

Employees -- Know Your Rights!

Remember - It is important to report your injury to your employer.

Medical Care

You are entitled to reasonable and necessary medical care for work-related injuries or diseases. Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the change. If you receive treatment from a physician of your choice, you shall obtain and promptly furnish a report to your employer.

If your employer refuses to provide medical care, you should contact Michigan's Workers' Compensation Agency at its toll-free telephone number: **1-888-396-5041**.

You should not receive a bill from a health care provider for treatment of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or the employer's insurance carrier.

Wage Loss Benefits

You are entitled to weekly workers' compensation benefits if you suffer a wage loss for more than seven consecutive days. These benefits may be claimed as long as a disability and wage loss continue. Generally, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate.

Vocational Rehabilitation

If you are unable to perform the work that you have done previously, you are entitled to vocational rehabilitation. The number one goal is your return to work with your employer. If you cannot do this or require assistance in finding a new job, vocational rehabilitation services can help.

To be completed by the employer

Drexel University
Employer Name
Michael Del Duke / 215-895-2149
Employer Contact Person and Telephone Number
HARTFORD ACCIDENT & INDEMNITY INSURANCE COMPANY
Workers' Compensation Insurance Carrier Name

If you have questions, please call the State of Michigan Workers' Compensation Agency **Toll-free 1-888-396-5041**

Additional information is on the agency's website at <u>www.michigan.gov/wca</u>.

EMPLOYER: PLEASE POST THIS NOTICE FOR YOUR EMPLOYEES TO SEE!