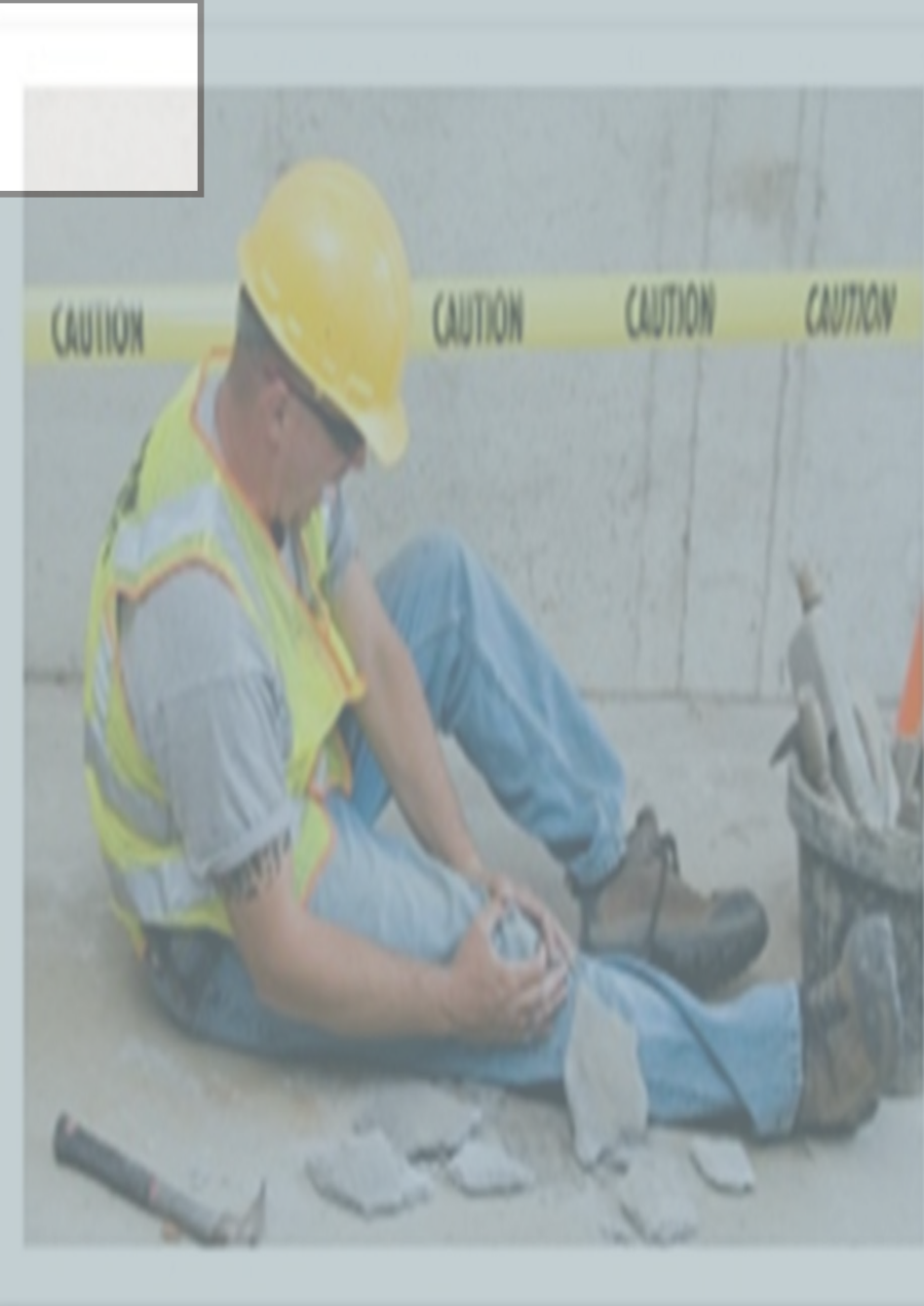
PAY PERIOD ENDING	NUMBER OF LEAVE USED AND PAID BY EMPLOYER
10/02/15	80hrs = 20 REG, 44 DON, 16 HOD
10/16/15	80hrs = 50 SK, 22 ANL, 8 HOD
10/30/15	80hrs = 55 ANL, 25 LWOP

EMPLOYEE WAS PAID UNDER ACCOUNT CODE:

LOGO	ACCT	TAB	OPT	CC

WHEN AN INJURY OCCURS

- If the physician returns the Injured Worker to work with restrictions the agency will send a light duty letter to the employer outlining the restrictions:
 - The Employer should focus on what the Injured Worker can do within his/her capacity. **The longer an Injured Worker is off work will impact the Employer's premiums.**
- Employers should identify suitable duties to help the Injured worker stay at, or return to work:
 - **TRANSITIONAL WORK**- includes assignments that meet specific medical restrictions set by the doctor while allowing the employee to perform some of his/her duties.
 - **MODIFIED WORK**- involves any changes to the original job that allow the Injured Worker to perform in the position.
 - **ALTERNATIVE WORK**- involves moving the worker to another position within the agency.



THE INJURED WORKER RESPONSIBILITIES IN THIS PROCESS

- ✓ It is the injured worker's responsibility to ensure that all medical reports and out-of-work notes from the doctor's office are submitted to the agency.
- ✓ It is the injured worker's responsibility to ensure that all requested claim documents are received with ten days.
 - Claim for Compensation for Disability
 - Social Security Card and a Valid Government issued ID
 - Authorization to Release Medical Information
 - W-9 Form
- ✓ It is the Injured Worker's responsibility to submit a copy of all out-of-work notes to their Employer.
- ✓ It is the Injured Worker's responsibility to ensure that all appointments to the doctor are submitted to the agency and approved by the agency before attending any medical appointments.



BENEFITS



Medical

100% Medical Care related to the injury:

Local Care:\$75,000 maximum

Out of Territory Specialized Care:
\$200,000 maximum

- Prescriptions
- Durable Medical Equipment
- Therapy and Chiropractic Services
- Other related treatment pertaining to the injury or exposure



Disability Income

- TEMPORARY TOTAL DISABILITY BENEFITS
 - ✓ are paid to injured workers who are disabled and unable to work due to a work-related injury or illness.
 - ✓ Payment shall not exceed $66 \frac{2}{3}$ of his/her salary or the Workers' Compensation maximum wage rate for the respective calendar year (\$662 weekly – 2024).
- PERMANENT PARTIAL DISABILITY BENEFITS
 - ✓ If an injury or illness results in loss of use of certain members of the body, the injured worker may be entitled to scheduled income benefits.
- PERMANENT TOTAL DISABILITY BENEFIT
 - ✓ If an injured worker is deemed totally and permanently disabled in terms of occupational capacity, that Injured Worker will receive continuous income benefits.

BENEFITS



Vocational Rehabilitation

- An Injured Worker who has suffered an injury and is unable to perform work he/she has previous training or experience in, is entitled to vocational rehabilitation services. This service includes retraining and job placement, as may be reasonably necessary to restore him/her to suitable employment.
- Vocational rehabilitation is 75% of the employee's earnings at the time of injury, not to exceed the average weekly wage, nor be less than \$75 per week.



Death

- If an injury or occupational illness causes death, at the time of the injury or within four years compensation is awarded to the surviving heirs (spouse, parents, or any heirs, including illegitimate children) who were dependent upon the deceased partially or totally at time of his/her death.
- Dependents are entitled to compensation not less than \$25,000.
- Payment for funeral expenses shall not exceed \$4,000.

A wooden gavel with a black handle and a light-colored head rests on a document. The document has the words 'WORKER'S COMPENSATION' printed in large, bold, serif capital letters. The background is a light-colored wooden surface.

MANDATORY REHIRING OF INJURED EMPLOYEES

- **An employer shall rehire any employee who:**
 - Immediately after the termination of the disability, the Injured Worker should return to the position which he/she held at the time of the injury or in a substantially equivalent position; unless the Employer satisfies the agency either that the Employee, as a result of the injury, will be unable to resume in full his/her previous obligations and duties, or that the employer had terminated the employment after the accident for just cause.
- **No Employee Rehired Under This Section May Be Subsequently Dismissed Without Just Cause.**



TO CONCLUDE

Accident prevention emphasis should be conducted everyday.

An injury on the job equals less production, lower employee morale, and lost profits.

For the worker, pain and suffering, financial loss, and lifestyle changes.

The “best” accident is one that never happens



thank you!



CONTACT INFORMATION

RAINIA THOMAS, DIRECTOR
KESI PETERSEN, ASSISTANT DIRECTOR

Department of Labor
Workers' Compensation Administration
Email: workerscompensation@dol.vi.gov

ST. CROIX
4401 Sion Farm
Christiansted, VI 00820
(340) 713-3413/(340) 713-3421 Fax

ST. THOMAS
2353 Kronprindsens Gade
St. Thomas, VI 00802
(340) 715-5708/(340) 715-5743 Fax