



Georgia Workers' Comp Basics: Non-Profits are Employers, Too

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June 21, 2017**

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Introduction

- This webcast will provide a general overview of the workers' comp system in Georgia, address the requirements for having coverage, and discuss what to do both before and after an accident.

Workers' Comp Basics

- WC provides income benefits and medical treatment to employees hurt at work.
- No-Fault system – negligence is not an issue.
- Trade-Offs to No-Fault system:
 - ✓ Employers pay benefits for any accident.
 - ✓ But...employees must file a comp claim rather than suing their employer.

Do we need WC insurance?

- Employers with 3 OR MORE employees are subject to WC laws and must maintain coverage.
 - ✓ Few exceptions, e.g. agricultural workers
- Corporate officers are counted, even if unpaid.
 - ✓ Up to 5 officers can “opt out” from being counted.
- Volunteers are NOT employees.

What if coverage is not required?

- Employers that do not need coverage are handled outside the WC system
 - ✓ An injured employee could sue in court in that situation.
- Employers can voluntarily elect to be under the WC system by purchasing coverage

What does WC insurance cover?

- All income benefits, medical treatment, rehabilitation benefits, and permanent partial disability benefits.
 - ✓ No “pain and suffering.”
- The insurer will also provide a defense attorney if needed.
- If WC coverage is not current, the employer must pay out-of-pocket for any benefits.

What injuries are covered?

- All accidents that are “arising out of and in the course of employment.”
 - ✓ Very fact-specific.
- Rule of Thumb:
 - ✓ If the employee was on the clock, doing their job, it’s probably a compensable accident.
- Certain injuries have special rules.
 - ✓ Hernias, Heart Attacks/Strokes, Asbestiosis, etc.
- Work-related aggravations of pre-existing conditions are compensable.

Reporting Accidents

- If an accident happens, the employee must provide notice within 30 days.
- The State Board construes notice very liberally.
- The employer should complete a Form WC-1.

Investigating a Claim

- Employers can initially “controvert” (challenge) a claim within 21 days from notice.
- Employers have 60 more days after that point to controvert based on their investigation.

Accepted Claims

- If a claim is accepted, the claimant is entitled to medical treatment from an authorized physician.
- Employers must post a panel of 6 physicians including an orthopedic specialist and no more than 2 industrial clinics. Employees must be given the panel after reporting an accident.
 - ✓ Tip: Get them to sign the panel and take a photo of them with it!
- If the panel is not valid, the employee can pick any doctor.
- Employees get one “free” change of panel doctors.

Medical Benefits

- Employers must provide medical care intended to:
 - ✓ Effect a cure;
 - ✓ Give relief;
 - ✓ Return employee to suitable employment.
- Employees must cooperate with authorized care or risk losing income benefits.
- Medical care related to a work injury is capped at 400 weeks from the date of accident in “non-catastrophic” claims unless there is a settlement resolving medical.

Income Benefits

- After an employee misses 7 or more days from work, they are entitled to income benefits.
- If an employee then misses 21 consecutive days, they are entitled to benefits for the first 7 days.

Types of Income Benefits

- Temporary Total Disability (TTD)
 - ✓ Paid if Employee cannot work at all
 - ✓ 2/3 of 13-week Average Weekly Wage, up to \$575/week
 - ✓ Max of 400 weeks
- Temporary Partial Disability (TPD)
 - ✓ Paid if Employee is working but earning less due to injury
 - ✓ 2/3 of difference in wages, up to \$383/week
 - ✓ Max of 350 weeks
- Benefits can be suspended if the claimant is released to full duty, returns to work, etc.

Permanent Partial Disability Benefits

- Employees are often assigned a permanent impairment rating for an injury.
 - ✓ E.g. 10% to the right arm.
- Benefits are paid at the TTD rate for a specific number of weeks based on the rating and the body part.

Catastrophic Injuries

- Certain types of injuries are automatically, considered catastrophic, e.g. loss of limb, which entitles the employee to lifetime income benefits.
- A claim can also be deemed catastrophic if an employee can show they cannot find work they are qualified for that can be performed within work restrictions.

Death Benefits

- Surviving spouses and dependents can claim death benefits if an employee dies at work.
- Benefits vary based on age of the spouse and children at the time of the employee's death.

Suspending Benefits

- Income Benefits can be suspended for several reasons, including:
 - ✓ Employee refusing a suitable light duty job
 - If receiving benefits, they have to attempt a suitable job offered to them for at least 8 hours/1 work day.
 - ✓ Full duty release
 - ✓ Return to work at a wage equal to or greater than pre-injury wages
 - ✓ Failure to comply with medical treatment

Litigation

- Avoid if possible, but sometimes it is inevitable.
- Disputes are heard by an Administrative Law Judge with the State Board of Workers' Compensation.
- Hearings can be held over several issues, including:
 - ✓ Compensability of the entire claim ("all issues")
 - ✓ Authorization of medical treatment
 - ✓ Change in condition (whether injury is still the reason for the disability)
 - ✓ Etc.

Settlements

- Most claims end up settling.
- The decision to settle is often up to the insurance company.

Conclusion

- Being a non-profit does not insulate you from WC issues.
- Safety First!
- Keep a panel of physicians and make sure your employees know about it.
- Communicate with your employees – the best way to limit problems is for managers and employees to know how to handle work injuries.



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