
HANDBOOK ON
**ILLINOIS
WORKERS'
COMPENSATION
LAW**

PREPARED BY
SCHUCHAT, COOK & WERNER

Dean L. Christianson

Clare R. Behrle

Colleen Joern Vetter

1221 LOCUST STREET, SECOND FLOOR

ST. LOUIS, MISSOURI 63103-2364

(314) 621-2626

(866) 621-2626 (toll free)

Fax (314) 621-2378



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WORKERS' COMPENSATION IN ILLINOIS

*Dean L. Christianson
Clare R. Behrle
Colleen Joern Vetter
Schuchat, Cook & Werner
1221 Locust St., Second Floor
St. Louis, MO 63103-2364
(314) 621-2626
(866) 621-2626 (toll free)
Fax (314) 621-2378*

PREFACE

This is a Handbook about the Illinois Workers' Compensation Act and the Illinois Workers' Occupational Diseases Act. It will provide some answers to the questions you may have if you are injured at work through either a sudden accident or a more gradual, "repetitive" injury, or even if you contract a disease of one sort or another. Because of the complexity of the Law, and out of necessity, not every kind of problem could be included in this Handbook. Therefore, it should not be considered a substitute for seeking advice from an attorney or the Illinois Workers' Compensation Commission when you are confronted with a possible workers' compensation claim. *If you are confronted with an injury that is seemingly not compensable under the Law, it is important to seek competent legal advice before giving up on making a claim for benefits.* This Handbook will provide you with a basic overview of the Workers' Compensation and Occupational Disease Acts in Illinois, and will assist you in obtaining the full benefits to which you are entitled under the Law.

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I.
OVERVIEW

Illinois enacted its first workers' compensation law over eighty years ago. It was intended to be a simple procedure by which employees could receive medical and disability benefits without having to hire an attorney. However, for many employees, present day realities require them to retain attorneys to protect their rights.

The Illinois Workers' Compensation Act and Workers' Occupational Diseases Act eliminate many common law defenses used by employers before their enactment to prevent employees from obtaining medical care and other relief after being injured in a work-related accident — defenses of contributory negligence, assumption of risk and the fellow servant rule. But the Acts do not guarantee that just because an employee gets hurt at work, regardless of the circumstances, he or she will always be covered by the protection of the Law.

II.
**WHAT INJURIES ARE COVERED
BY THE LAW?**

A. Accidental Injuries

These are injuries that occur due to either a sudden cause or a gradual trauma (for instance: a fall which results in a knee injury; lifting a heavy object and thereafter having back pain; or repetitive use of the hands resulting in carpal tunnel syndrome).

In Illinois, the term "accident" is not specifically defined by Statute. However, the Courts have consistently stated that an accident is anything that happens without design or any event that is unforeseen by the person to whom it happens. All accidents must "arise out of and in the

course of" the employment. (See chapter III).

B. Occupational Diseases

These are diseases that occur due to exposure to various substances or other such conditions in the work place. (For instance: the breathing of dangerous chemicals, resulting in lung injury).

In Illinois, the term "occupational disease" is specifically defined as a disease which has become aggravated and rendered disabling as a result of the exposure of the employment. Examples of occupational diseases include silicosis, lead poisoning, diseases of the lungs or respiratory tract, occupational hearing loss and some mental diseases. All occupational diseases must "arise out of and in the course of" the employment. (See chapter III).

III.

**WHAT IS MEANT BY "ARISING OUT
OF AND IN THE COURSE
OF EMPLOYMENT"?**

A. Arising Out Of Employment

For an injury to be covered under the Law it must be proven that the employee's work caused the injury.

This can be simple if a machine explodes at work and causes injury to the employee, but it can be more difficult if the injury develops due to repetitive trauma or from something outside the employee's actual area of work. While most injuries which occur at work will be found to arise out of the employment, these are some of the exceptions to the rule:*

- 1. Acts of God - Injuries from lightning, earthquakes,**

floods, and other natural disasters are generally not compensable, unless the work exposed the employee to more risk of injury from the natural disaster than other people in the community.

2. Assaults - Injuries from fights at the workplace can be compensable if the fight had something to do with work. However, an injured employee who is the aggressor will not be compensated. Injuries from assaults by 3rd persons can be compensable if the work is done in a dangerous environment or the employment increases the risk of assault.
3. Alcohol And Drug Related Accidents - Injuries that are caused by an employee's consumption of alcoholic beverages or illegal drugs are generally not compensable if it is proven that the employee is so intoxicated that he cannot carry out his job duties.

****IT IS IMPORTANT TO UNDERSTAND THAT THE LAW IS NOT "BLACK AND WHITE." THERE ARE USUALLY EXCEPTIONS TO EVERY RULE. IF IT SEEMS THAT YOUR INJURY IS NOT COVERED UNDER THE WORKERS' COMPENSATION LAW, IT IS IMPORTANT TO SEEK COMPETENT LEGAL ADVICE BEFORE GIVING UP ON YOUR RIGHTS.***

B. In The Course Of Employment

For an injury to be covered under the Law, it must be proven that the employee was doing his or her work at the time the injury took place.

This can be simple if an employee is operating a machine at work when it explodes, but it can be more difficult if the employee was not at his workplace when the injury occurred, or if several other situations are involved. Some of the major exceptions to the rule are these:*

1. *Going To And Coming From Work* - Injuries which occur while traveling to and from work are generally not compensable, unless the employee is on or near the employer's premises and injured because of particular hazards associated with it. Other exceptions occur when the employee is required to travel as a part of employment, or when the employer supplies transportation.

2. *Personal Errands* - Injuries which occur when an employee stops working to run a purely personal errand are generally not covered, unless the employee is doing work for the employer at the same time they are running the errand.

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IV.

WHAT TO DO IF YOU ARE HURT AT WORK

A. The Basics

1. *Immediately report the injury to your employer.*
2. *Seek immediate medical attention.*
3. *Keep a notebook of things such as how you were hurt, who saw it happen, where you went for medical care, and the time you lost from work.*

B. Reporting The Injury - The Law provides that the employee must give the employer notice of the injury within forty-five (45) days of the date of accident. For occupational diseases, the notice must be given as soon as practicable after the employee becomes aware of the condition. The notice can be given either orally or in writing, and must be given to somebody in management, not just a fellow employee. Then, after the employer learns that an employee has been injured, the employer is required to inform its' insurance company of the injury. Any injury resulting in death or the loss of more than three (3) scheduled working days must be reported to the Illinois Workers' Compensation Commission.

C. Seeking Medical Attention - The Law allows the employee to choose any doctor or hospital, at the employer's expense. See Section V below. However, there is a limit to the number of doctors the employee may choose. The employee may choose any emergency services, and also two treating physicians or hospitals. If the employee's treating doctor refers the employee to another doctor for a second opinion or further medical care, then that second opinion is covered too. After the employee has used her two choices, then she must obtain the employer's approval before going to any other

doctors or hospitals. Failure to obtain employer approval of these other doctors or hospital could result in the employee having to pay the bills herself.

D. Keeping A Notebook Of Your Injury And Complaints

Everyone's memory fades, and it will often occur that you will be asked months or years later to try to remember details of the accident. Because of this, it is important that you be able to remember what has occurred since you were hurt at work. Keeping a notebook will help you remember details when you need to. These are a few of the things that you will want to record:

1. How your injury occurred;
2. Who saw your accident happen;
3. To whom you reported your injury;
4. What you are feeling (for example: pain, numbness, weakness, etc.);
5. Doctors who have treated you, together with their addresses and the dates of treatment;
6. Medical bills and prescriptions you have paid out of your own pocket;
7. Time you have missed from work;
8. Why you missed that time from work;
9. What the doctor told you; and
10. Any other information that seems important to you.

E. Other Concerns When You Are Hurt At Work

1. Should I Sign An Accident Report Prepared By My Employer?

You only have to report the accident to your employer; you are not required to sign an injury

report. If you are asked by your employer to complete or sign an injury report, make sure that it is a detailed account of the accident in your own words, and that you read it carefully before signing it. Also make sure that you obtain a copy of it for future use. Do not swear to it or answer questions that are unrelated to the accident.

2. What Should I Do If I Am Called By An Insurance Adjustor?

You probably will be called by someone from the insurance company who wants to talk to you about your accident. If your employer and their insurer are not contesting your injury, and if they are providing you with full medical benefits and lost time benefits under the workers' compensation law (not under your group insurance plan or other disability plan), then you should politely answer their questions. It is *not* recommended that you allow them to record your conversation with them. If your employer or the insurance company are contesting your accident or injury, or if they are paying your bills and lost time out of an insurance plan other than their workers' compensation policy, then you should politely refuse to speak with them, and you should seek legal advice. *Even if they are not contesting your case, and even if they are providing you with all the benefits that they should, you should seek legal advice anytime you feel that doing so would make you feel more comfortable with the problems you are facing—don't wait until you are "in over your head."*

3. Should I Tell My Employer About What Is Happening With My Medical Care?

You should keep your employer informed as to who

is treating you for your injury. You should also ask your doctor to send reports and records to the employer when they ask for them, with copies of the reports and records sent to you. Your employer does not have the right to ask questions of your doctor without your permission.

4. When Should I Speak To An Attorney?

Whether or not to speak to an attorney is a personal decision that you must make on your own. These are a few, but not all, of the situations in which we recommend that you speak with an attorney about your work injury.

- a. When your employer refuses to report your injury to either the insurance company or to the Illinois Workers' Compensation Commission.
- b. When your employer or their insurance company refuses to pay your medical bills.
- c. When your employer wants to submit your medical bills through their Group Medical Insurance plan rather than through their workers' compensation plan.
- d. When the insurance adjustor wishes to take your recorded statement.
- e. When you are contacted by a rehabilitation nurse hired by the insurance company or your employer to monitor your case.
- f. When the treating doctor has released you from his care, but you feel you still need medical care.
- g. When you have missed time from work because of your injury, but no one is paying you for your lost time.
- h. When it has been more than a year since your injury

occurred and you have not yet settled your case.

- i. ***ANYTIME IT WOULD MAKE YOU MORE COMFORTABLE TO HAVE SOMEONE HELPING YOU WITH YOUR CASE.***

5. Time Limitations

Employees must file an Application for Adjustment of Claim within 3 years of the date of accident, or within 2 years of the last payment of compensation by the employer or insurer, whichever is later. The term "payment of compensation" includes wage payments while the employee is off work and receiving treatment, or the payment of medical expenses. *If you don't file an Application for Adjustment of Claim within these time limitations, you may be forever barred from receiving any workers' compensation benefits for your injury.*

V.

BENEFITS PROVIDED UNDER ILLINOIS' WORKERS' COMPENSATION AND OCCUPATIONAL DISEASE LAW

A. The Basic Benefits

There are three basic benefits that you are entitled to under the Law:

- 1. Payment of your medical bills.*
- 2. Payment of your lost time from work.*
- 3. Payment of your permanent disability.*

B. Medical Benefits

For injuries occurring before February 1, 2006, your employer must pay 100% of all reasonable and necessary medical expenses from your injury.

For medical treatment occurring after February 1, 2006, a medical fee schedule has been established for medical services. An employer now has to pay the lesser of a provider's actual charges or the amount set by the fee schedule unless the employer contracts with a medical provider for a different rate.

Medical benefits include payment for medical, surgical and hospital treatment (including nursing care, ambulances, splints, orthotics, medicines, etc.) reasonably required to cure and relieve the employee from the effects of the injury or disease.

1. **Choice Of Medical Provider** - As indicated in Chapter IV, the employee may choose where he is to receive medical care. However, this is limited to 1) all emergency services, and 2) *two* treating physicians or hospitals, and any other doctors that they send you to. After this, the employee must get the employer's approval before going to other doctors or hospitals. The employee may always seek medical care wherever he wishes, so long as he is willing to pay for the medical care himself. Wherever the employee seeks his medical care, he should be sure the doctor keeps the employer advised as to what treatment is being rendered, as well as the employee's work status, so that benefits will not be delayed.
2. **Prosthetic Devices** - The employer is required to furnish prosthetic devices such as artificial eyes, legs, arms, etc., as necessary, to relieve the employee of the effects of permanent injury. These devices can also include items such as new eyeglasses, dentures, specially made boots or shoes, etc.
3. **Employer's Medical Evaluations** - Even if the employee is being treated by a doctor of her own

choice, the employer has the right to have the employee periodically evaluated by a doctor of its' choosing. If the employer schedules such an examination, it must pay the employee's lost wages, travel and meal expenses. If the employee refuses to be examined, she can lose her workers' compensation benefits. Any doctor chosen by the employer must send a copy of his report not only to the employer, but to the employee as well.

C. Temporary Total Disability Benefits

Your employer must pay you two-thirds (2/3) of your gross wages while you are off work because of your injury.

While your treating doctor has you off of work because of your work injury, you are entitled to be paid two-thirds of your wages, subject to certain maximum and minimum limits. See Exhibit A for the maximum amount allowed on the date of your accident. The amount that you are entitled to receive each week you are off work is known as your rate of compensation. See paragraph G, below, for a discussion of the rate of compensation. You are not usually entitled to receive these benefits for those times that you miss work to go to a doctor's appointment unless the appointment is for an evaluation scheduled by the employer. The employer is required to begin paying these benefits within fourteen (14) days of being notified of an accident, unless it is contesting the injury.

- 1. Three Day Waiting Period** - You do not get paid for the first three days you are off work. However, if you miss fourteen (14) days or more, then your employer must go back and pay you for the first three days you were off work.
- 2. Light Duty** - If your treating doctor allows you to return to work on "light duty" or with some other

type of restrictions, then your employer must pay temporary total disability benefits to you unless it has light duty work for you. However, if your doctor has released you from care, and given you permanent restrictions, then your employer does not have to pay temporary total disability benefits to you although you may be entitled to maintenance payments if you are receiving vocational rehabilitation. (If you have questions about whether your employer must provide you with a job, seek legal advice regarding your rights under your Union contract or under the Americans with Disabilities Act.)

D. Temporary Partial Disability Benefits - For accidental injuries or diseases occurring prior to February 1, 2006, there is no provision for the payment of temporary partial disability benefits. For injuries occurring on or after February 1, 2006, an employee working light duty on a part-time or full-time basis but earning less than what he would normally earn at his full-time job may be entitled to other benefits.

E. Permanent Disability Benefits - Once the employee has reached a point where no further improvement is expected in his medical situation, he is at a point where it can be determined whether he has sustained any permanent impairment in his ability to work. Once you reach this point, you are usually no longer entitled to temporary total disability benefits. However, you could be entitled to permanent total or permanent partial disability benefits.

1. Permanent Total Disability Benefits - An employee is permanently totally disabled in these two situations:

- a. where she is unable to do any kind of work for which there is a reasonably stable employment

market (sometimes referred to as “nonspecific permanent total disability”)

- b. where she has lost the use of both hands, both arms, both feet, both legs, both eyes, or any two such parts, such as one arm and one leg (sometimes referred to as “specific permanent total disability”)

If the employee is permanently totally disabled, then she is entitled to receive two-thirds of her weekly wages for the remainder of her life. As with Temporary Total Disability Benefits, this benefit is based on the employee’s rate of compensation (see paragraph G below) and has a maximum amount the employee can receive each week (see Exhibit A). Due to inflation, this benefit may be increased four times each year from a State fund known as the Rate Adjustment Fund.

2. Permanent Partial Disability Benefits - Even if you are able to return to work after your injury, you will usually be entitled to Permanent Partial Disability Benefits. This benefit is usually paid to the employee in one lump sum at the end of the case. As with the other disability benefits, this benefit is based on your compensation rate (see paragraph G below) and has a maximum weekly amount (see Exhibit A). This benefit is calculated by using the Schedule of Losses laid out in Exhibit B.

Sample Permanent Partial Disability Calculation:

Assume that an employee is injured on September 1, 2002. Also assume that the employee averages \$800.00 per week in wages, so that his rate of compensation is \$480.00 per week (see Exhibit A). Finally assume that the employee has permanent partial disability of 25% of the right knee because of his work accident (see Exhibit B). Since the

maximum allowable compensation for an injury to a leg is two hundred (200) weeks of disability, the calculation of the employee's lump sum settlement would be as follows:*

Two hundred weeks of possible disability multiplied by twenty-five percent disability, multiplied by the rate of compensation.

Or:

$$(200 \times 25\%) \times \$480.00 = \underline{\$24,000.00}$$

*The maximum number of weeks payable for listed body parts has been increased by 7.5 percent and are permanently in effect for injuries that occur on or after February 1, 2006. (see Exhibit B-1)

Income Loss - An infrequently used alternative to lump sum settlements is settlement based upon income loss. If it can be proven that the employee has suffered a permanent loss in ability to perform her usual and customary line of employment, then she may be entitled to two-thirds of the difference in income.

F. Vocational Rehabilitation - The Law allows the arbitrator to award vocational rehabilitation services to the employee in certain circumstances. These are awarded in situations where it is shown that the employee has sustained an injury which has caused a reduction in his earning power and there is evidence that rehabilitation will increase his earning capacity.

G. Rate of Compensation - The amount that you are paid each week you are off of work is known as your rate of compensation. It is figured by computing your earnings prior to the accident, but not for more than fifty-two (52) weeks beforehand. Overtime may be

considered if it is regular and continuous.

Sample Compensation Rate Calculation:

- 1) Assume that an employee is injured on September 1, 2002. Also assume that the employee averages \$800.00 per week in gross wages. Two-thirds of those wages is \$533.33. Refer to Exhibit A. Since the maximum allowable compensation rate on September 1, 2002 is \$998.12 per week for temporary total disability, the employee would be entitled to receive \$533.33 per week while off work for the injury.
- 2) Assume that another employee averages \$1,500.00 per week in gross wages. Two-thirds of those wages is \$1,000.00. Refer to Exhibit A. Since the maximum allowable compensation rate on September 1, 2002 is \$998.12 per week for temporary total disability, the employee would be entitled to receive \$998.12 per week while off work for the injury.

H. Death Benefits - If a worker dies as a result of a workplace accident or occupational disease, her family is entitled to:

1. ***Burial Expense*** - payment of expenses for burial, up to \$4,200.00. This amount increases to \$8,000.00 for accidents or diseases occurring on or after February 1, 2006.
2. ***Survivor's Weekly Benefits*** - the employer is required to pay weekly benefits for twenty (20) years to those persons who qualify as survivors under the law. Twenty-five (25) years for injuries, or illness occurring on or after February 1, 2006.

a) Persons Entitled to Benefit

- i. Children of the employee, until the age of 18

(or age 25 if a full time student), at which time that child's portion is divided among the other survivors;

- ii. The employee's spouse, until the spouse dies or remarries, at which time his or her portion is divided among the other survivors (or, in the case of a spouse who remarries without children who are entitled to benefits, then the spouse will receive a lump sum payment equal to two years of benefits); and.
- iii. If there are no surviving children under the age of 22, and no surviving spouse, then no benefits are owed beyond the burial expense. However, other persons such as adult children, parents, grandparents and others may be eligible to receive weekly benefits.

b) Amount of Benefit

Weekly benefits for 20 years, or \$250,000.00, whichever is greater. For accidents or diseases occurring on or after February 1, 2006, this benefit increases to 25 years, or \$500,000.00, whichever is greater.

The amount of the weekly benefit is based on the employee's rate of compensation (see paragraph G above) and is subject to certain maximum limits (see Exhibit A below). The benefit is also automatically increased each year, to adjust for inflation, from a State fund known as the Rate Adjustment Fund.

I. Disfigurement - Compensation will be paid to an employee who suffers scarring or other disfigurement to the hand, head, face, neck, arm, leg below the knee, or chest above the armpits. Recovery for disfigurement,

however, is limited to 150 weeks at the employee's rate of compensation (see Exhibit A). For injuries occurring on or after February 1, 2006, the maximum number of weeks has been raised to 162 weeks.

J. Penalties - there are several penalty provisions contained within the Acts that may apply

1. **Illegally Employed Minors** - Benefits will be increased by 50% if a minor is employed and injured.
2. **Nonpayment of Awards or Settlements** - An employer's failure to pay an award or settlement will result in an increase of 50% in the amount owed. Attorney's fees may also be awarded in these situations.
3. **Failure to Pay Lost Time Benefits** - An employer who fails to pay temporary total disability benefits to an employee will be penalized \$10.00 per day, up to a maximum of \$2,500.00. For accidents and diseases occurring on or after February 1, 2006, the penalties increase to \$30 a day to a maximum of \$10,000.00. However, the penalty will not be applied where the employer fails to pay because of a good faith belief that no payment is due. The employer must show that it acted reasonably.

VI.

WORKERS' COMPENSATION PROCEDURES

Employees generally file an Application for Adjustment of Claim for two reasons – **first**, where the employer or insurer refuses to pay medical or lost time benefits; and **second**, where there is a dispute as to the degree of disability sustained by the employee.

A. Where To File Applications for Adjustment of Claims - Applications for Adjustment of Claims may be filed with the Illinois Workers' Compensation Commission at the addresses below. In most, if not all, of the offices, there is someone who can assist the employee with the filing of the Application if the employee decides to proceed without an attorney.

B. Location Of Illinois Workers' Compensation Commission Offices - The location of the Illinois Workers' Compensation Offices are as follows:

Main Office:

100 W. Randolph Street, Suite 8-200
Chicago, IL 60601-3219
(312) 814-6611

Local Offices:

701 S. Second Street
Springfield, IL 62704
(217) 785-7087

202 N.E. Madison Ave. #201
Peoria, IL 61602
(309) 671-3019

Collinsville
(At I-55/70 and Ill-57)
1014 Eastport Plaza
Collinsville, IL 62234
(618) 346-3450

Rockford State Office Building
200 S. Wyman
Rockford, IL 61101
(815) 987-7292

C. *The Employer's Answer* - The employer and their insurance company are not required to file an Answer to your Application for Adjustment of Claim, but they will send the Application to their attorneys, who will then file an Entry of Appearance. They will also send a copy to you. Sometime after that, you will begin receiving notices from the Illinois Workers' Compensation Commission, advising you to appear for a hearing. If you are represented by an attorney, contact that attorney before the hearing.

D. *Settlement Of Workers' Compensation Cases* - As a practical matter, most cases are settled for a lump sum payment to the employee. The settlement usually comes after you are evaluated by your treating doctor and by a doctor of the employer's choice. Many times, your attorney will refer you to a doctor for an independent evaluation. Then, the employee and employer will usually settle on a compromise after evaluation of the various medical reports.

E. *Hearings* - If the employee and the employer do not reach a settlement of the case, then in a matter of time, the employee's case will be set for hearing before an arbitrator of the Illinois Workers' Compensation Commission. A hearing is more informal than a civil trial, but the rules of evidence do apply, and the employee and the employer have the right to present witnesses, whom they can subpoena to the hearing. Often the hearings will consist of the employee's testimony, persons who can compare the employee's physical capabilities before and after the accident, and the examining physicians. Usually the attorneys will take the physicians' depositions rather than actually having them testify in person at trial. In cases where the employee is claiming permanent total disability

against the employer, the parties will many times present testimony from vocational experts.

VII.
SHOULD THE EMPLOYEE RETAIN
AN ATTORNEY?

Whether an employee retains an attorney depends on the complexity of the case and the kind of opposition the employee receives to his Application for Adjustment of Claim, as well as the “comfort level” the employee has in handling the matter without counsel. There are circumstances where an attorney may not be necessary — such as a finger injury or other “minor” injuries to other parts of the body. There are also injuries where an attorney should be seriously considered — back injuries, accidents involving pre-existing injuries, injuries which have a psychological component, injuries in which the employer declines liability altogether, injuries in which the employee is left with permanent restrictions, and occupational disease cases.

Whether you retain the services of an attorney when you file an Application for Adjustment of Claim is a personal decision. The employer’s willingness to provide the benefits to which you are legally entitled, the severity of the injury and other such factors should influence your decision whether to seek legal counsel. Be advised that employers are generally more sophisticated about the Law than employees simply because employers have more experience in defending these cases. If you decide to seek legal counsel, attorneys at the law firm of Schuchat, Cook & Werner are available for a consultation. Therefore, if you have any questions regarding a workers’ compensation claim, do not hesitate to call Dean Christianson or Clare Behrle at Schuchat, Cook & Werner: (314) 621-2626; (866) 621-2626 (toll free).

EXHIBIT A
MAXIMUM RATE OF COMPENSATION

EFFECTIVE DATE	TEMPORARY TOTAL DISABILITY/ PERMANENT TOTAL DISABILITY/ DEATH/AMPUTATION	PERMANENT PARTIAL DISABILITY/ DISFIGUREMENT/ WAGE LOSS
July 1, 2003	\$ 1,004.41	\$ 550.47
July 15, 2003	\$ 1,012.01	\$ 550.47
January 15, 2004	\$ 1,019.73	\$ 550.47
July 1, 2004	\$ 1,019.73	\$ 567.87
July 15, 2004	\$ 1,034.56	\$ 567.87
January 15, 2005	\$ 1,051.99	\$ 567.87
July 1, 2005	\$ 1,051.99	\$ 591.77
July 15, 2005	\$ 1,078.31	\$ 591.77
January 15, 2006	\$ 1,096.27	\$ 591.77
February 1, 2006	\$ 1,096.27	\$ 591.77
July 1, 2006	\$ 1,096.27	\$ 619.97
July 15, 2006	\$ 1,120.87	\$ 619.97
January 15, 2007	\$ 1,148.51	\$ 619.97
July 1, 2007	\$ 1,148.51	\$ 636.15
July 15, 2007	\$ 1,164.37	\$ 636.15
January 15, 2008	\$ 1,178.48	\$ 636.15
July 1, 2008	\$ 1,178.48	\$ 664.72
July 15, 2008	\$ 1,216.75	\$ 664.72
January 15, 2009	\$ 1,231.41	\$ 664.72

EXHIBIT B
SCHEDULED INJURIES

A. Scheduled Injuries occurring before February 1, 2006:

1. Thumb	70 weeks
2. First, or index finger	40 weeks
3. Second, or middle finger	35 weeks
4. Third, or ring finger	25 weeks
5. Fourth, or little finger	20 weeks
6. Great toe	35 weeks
7. Each toe other than great toe	12 weeks
8. Hand	190 weeks
9. Arm	235 weeks
10. Foot	155 weeks
11. Leg	200 weeks
12. Eye	150 weeks
13. Hearing: one ear	50 weeks
® both ears	200 weeks
14. Testicle: one	50 weeks
® both	150 weeks

EXHIBIT B-1
SCHEDULED INJURIES

B. Scheduled Injuries occurring on or after February 1, 2006:

1. Thumb	76 weeks
2. First, or index finger	43 weeks
3. Second, or middle finger	38 weeks
4. Third, or ring finger	27 weeks
5. Fourth, or little finger	22 weeks
6. Great toe	38 weeks
7. Each toe other than great toe	13 weeks
8. Hand	205 weeks
9. Arm	253 weeks
10. Foot	167 weeks
11. Leg	215 weeks
12. Eye	162 weeks
13. Hearing: one ear	54 weeks
® both ears	215 weeks
14. Testicle: one	54 weeks
® both	162 weeks

C. Unscheduled Injuries

1. All unscheduled injuries 500 weeks

“Unscheduled Injuries” consist of injuries to the body as a whole such as back injuries or injuries to the brain or nervous system. A maximum injury to the body as a whole or unscheduled injury has been set at 500 weeks, and lesser injuries are based on a percentage of that 500 weeks.

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