



Workers' Compensation Information for the Injured Worker

INTRODUCTION

In Arizona, Workers' Compensation is regulated by The Industrial Commission of Arizona (ICA). This document is intended to be an overview for injured workers outlining their rights and responsibilities in the Workers' Compensation system. Injured workers who have general questions about the process or would like to file a report of injury may contact the ICA's Claims Division by phone or online at www.azica.gov. The information provided in this booklet is subject to changes in workers' compensation law.

The Industrial Commission of Arizona

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Introduction

In Arizona, Workers' Compensation is regulated by The Industrial Commission of Arizona (ICA). This document is intended to be an overview for injured workers outlining their rights and responsibilities in the Workers' Compensation system. Injured workers who have general questions about the process or who would like to file a report of injury may contact the ICA's Claims Division by phone or online at www.azica.gov. The Claims Division does not provide legal advice, it has representatives available to provide general information about the workers' compensation process. Contact information for the Claims Division and other ICA Divisions is listed on the last page of this document. The information provided in this booklet is subject to changes in workers' compensation law. **It is not legal advice and should not be considered as such.**

Workers' compensation is a "no fault" system in which injured workers receive medical and indemnity benefits related to an industrial illness or injury regardless of cause. If an illness or injury is determined to be job-related, the injured worker (also known as a claimant or applicant) may be entitled to medical treatment, temporary compensation for time lost from work, permanent compensation benefits and vocational rehabilitation.

The Industrial Commission of Arizona (ICA)

The ICA and insurance companies have different functions. The ICA has regulatory duties which include notifying carriers of reported industrial injuries, holding hearings to resolve disputes between injured workers and carriers, and monitoring the carriers' processing of industrial injury claims. Additionally, there is the Special Fund Division of the ICA, which provides benefits to employees injured while working for a non-insured employer.

Employers' Responsibilities

Arizona law requires that all public and private employers provide workers' compensation coverage for their employees if they employ one or more persons full or part-time. There are some statutory exceptions to this rule.

Posted Notice of Coverage

Every employer must post notice of industrial insurance coverage in the work place.

Right to Reject Coverage

Arizona law allows for an employee to reject workers' compensation coverage prior to an illness or injury, by providing the employer notice in writing that is signed and dated. The notice provided to the employer must be in duplicate.

Costs of WC Coverage

The entire cost of the workers' compensation insurance coverage is paid by the employer. Arizona law forbids the employer to deduct any portion of the premium for workers' compensation insurance from an employee's wages.

Employer Reporting a Claim

When an employer is advised by a worker that an on the job injury/illness has occurred, the employer is required to report the incident to their insurance carrier and the ICA within ten days by completing the ICA's 101 form – Employers' Report of Injury.

Employers' Right to Direct Care

If an injured worker's employer is self-insured, the employer **may** have the right to direct the injured worker's medical care for the duration of the injury. If the employer is not self-insured, or is self-insured but does not direct care, the employer has the right to direct the injured worker to the employer's doctor for one visit only; the injured worker may then treat with the doctor of their choice. Visit [Self-Insurance \(Authorized Self-Insured Employers, Directed Medical Care\)](#) to research your employer to see if they qualify.

Injured Worker Benefits and Responsibilities

Injured Worker Responsibilities

It is your responsibility to understand all notices and documents which allow for hearing requests in the event of disagreements, and it is also your responsibility to make your current address known to the ICA and the insurance carrier. If you do not take timely action on a Notice or Award, the order may become final.

If you do not understand a notice or document, you may want to contact your legal representative or the ICA ombudsman for an explanation.

Attorney Representation

Under the Workers' Compensation system an injured worker is not required to have an attorney. Keep in mind, however, that the Workers' Compensation Law is complex and the carrier/employer may be represented by an attorney specializing in Workers' Compensation Law. If you choose to represent yourself, you will have to follow the rules of procedure for hearings before the ICA. A copy of the rules can be obtained from the ICA's Main Reception Desk for a charge or free online, Title 23 in the Arizona Statutes and Title 20 Chapter 5 of Arizona Rules.

Attorneys representing injured workers are generally paid on a contingency basis. This means that they will receive an agreed upon percentage, usually 25%, of your monthly benefits if they are successful. If they are not successful, then they do not receive a fee.

Be advised that you do have the right to dismiss your attorney, however, you have entered into a legal contract with your attorney and may continue to have an obligation for attorney fees.

If you wish to hire an attorney it is recommended that you consult with an attorney who specializes in Workers' Compensation. You can contact the State Bar of Arizona for a list of qualified attorneys.

Injured Worker Reporting a Claim

An illness or injury is covered under workers' compensation if it is job related. It is the injured workers' responsibility to make sure the injury is reported to their supervisor/employer as soon as an injury occurs or when the injured worker becomes aware of the condition being related to employment. The prompt reporting of the accident to the supervisor/employer will accelerate the processing of the claim and may avoid unnecessary delays or possible denial of benefits.

The legal filing of a claim must be completed within one year from the date of injury OR when the injured worker became aware of the condition being related to employment. The injured worker is responsible for making sure that the claim is filed. It is the injured worker's responsibility to understand

all notices and documents which allow for hearing requests in the event of disagreements and to make sure all hearing requests are filed within the protest periods. It is the injured workers' responsibility to advise the ICA and the insurance carrier of their most current address throughout the duration of their claim.

When the injured worker first receives treatment they should advise the doctor's office or emergency room that this was an on-the-job injury. The injured worker should be provided with a Worker's and Physician's Report of Injury, also known as the 102 or Pink Form. If the form is not completed at the doctor's office or emergency room, you may complete a Workers' Report of Injury (407) form which is available at www.azica.gov. By signing these forms and submitting them to the ICA, the injured worker is legally applying for workers' compensation benefits.

New Claim Notification

The doctor's office or hospital should send the original Worker's and Physician's Report of Injury to the ICA, and provide copies to the employer and the worker's compensation insurance carrier.

Alternatively, the ICA will receive the Workers' Report of Injury. Once the ICA receives the Worker's and Physician's Report of Injury or the Workers' Report of Injury, the claim will be notified to the insurance carrier/self-insured employer, and ICA will send a letter to the injured worker with the name of the insurance carrier. Please contact the ICA to determine the status of the claim if you have not received a letter from the ICA within fourteen (14) days following the filing of these reports. Once the claim has been notified to the insurance carrier their obligation is to accept or deny the claim for benefits within twenty-one (21) days from the date of notification; failure to do so may result in penalty benefits for the applicant.

Claim is Denied

If your claim is denied for benefits, you will receive a Notice of Claim Status (form 104) from the insurance carrier and have ninety (90) days to protest the notice. The injured worker may request a hearing by sending a letter or by filing a Request for Hearing form on the ICA's website. The letter or Request for Hearing form must be signed by the injured worker or the legally authorized representative. When a request for hearing is filed the injured worker will receive a Notice of Hearing which will tell the injured worker the date, place and time of the hearing. This Notice will also tell the injured worker the name of the Administrative Law Judge who will conduct the hearing.

If the injured worker does not understand a notice or document they receive, they may want to contact their authorized legal representative or the ICA for an explanation.

Claim is Accepted

There are two types of Workers' Compensation claims: (1) medical only or no time lost claims, which means that only medical expenses are paid and; (2) time lost claims, which means medical expenses and temporary compensation benefits for lost wages are paid. A detailed explanation of both types of claims are as follows:

Medical Only or No Time Lost Claims

Medical only claims are claims for which the insurance carrier will pay all of the medical expenses associated with the injury and no temporary compensation is paid because loss of earning capacity (disability) attributable to the injury did not extend beyond seven consecutive calendar days.

Examples of medical expenses that are paid are: emergency room charges, doctor's fees, doctor visits, prescriptions, crutches, braces, and splints.

On medical only claims, the insurance carrier will issue a Notice of Claim Status accepting the claim for benefits with no time loss. Even though you did not lose time from work, the medical bills will continue to be paid until the doctor states no further medical treatment is needed. If you voluntarily stop medical treatment, the insurance carrier may close the claim without the doctor's discharge.

Once the claim is accepted, you are not responsible for the payment of any medical expenses for treatment related to the injury. If the injured worker receives a bill and is being asked to pay it, call the insurance carrier to find out why the bill has not been paid. If the injured worker has personally paid for medical expenses related to the injury, send the receipt(s) to the insurance carrier for reimbursement.

Time Loss Claims

If a doctor states you are unable to work or only perform light duty because of your injury and you are sustaining a loss of earnings for more than 7 calendar days, temporary compensation is paid because there is a loss of earnings attributable to the injury. Entitlement to compensation is based on calendar days.

The first 7 days of lost wages are not paid unless you sustain a loss of earnings for 14 days or more. For example: If you are off 10 days, the first seven days are subtracted and you are paid for days 8, 9, and 10 only. If you are off 14 days, compensation is retroactive (goes back) to the date of injury and you are paid for 14 days. Compensation is not generally paid for the date of injury because you were working that day. The same rules applies for light duty, but you will be asked complete a monthly status report reporting all earnings for the month.

Compensation is paid at 66⅔% of your established average monthly wage. The average monthly wage is usually calculated on your earnings during the 30 days before your injury, although there are other methods for calculating the average monthly wage. The law establishes a maximum wage figure which can be used to calculate the average monthly wage. Even though you may have earned more than the established average monthly wage maximum per month, the most a person can receive is 66⅔% of the maximum. The wage is set as of the date of injury and does not allow for cost of living increases.

Acceptance Notice and Average Monthly Wage

If you are losing time from work, the law requires that the carrier inform you that your claim is being accepted by sending to you a Notice of Claim Status (104) form with your first temporary compensation check. The Notice will tell you the wage as recommended by the carrier. A second form, the Wage Calculation Sheet (108), should be attached to the Notice. This form will explain how the carrier arrived at the figures. The same information is also sent to the ICA for review. The carrier may establish a temporary wage, but must recommend a final wage within 30 days of the notice setting a temporary wage. If there is a question regarding the accuracy of the data used in calculating the average monthly wage, you are asked to contact the Wage Section of the ICA's Claims Division.

The ICA reviews the carrier's calculations and issues the Notice of Average Monthly Wage (109) which officially sets the wage. If the wage recommended by the carrier is not calculated correctly, the ICA can disapprove that wage and establish the correct wage. Because the ICA's review covers only the reasonableness of the data and the accuracy of the calculations, it will send you a letter seeking your

assistance in verifying the accuracy of the calculation. If there is a question regarding the accuracy of the data used in calculating the average monthly wage, you are asked to contact the Wage Section of the ICA's Claims Division. You may also file a protest of the wage determination by completing the Request for Hearing form or sending a signed letter stating the same and the matter will be set for hearing.

Change of Doctors

You have the right to select the doctor of your choice, unless your employer is self-insured and directs care. If your employer is self-insured and directs care, it has contracted medical care which is registered with the ICA. In this circumstance you are required to see your employer's doctor, and a change of doctors would only be approved on a very limited basis.

If your employer is not self-insured, the law allows your employer to request that you be seen by a doctor of their choice for one visit. Keep in mind, however, that if you voluntarily visit this doctor more than once, it is interpreted that you have officially chosen your doctor.

Once you have chosen your doctor, you may not change to another doctor without the approval of your current doctor, the carrier, or the ICA. If you want to change doctors and your current doctor will not authorize the change, call your carrier for their approval. If the carrier will not agree to the change, you may apply in writing to the ICA for approval. Your request should include your claim information, your signature, the names and complete addresses of both doctors and the reason for the request, this form is available at www.azica.gov or from the ICA upon request. Also be sure that the doctor you wish to change to will accept you as a new patient. The ICA will review your case, contact the carrier and/or the doctor for their opinion on the change, and issue an award either approving or disapproving the change. You should not begin seeing a new doctor prior to an approval being granted, as the bills may not be paid. If either you or the carrier disagrees with the award, a request for hearing may be filed.

Request to Leave the State

While you are under the workers' compensation system there are restrictions regarding leaving the state. You may not leave the state for more than 14 days while under active medical treatment without approval from the ICA. If you are planning to be outside the state for more than 14 days, you must have written approval from the ICA before you leave the state. Requests to leave the state should be sent to the Claims Division of the ICA and should include your claim information, your signature, where you are going, when you are going, for how long, and the reason for the request.

The ICA will review your case, contact the carrier and/or the doctor for their opinion on the leave the state request, and issue an award either approving or denying the request. If either you or the carrier disagrees with the award, a request for hearing may be filed.

If you fail to get approval prior to leaving the state for periods in excess of 14 days, the carrier has the right to suspend your benefits.

If you are leaving the state for a period of less than 14 days you should advise your carrier so that they will be able to contact you if necessary.

If you are receiving supportive medical maintenance benefits you do not need to request permission to leave the state.

Closing a Claim for Active Benefits

At some point, your doctor will discharge you from active care and find you medically stationary, i.e. you have reached maximum medical improvement. Your doctor should provide the medical report to your carrier with a statement that you are stationary with or without permanent impairment. Your carrier will issue a Notice of Claim Status (104) indicating that they are closing the claim for active benefits, with or without permanent impairment.

Supportive Care

Your doctor may determine that even though you do not need active care, you may need continuing supportive care to ensure your condition remains stationary. This should be outlined clearly by the doctor in a medical report to the carrier, who will issue a 103 Notice of Supportive Medical Maintenance Benefits. Unlike other notices, this notice does not go final after 90 days and may be protested at any time by filing a 1061(J) Request for Hearing.

Closing a Claim with Permanent Impairment

At times, a work related injury may result in a permanent impairment. This indicates that despite medical treatment, there is an ongoing functional impairment. There are two types of permanent injuries: (1) Scheduled and (2) Unscheduled.

Scheduled Injuries

If the permanent injury is to a certain part of the body, such as eye, hand, arm, foot or leg, the scheduled impairment award is set out in a schedule in Workers' Compensation law. The carrier will issue a form entitled Notice of Permanent Disability (106), which states the amount the carrier will pay each month and the number of months it will be paying that amount. The method of calculating the monthly compensation is based upon law and court decisions interpreting that law. Scheduled awards are for a finite period of time.

Compensation is calculated in three different ways for scheduled injuries:

- (1) Partial loss, you will receive 50% of the average monthly wage,
 - (2) A loss resulting from an amputation or a total loss of use, you will receive 55% of the average monthly wage,
- And;
- (3) If the doctor indicates that the permanent injury prevents you from returning to the essential duties of your regular work, you will receive 75% of the average monthly wage.

Facial Scarring or Loss of Teeth

If the permanent injury results in visible facial scarring or loss of permanent teeth you may be entitled to a permanent impairment award. The carrier will issue a form entitled Notice of Permanent Disability and Request for Determination of Benefits (107) which requests the ICA determine how much compensation, if any, is payable. The compensation for facial scarring is based on the actual appearance of the scar, the compensation for loss of teeth is based on a schedule located in the ICA procedures manual. The compensation for awards for facial scarring or loss of teeth is calculated at 55% of the average monthly wage per month and the maximum allowable is 18 months.

Unscheduled

If the permanent impairment does not fall into the categories listed in the scheduled injuries, it is classified as an unscheduled general disability. Examples of these types of injuries include occupational diseases and injuries to the hip, shoulder, or back or a combination of impairments or a history of prior impairment(s). With this type of injury, the ICA determines how much compensation, if any, you will receive. This decision is based on the effect the injury has on your ability to return to work and the wages you are able to earn compared to your average monthly wage on the date of your injury. Many factors are taken into consideration, such as age, education, previous occupations, physical limitations, and wages earned after the injury. You will receive a questionnaire from the ICA requesting this information.

The ICA will calculate your unscheduled permanent partial compensation at 55% of the difference between your average monthly wage and the amount they estimate you will be able to earn (reduced earning capacity) given your injury or at 66% of the average monthly wage if you are determined to have a total loss of earning capacity. The Claims Division of the ICA will send you a form entitled "Findings and Award for Unscheduled Permanent Partial/Total Disability," explaining the amount of money you will be receiving each month. The money is paid by the carrier and is retroactive (goes back) to the date of discharge by the doctor(s). The ICA may find that because you have returned back to work earning the same as or in excess of your established average monthly wage that you have sustained no loss of earning capacity. This means that the ICA recognizes that you have a permanent impairment, however, it is not affecting your earning capacity at this time. Your carrier is entitled to a credit if you have received an award for compensation on a prior disability.

If you, your employer, or the carrier disagree with this award, a request for hearing may be filed within 90 days from the issuance date of this award.

The carrier is not required to continue compensation from the time you are discharged from treatment to the time the ICA issues the Findings and Award for Unscheduled Permanent Partial Disability, but may do so voluntarily. If the advanced amount is larger than what is found in the award issued by the ICA, the carrier will take a credit against future payments. If the advance is smaller, the carrier is required to make up the difference. Once the award is issued by the ICA, the carrier is required to pay the amount on the award, even if it disagrees, until the amount of permanent compensation is finalized through the hearing process. Once the amount of permanent compensation has been awarded, that amount will be paid monthly by the carrier.

Annually, on or around the anniversary date of the award, the carrier will send you a form entitled Annual Report of Income (110). You must report on that form how much you earned as wages during the past 12 months. The form must be sent back to the *carrier*, not the ICA. If you fail to return the form, your permanent compensation payments may be suspended until you file the form. Your unscheduled permanent compensation benefits can only be stopped by: (1) Death, (2) Failure to file an Annual Report of Income, or (3) Further award by the Industrial Commission, which may include a change of earnings resulting in a Rearrangement of Benefits or Compromise and Settlement involving the Unscheduled Loss of Earning Capacity Award.

Petition for Rearrangement of Loss of Earning Capacity Award

If you have sustained permanent impairment where a Findings and Award for Unscheduled Permanent Partial Disability has been issued and your earning capacity has increased or decreased, a petition for

rearrangement or readjustment of compensation can be filed by you or by the carrier. The petition requests the ICA review your award and determine whether your monthly benefits should increase, decrease or cease. The burden of proving the change in earning capacity is the responsibility of the party filing the petition.

If your earning capacity decreases due to a change in your physical condition arising out of the injury or you can show a reduction in your earning capacity when there is no change in your physical condition you may file a Petition for Rearrangement or Readjustment of Compensation.

You should not file a Petition for Rearrangement or Readjustment of Compensation if your earning capacity decreases due to a deterioration of a non-industrial condition, the aging process, the rising cost of living, moving to an area where work is not available or a change in the economic condition which affects work availability.

The carrier may file a Petition for Rearrangement or Readjustment of Compensation if they can show that your earning capacity has increased since the Findings and Award for Unscheduled Permanent Partial Disability was issued.

When the ICA receives a Petition for Rearrangement or Readjustment of Compensation an acknowledgment letter is sent to the filing party with copies of the petition and the injured worker is sent a questionnaire to obtain current employment information.

The ICA will review the file and the petition and issue an award either approving or denying the rearrangement of the monthly benefits. If approved, your monthly benefits could increase, decrease or cease entirely.

If you, the employer, or the carrier disagrees with this award, a request for hearing may be filed within 90 days from the issuance date of this award.

[Lump Sum Commutation or Full and Final Settlement](#)

Arizona Workers' Compensation Law requires that permanent benefits be paid on a monthly basis. The law allows awards to be commuted to a lump sum at the discretion of the Commissioners or allows you to enter into a Full and Final Settlement agreement with the Carrier.

[Lump Sum Commutation](#)

A lump sum commutation on a scheduled award cannot exceed \$25,000.00 and does not require the carrier's approval. A lump sum commutation on an unscheduled award cannot exceed \$150,000.00 and does require the approval of the carrier. The value of the commutation is determined on the day you file the request, considering payments you were due to receive, advances and payments made after your request are subtracted from the commutation. The value of the award is also discounted .06% per annum

The ICA will only grant a lump sum commutation request when it can be shown that the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the injured worker.

Action will not be taken on a lump sum commutation until the award has become final or waivers of appeal have been signed by all parties.

Upon request, the ICA will provide a packet of forms required to file for a lump sum commutation, these forms must be completed in full and all requested documentation must be provided. The carrier's opinion is solicited and appropriate lump sum requests are then presented to the Commissioners for their decision. An award will be issued by the ICA either approving or denying the request. If the lump sum commutation request is denied and you disagree with the denial, the award will have a 10 day protest period within which you must file your request for hearing with the ICA by means of a letter or on a Request for Hearing form available at www.azica.gov or from the ICA upon request. This request for a hearing must be signed by you or your legal representative.

If you file a request for hearing, you will receive a Notice from the ICA which will tell you when a hearing before the Commissioners will be set. If you do not file a request for hearing during the 10 day protest period, the decision from the ICA becomes final.

Full and Final Settlement

You may be interested in entering into a full and final settlement agreement with the Carrier to resolve all future liabilities. This may not be done until you have been found stationary from your doctor.

Please see [Information and Suggested Best Practices for Full and Final Settlements](#) for more information.

Lifetime Right to Reopen a Claim

You may file with the ICA to reopen your closed claim to secure additional benefits on the basis of new, additional or previously undiscovered temporary or permanent condition by means of a letter or by completing a Petition to Reopen form unless you previously entered into a Full and Final Settlement. This form is available at www.azica.gov or from the ICA upon request. The petition or letter must be accompanied by a current medical report from a doctor setting forth the relationship of your present condition to the industrial injury.

The payment of such reasonable and necessary medical expenses will be paid for if the claim is reopened as provided by law and if such expenses are incurred within *15 days* of the filing of the petition to reopen. No surgical benefits or monetary compensation shall be payable for any period prior to the date of the filing of the petition.

When the ICA is in receipt of both the Petition to Reopen and the current medical report we will send the carrier a Notice of Petition to Reopen which advises them that they must take action on the reopening within 21 days. The carrier will issue a Notice of Claim Status either accepting or denying your petition to reopen. If your reopening is denied and you disagree with the carrier's denial, the notice will have a 90 day protest period within which you must file your request for hearing with the ICA by means of a letter or on a Request for Hearing form. This request for a hearing must be signed by you or your legal representative. If you do not file a request for hearing during the 90 day protest period, the decision of the carrier becomes final.

Hearing Process

When you formally disagree with a document that contains a protest period (notices, awards, etc.), you do so by requesting a hearing in writing. Your request for hearing is referred to the ICA's Administrative Law Judge Division. Forms are available online or upon request, however, a letter with all identifying information and signature is generally considered a valid filing.

The Judges are employees of the ICA and are attorneys licensed in this state to practice law.

When the claim is assigned to an Administrative Law Judge, you will receive a notice informing you of the time and place of the hearing. You must appear at the hearing unless you are excused by the Judge.

After the hearing(s) the Judge will issue an award informing all parties of the decision reached. The award becomes final and not appealable unless a request for review is filed in writing at the ICA by one of the parties within 30 days of the award date.

If a request for review is filed, the Judge will issue a decision based upon the review and again, the parties have 30 days from the date of that decision to appeal, this time to the Arizona Court of Appeals.

Please visit our website ALJ Division for more information and [FAQ](#) about the hearing process.

Vocational Rehabilitation

Injured workers who are unable to return to their regular work due to the medically verified physical limitations caused by their injuries may be eligible for vocational rehabilitation assistance through the ICA Special Fund Division. For additional information on rehabilitation, please contact ICA Special Fund at 602-542-3294.

Injured workers are not required to participate in retraining programs and may decline without impacting their workers' compensation benefits. The carrier may elect not to offer financial support for a vocational rehabilitation or retraining program. If the carrier rejects your request for retraining, you can contact the ICA's Special Fund Division for possible assistance.

Ombudsman Office

The ICA Ombudsman provides assistance in explaining the workers' compensation system, attempts to resolve problems between the carrier and the injured worker, answers questions and provides assistance in directing the injured worker to social services available in the community.

The personnel within the Ombudsman's Office cannot provide legal advice.

The Ombudsman's office is located in the ICA building at 800 W. Washington Street, Phoenix, Arizona. You may contact the office by calling 602-542-3397, or for those outside metropolitan Phoenix, the toll-free in-state number is 1-800-544-6488.

Fraud

Committing workers' compensation fraud is against the law, and can result in serious consequences, such as forfeiture of future benefits and conviction of a class 6 felony. It can subject the perpetrator to up to one and a half years in prison, and a \$50,000.00 fine.

Claim fraud occurs when individuals tell their insurance companies they suffered a loss when no such loss occurred or when they inflate the amount or degree of injury they report for a loss that did occur. Claims that are false, incomplete, or misleading are prohibited by the fraud statute.

Examples of Fraud:

- An employee files a workers' compensation claim alleging wrist, rib and facial injuries occurred while working for a construction company. While they are collecting benefits for being off work the employee returns to work without advising the insurance carrier.
- Annual Report of Income is returned by an injured worker receiving loss of earning capacity benefits related to an unscheduled injury. They do not report self-employment earnings and the amount of earnings would result in a rearrangement of benefits.

Fraudulent claims consist of presenting or assisting in the preparation of written or oral statements in support of a claim for payment or other benefits knowing that the statement contains false, incomplete or misleading information concerning any fact or thing material to the claim.

If you believe a fraudulent claim has been made, you may report it to: the Department of Insurance Fraud Unit 602-364-2140; the workers' compensation insurance carrier involved in the claim; the ICA Legal Division 602-542-5781; or your local law enforcement agency.

Self-Insured Employer

The ICA grants the authority to certain large employers, who meet very specific criteria, to act as their own insurance company for workers' compensation purposes. There are approximately 90 employers in the state who have been given this authority.

Most self-insured employers make a definite effort to inform their employees of their self-insured status. If, after talking with your employer, you are still not sure whether it is self-insured, contact the Claims Division of the ICA.

Employers without Workers' Compensation Insurance

If your employer tells you the cost of compensation insurance is too high and they will pay for any medical bills you may incur if you are hurt, IT IS BREAKING THE LAW. If your employer had no workers' compensation insurance on the date of your injury, you may either file a civil action (lawsuit) against your employer in Superior Court, or file a claim for workers' compensation benefits with the ICA. The ICA has a Special Fund division which was set up to pay the medical and/or indemnity benefits to workers injured during the course of employment with non-insured employers; these benefits are identical to those received by an injured worker covered by an insurance policy, however, the processing of the claims is different.

The ICA's Special Fund Division will process your claim and conduct an investigation to determine if you were an employee or an independent contractor and whether the injury arose during the course and scope of your employment. Once that investigation is concluded a Notice of Determination is sent to you and the employer informing you of the acceptance or denial of your claim.

Because of the unique legal requirements involving no-insurance claims, we ask that you contact representatives of the Special Fund and they will provide a detailed explanation of the processing of no-insurance claims. It is also important that you list your full and complete employer's name as it appears in legal documents or on your paycheck.

If your employer is found to have one or more employees and did not have workers' compensation coverage, as required by law, then your employer is in violation of state laws. The ICA take separate legal action against your employer.

Contact Information

Industrial Commission of Arizona

WWW.AZICA.GOV

Phoenix Office

800 W. Washington

P.O. Box 19070

Phoenix, AZ 85005-9070

HOURS: 8:00 A.M. -- 5:00 P.M.

Tucson Office

2675 E. Broadway

Tucson, Arizona 85716-5342

HOURS: 8:00 A.M. -- 5:00 P.M.

Workers Compensation Claims Division

602-542-4661

Administrative Law Judge Division

602-542-5247

Labor Department

602-542-4515

ADOSH – Arizona Department of Occupational Safety & Health

602-542-5795

Legal Department

602-542-5781

Director's Office

602-542-4411

Special Fund Division

602-542-3294

Ombudsman

602-542-3397

1-800-544-6488 (In State)