



SUTTER, MCLELLAN & GILBREATH, INC.

Business • Personal • Benefits • Life • Medicare

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Work Comp Insights

Sutter, McLellan & Gilbreath, Inc. - Your Workers' Compensation Partner

Understanding Your Workers' Compensation Experience Modification Factor

A key to understanding your workers' compensation premium is the experience modification factor, also known as your mod. Understanding your company's mod and the data used to obtain it helps you identify ways to minimize your workers' compensation premium.

Who calculates the mod factor?

Most states use the National Council on Compensation Insurance (NCCI) to collect data and calculate the experience modification factor. The NCCI is a private corporation funded by member insurance companies. The remaining states either operate an independent workers' compensation bureau or have set aside a state fund for workers' compensation. These states may or may not use the NCCI's classification system to determine experience modification factors.

How is a mod calculated?

The process of calculating the experience modification factor is complex, but the underlying theory and purpose of the formula is straightforward. Your company's actual losses are compared to its expected losses by industry

type. The formula incorporates factors that account for company size, unexpectedly large losses, and the incidence of loss frequency and loss severity to achieve a balance between fairness and accountability.

How does my mod affect my premiums?

The mod factor represents either a credit or debit that is applied to your workers' compensation premium. A mod factor greater than 1.0 is a debit mod, which means that your losses are worse than expected and a surcharge will be added to your premium. A mod factor less than 1.0 is a credit mod, which means losses are better than expected, resulting in a discounted premium.

What is the experience rating period?

The mod is calculated using loss and payroll data for an experience rating period. The experience rating period typically includes data for three policy years, excluding the most recently completed year. For example, if your anniversary rating date is Jan. 1, 2017, the experience period is 2013 to 2015. 2016 would be excluded.

Three years of data is used to provide a more accurate reflection of the losses, smoothing out the impact of an exceptionally bad or good year for losses.

Both actual and expected losses are divided into a primary and an excess portion in what is called a split rating method. Primary losses are designed to be an indicator of loss frequency (the number of losses) and are used at their full value in the mod formula. Excess losses are an indicator of loss severity (the amount of each loss) and are weighted in the formula so that they are less important.



The emphasis of loss frequency over loss severity in the formula reflects the fact that loss frequency is a more significant indicator of risk and can be improved through proactive loss control programs.

In July 2011, the NCCI announced a proposal to raise the split point from \$5,000 over a three-year period to better correlate with claims inflation. The process of transitioning to the new split point began in 2013, with an increase in the split point from \$5,000 to \$10,000. In 2015, the split point included an additional increase as a result of claims inflation, and the NCCI now makes annual adjustments to the split point based on inflation.

As it stands, the NCCI's rating system will use a split point of \$16,500. This means that the first \$16,500 of every loss is considered a primary loss, and any amount over this point is considered an excess loss. For example, a \$9,000 loss would have no excess losses, as it falls below the current split point of \$16,500. However, a loss of \$25,000 would have \$16,500 in primary losses and \$8,500 in excess losses. Additionally, medical-only claims figures may be reduced by 70% in approved states.

Expected losses are calculated using your payroll data by state and class code and applying the expected loss rate (ELR). The ELR is provided by each state's rating bureau. These figures are also broken down into expected primary losses and expected excess losses.

How do your losses compare?

The final mod calculation compares your actual primary and excess loss figures to those expected for a company of the same size and industry type. To understand how workers' compensation losses at your business compare to state industry averages, contact Sutter McLellan & Gilbreath to review your experience modification worksheet.

How can you control your mod?

Your mod factor has a direct impact on your workers' compensation premium. The key to controlling your insurance costs is accident prevention.

- The mod is calculated based on data reported to the rating bureau by past insurers. Incorrect or incomplete data can cause incorrect mod factors. Sutter McLellan & Gilbreath can review loss and payroll data to ensure the calculation is complete and accurate.
- Losses remain in the experience rating formula for three years. The experience modification factor is influenced more by small, frequent losses than by large, infrequent ones.
- Safety programs, return to work programs and appropriate prevention procedures can help to reduce loss frequency.
- An effective self-inspection and accident investigation program are critical to managing claim frequency.
- Claims management programs can help your business manage outstanding reserves and focus on efficiently resolving open claims.
- Any claims should be reported to your carrier immediately.
- All injured employees should be provided with light duty upon their release from treatment so you can close claims and ensure the health of your employees.
- Supervisory roles should have set safety performance goals. Success in achieving safety goals should be used as one measure during performance appraisals.
- Employees should be trained on their responsibilities for safety, and should know to enforce violations.
- You should frequently communicate with employees on a formal and informal basis regarding the importance of safety.

How can your experience rating save you money?

Establishing a proactive safety program is an effective way to reduce losses, positively impacting your mod and workers' compensation premium. Contact us today at 770-246-8300. We have the loss control experience to help you promote safety and control your workers' compensation premium.



TOP 10 WAYS TO CONTROL YOUR MOD

Provided by Sutter, McLellan & Gilbreath, Inc.

Your experience modification factor, or mod, is an important component used in calculating your workers' compensation premium. If you can control your mod, you can lower your price — so we've gathered top tips to help you impact your bottom line.

1. Investigate accidents immediately and thoroughly; take corrective action to eliminate hazards, and be aware of fraud.
2. Report all claims to your carrier immediately. Alert the carrier to any serious, potentially serious or suspect claims. Frequently monitor the status of the claim, and communicate with the adjuster to resolve them as quickly as possible.
3. Take an aggressive approach to providing light duty to all injured employees upon their release from treatment. Supervise light duty employees to ensure their conformance with restrictions.
4. In serious cases that involve lost time, communicate with the claims adjuster to demonstrate your interest in returning the injured employee back to gainful employment.
5. Set safety performance goals for those with supervisory responsibility. Success in achieving safety goals should be used as one measure during performance appraisals.
6. Develop a written safety program, and train employees in their responsibilities for safety. Incorporate a disciplinary policy into the program that holds employees accountable for breaking rules or rewards them for correctly following safety procedures.
7. Frequently communicate with employees, both formally and informally, regarding the importance of safety.
8. Make safety a priority – senior management must be visible in the safety effort and must support improvement.
9. Evaluate accident history and near-misses at least monthly. Look for trends in experience, and take corrective action on the worst problems first.
10. Hire Sutter McLellan & Gilbreath to ensure success.

Sutter McLellan & Gilbreath, Inc.
770-246-8300
<http://www.smginsurance.com>



BUILDERS INSURANCE (A MUTUAL CAPTIVE COMPANY)

**Election To Accept Or Reject An Insurance Deductible For Georgia
Workers Compensation Indemnity And Medical Benefits**

Effective 07/01/2013

Deductible Amount Per Claim	Percent Reduction of Manual Premium
\$100	0.7%
\$200	1.4%
\$300	2.1%
\$400	2.6%
\$500	3.1%
\$1,000	4.9%
\$1,500	6.2%
\$2,000	7.2%
\$2,500	8.0%

The deductible shall be paid by the insurer, which shall then be reimbursed by the employer for any deductible amounts paid by the insurer. The employer shall be liable for reimbursement up to the limit of the deductible chosen. The payment or nonpayment of deductible amounts by the insured employer to the insurer shall be treated under the policy insuring the liability for workers compensation in the same manner as payment or nonpayment of premiums.

Please indicate whether or not you want a deductible by initialing the appropriate choice below.

_____ Yes, I want a deductible of \$ _____ applied to indemnity and medical benefits under the Georgia Workers Compensation Law. I understand that the company shall pay the deductible amount and be reimbursed by the employer shown below.

_____ No, I do not want the deductible described in the Notice.

I have the option of modifying the above deductible program choice at the time of renewal of my workers compensation insurance policy with the insurance company named below.

(Signature)

(Date)

(Title)

Builders Insurance (A Mutual Captive Company)
(Carrier)

(Policy Number)

NOTE TO INSURED: Please indicate your choice of a deductible or non-deductible program and return the signed form to your agent. Thank You.

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation

270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbcw.georgia.gov>

name/address/phone

name/address/phone

name/address/phone

name/address/phone

name/address/phone

name/address/phone

(Additional doctors may be added on a separate sheet)
The insurance company providing coverage for this business
under the Workers' Compensation Law is:

Name

address

phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

AVISO OFICIAL

Esta compañía opera bajo las Leyes de Compensación de Trabajadores de Georgia

LOS TRABAJADORES DEBEN REPORTAR TODOS LOS ACCIDENTES INMEDIATAMENTE AL EMPLEADOR Y AVISAR AL EMPLEADOR PERSONALMENTE, UN AGENTE, PREPRESENTANTE, PATRON, SUPERVISOR O CAPATAZ.

Si un trabajador es lesionado en el trabajo el empleador debe pagar gastos médicos y rehabilitación dentro de los límites de la ley. En algunos casos el empleador también pagara una parte de los salarios perdidos de los empleados.

Lesiones de trabajo y enfermedades ocupacionales deben ser reportados por escrito cuando sea posible. El trabajador puede perder el derecho a recibir compensación si un accidente no es reportado dentro de 30 días (referencia O.C.G.A. § 34-9-80).

El empleador ofrecerá sin costo alguno, si es pedido, un formulario para reportar accidentes y también debe suministrar, sin costo alguno, información acerca de compensación de trabajadores. El empleador también debe suministrar al empleado, cuando sea pedido, copias de formularios de la Junta archivados con el empleador pertenecientes a reclamos de los empleados.

Un trabajador lesionado en el trabajo debe seleccionar un doctor de la lista abajo. El panel mínimo debe consistir de por lo menos seis médicos, incluyendo un cirujano ortopédico con no más de dos médicos de clínicas industriales (referencia O.C.G.A. § 34-9-201). Además, este panel debe incluir un médico minoritario, cuando sea posible (vea la regla 201 de definición de médicos minoritarios.) La Junta puede otorgar excepciones al tamaño requerido del panel donde se demuestre que más de cuatro médicos no son razonablemente accesibles. Un cambio de un doctor a otro en la lista se puede hacer fin permiso. Cambios adicionales requieren el permiso del empleador o de la Junta Estatal de Compensación de Trabajadores.

Junta Estatal de Compensación de Trabajadores

270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
o 1-800-533-0682
<http://www.sbwc.georgia.gov>

nombre /dirección /teléfono

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nombre /dirección /teléfono

(Médicos adicionales pueden ser agregados en una hoja separada.)

La compañía de seguro que provee cobertura para esta Empresa bajo la ley de Compensación de Trabajadores es:

Nombre

dirección

teléfono

SI USTED TIENE PREGUNTAS LLAME AL (404) 656-3818 o 1-800-533-0682 o VISITA SITIO WEB: <http://www.sbwc.georgia.gov>

HACER FALSOS TESTIMONIOS VOLUNTARIAMENTE CON EL PROPÓSITO DE OBTENER O NEGAR BENEFICIOS ES UN CRIMEN SUJETO A PENALIDADES DE HASTA 10,000.00 POR VIOLACIÓN (O.C.G.A. §34-9-18 Y §34-9-19.)

WC-P1 (7/2006)

Acknowledgement of Receipt and Notice of Physician Panel

By signing this document, I am certifying that my employer provided me with a copy of their official posted panel on and has reviewed the purpose of the panel with me.

I understand that I must select a medical provider from the panel list to provide medical care for any work injuries that I may sustain. I also understand that my employer may not be required to pay for any medical treatment that I obtain from a medical provider that is not included on the panel.

I further understand that, if I am not satisfied with the first physician that I select from the panel, I have the right to make one change to another physician listed on the same panel.

Once I have selected a second physician to provide treatment, I am unable to make a change without a formal request to my employer, the workers' compensation insurance company, or the Georgia State Board of Workers' Compensation.

I understand that it is my duty to inform my supervisor and/or the appropriate personnel at my employer that I have a work injury as soon as the injury occurs. Any delay in notification to my employer may result in a denial of workers' compensation benefits.

I have read this acknowledgement and fully understand its entire contents. I have asked questions about anything that was not clear to me and I am satisfied with the answers I have received. I understand that I have a right to receive a copy of this acknowledgment upon my request.

PRINTED NAME _____

SIGNATURE _____

DATE _____

GEORGIA STATE BOARD OF WORKERS' COMPENSATION**BILL OF RIGHTS FOR THE INJURED WORKER**

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$675 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$675 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$450 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$450 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$675 per week. A widowed spouse with no children will be paid a maximum of \$270,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwcc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

WC-BILL OF RIGHTS

JUNTA ESTATAL DE COMPENSACIÓN DE TRABAJADORES DE GEORGIA
DECLARACIÓN DE DERECHOS PARA EL TRABAJADOR LESIONADO

Según lo requiere la Ley O.C.G.A. §34-9-81.1, esto es un recuento de sus derechos y responsabilidades. La Ley de Compensación de Trabajadores le provee a usted, como trabajador en el Estado de Georgia, ciertos derechos y responsabilidades si usted se lesiona en el trabajo. La Ley de Compensación de Trabajador lo provee a usted con cobertura de lesiones relacionadas con el trabajo aunque su lesión sea en el primer día de trabajo. Además de sus derechos, usted también tiene ciertas responsabilidades. Sus derechos y responsabilidades están descritos abajo.

Derechos de los Empleados

1. Si usted se lesiona en el trabajo, usted puede recibir rehabilitación médica y beneficios de ingresos. Estos beneficios son proveídos para ayudarlo a regresar al trabajo. También sus dependientes pueden recibir beneficios si usted muere como resultado de lesiones recibidas en el trabajo.
2. Se le requiere a su empleador que anuncie una lista de seis doctores o por lo menos el nombre de un WC/ MCO certificado que provee cuidados médicos, al menos que la Junta halla otorgado una excepción. Usted puede escoger un doctor de la lista sin el permiso de su empleador. Sin embargo, en una emergencia, usted puede recibir asistencia medica temporaria de cualquier otro medico hasta que la emergencia termine después usted debe recibir tratamiento de los médicos que se anuncian en la lista.
3. Sus cuentas médicas autorizadas, cuentas de hospital, rehabilitación en algunos casos, terapia física, recetas y gastos de transporte serán pagados si la lesión fue ocasionada por un accidente en el trabajo. Todas las lesiones que ocurren en o antes 30 de junio de 2013 se tendrá derecho a beneficios médicos de por vida. Si el accidente ocurrió en o 1 de julio del 2013 el tratamiento médico será limitado a un máximo de 400 semanas a partir de la fecha del accidente. Si su lesión es catastrófica en la naturaleza que puede tener derecho a beneficios médicos de por vida.
4. Usted tiene derecho a recibir beneficios de ingresos semanales si usted ha perdido tiempo por más de siete días debido a una lesión. Su primer cheque debe ser enviado a usted dentro de 21 días, después del primer día que faltó al trabajo. Si esta fuera más de 21 días consecutivos debido a su lesión, se le pagara la primera semana.
5. Los accidentes son clasificados ya sea catastróficos o no catastróficos. Lesiones catastróficas son las que envuelven amputación, parálisis severas, lesiones severas de la cabeza, quemaduras severas, ceguera que prevenga al empleado a que pueda realizar el o ella su trabajo anterior o cualquier otro trabajo disponible en numero considerable dentro de la economía nacional. En casos catastróficos usted tiene derecho a recibir un promedio de dos terceras partes de su ingreso semanal pero no más de \$675 por semana por una lesión relacionada con el trabajo durante todo el tiempo que usted no pueda regresar a su trabajo. Usted también tiene derecho a recibir beneficios médicos y de rehabilitación. Si usted necesita ayuda en esta área llame a la Junta Estatal de Compensación de Trabajadores al (404) 656-0849.
6. En todos los otros casos (no catastróficos) usted tiene el derecho a recibir dos terceras partes de su sueldo promedio semanal pero no más de \$675 por semana de una lesión relacionada de trabajo, usted recibirá estos beneficios mientras usted este incapacitado. Pero no más de 400 semanas si no esta trabajando y se determina que usted esta capacitado a desempeñar con restricción por 52 semanas consecutivas o 78 semanas agregadas sus ingresos semanales serán reducidos a dos terceras partes de su sueldo promedio pero no más de \$450 por semana, que no excedan 350 semanas.
7. Cuando usted pueda regresar a trabajar pero solo pueda conseguir empleo de salario bajo como resultado de su lesión usted tiene derecho a un beneficio semanal de no más de \$450 por semana pero no más de 350 semanas.
8. En caso de que usted muera como resultado de un accidente en el trabajo, su dependiente (s) recibirán para gastos de entierro \$7,500 y dos terceras partes de su sueldo promedio semanal, pero no más de \$675 por semana. Una esposa viuda sin niños se le pagara un máximo de \$270,000 en beneficios continuos hasta que EL/ELLA se vuelva a casar o abiertamente cohabite con una persona del sexo opuesto.
9. Si usted no recibe beneficios cuando sea debido, la compañía de seguro/empleador debe de pagar penalidades, que se agregaran a sus pagos.

Responsabilidades de los Empleados

1. Usted debe de seguir las reglas escritas de seguridad y otras pólizas razonables y procedimientos del empleador.
2. Usted debe reportar cualquier accidente inmediatamente, pero no más tarde de 30 días después del accidente, a su empleador, los representantes del empleador, su capataz o supervisor inmediato. Fallar en hacerlo puede resultar en la perdida de sus beneficios.
3. Un empleado tiene la continua obligación de cooperar con proveedores médicos en el curso de su tratamiento relacionado con lesiones de trabajo. Usted debe aceptar tratamientos médicos razonables y servicios de rehabilitación cuando sean ordenados por la Junta Estatal de Compensación de Trabajadores o la Junta puede suspender sus beneficios.
4. No se permitirá compensación por una lesión o muerte debido a una conducta mal intencionada de los empleados.
5. Debe de notificar a la compañía de seguro/empleador de su dirección cuando se mude a un nuevo lugar. Usted debe notificar a la compañía de seguros/empleador cuando usted halla regresado a trabajar de tiempo completo o medio tiempo y reportar la cantidad de su salario semanal porque usted puede tener derecho a algún beneficio de ingreso aun así halla regresado al trabajo.
6. Una esposa dependiente de un empleado difunto debe notificar a la compañía de seguro/ empleador de cambios de dirección o nuevo matrimonio.
7. Usted debe intentar un trabajo aprobado por su medico autorizado aunque el pago sea mas bajo que en el trabajo que usted tenia cuando se lesionó, si usted no intenta el trabajo sus beneficios pueden ser suspendidos.
8. Si usted cree que debe recibir beneficios y su compañía de seguros/empleador niega estos beneficios. Usted debe de hacer un reclamo dentro de un año después del ultimo tratamiento medico o dentro de dos años de su último pago de beneficios semanales o usted perderá sus derechos a estos beneficios.
9. Si su (s) dependiente (s) no reciben beneficio de pagos permitidos. El dependiente debe hacer un reclamo con la Junta Estatal de Compensación de Trabajadores dentro de un año después de su muerte o perderán los derechos a estos beneficios.
10. Algún pedido de reembolso a usted por millas o otros gastos relacionados con tratamiento medico debe ser sometidos a la compañía de seguros/empleador dentro de un año del día que los gastos fueron incurridos.
11. Si un empleado injustificadamente rehúsa a someterse a una prueba de droga después de una lesión en el trabajo habrá una presunción de que el accidente y lesión fueran causados por droga o alcohol. Si la presunción no se sobrepone por otras evidencias, algún reclamo hecho para beneficios de compensación de Trabajador serán negados.
12. Usted será culpable de un delito menor y una vez convicto debe ser castigado con una multa de no más de \$10,000.00 o encarcelamiento de hasta 12 meses o las dos, por hacer declaraciones falsas o engañosos testimonios cuando reclame beneficios. También cualquier declaración falsa o evidencia falsa dadas bajo juramento durante el curso de alguna audiencia de división de apelación o administración es perjurio.

La Junta de Compensación de Trabajadores le proporcionará la información relativa a la manera de presentar una reclamación y responderá a cualquier preguntas adicionales sobre sus derechos en virtud de la ley. Si usted llama en la zona de Atlanta, el teléfono es el (404) 656-3818 y fuera de la zona metropolitana de Atlanta, llame al 1-800-533-0682, o escriba a la Junta Estatal de Compensación de Trabajadores a 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299 o visita sitio web: <http://www.sbwgc.org/georgia.gov>. No es necesario tener un abogado para presentar una reclamación a la Junta; sin embargo, si usted cree que necesita los servicios de un abogado y no tiene uno propio, usted puede ponerse en contacto con el Servicio de Referencia de Abogados (Lawyers Referral Service) al teléfono (404) 521-0777 o al 1-800-237-2629.

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY. MUST BE TYPED OR PRINTED IN BLACK INK.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
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A. IDENTIFYING INFORMATION

EMPLOYEE	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Phone Number	Employee E-mail
Address		City	State	Zip Code
EMPLOYER	Name	NAICS Code	Nature of Business (Trade, Transport, Mfg., etc.)	
Address		Phone Number	Employer FEIN	
City	State	Zip Code	Employer E-mail	
INSURER / SELF-INSURER	Name	Insurer/Self-Insurer FEIN	Insurer/ Self-Insurer File #	
CLAIMS OFFICE	Name	Claims Office FEIN #	Claims Office Phone	Claims Office E-mail
SBWC ID# (five digit no.)	Address	City	State	Zip Code
EMPLOYMENT/WAGE	Date Hired by Employer	Job Classified Code No.	Number of Days Worked Per Week	Wage rate at time of Injury or Disease: <input type="checkbox"/> per Hour <input type="checkbox"/> per Day <input type="checkbox"/> per Week <input type="checkbox"/> per Month
Insurer Type Code <input type="checkbox"/> - Insurer <input type="checkbox"/> S-Self-insurer <input type="checkbox"/> Group Fund	List Normally Scheduled Days Off			
INJURY/ILLNESS & MEDICAL	Time of Injury <input type="checkbox"/> am <input type="checkbox"/> pm	County of Injury	Date Employer had knowledge of Injury	Enter First Date Employee Failed to Work a Full Day
Did Employee Receive Full Pay on Date of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Injury/Illness Occur on Employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Injury/Illness	Body Part Affected	
How Injury or Illness / Abnormal Health Condition Occurred				
Treating Physician (Name and Address)		Initial Treatment Given: <input type="checkbox"/> None <input type="checkbox"/> Minor: By Employer <input type="checkbox"/> Minor: Clinical/Hospital <input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalized > 24hrs	Hospital / Treating Facility (Name and Address)	If Returned to Work, Give Date: Returned at what wage _____ per Week If Fatal, Enter Complete Date of Death
Report Prepared By (Print or Type)			Telephone Number	Date of Report

B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum

Previously Medical Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Weekly Wage: \$ _____	Weekly benefit: \$ _____	Date of disability: _____
Date of first Payment: _____	Compensation paid: \$ _____	or Date salary paid: _____	Penalty paid: \$ _____
BENEFITS ARE PAYABLE FROM _____ FOR:			
<input type="checkbox"/> Temporary total disability <input type="checkbox"/> Temporary partial disability <input type="checkbox"/> Permanent partial disability of _____ % to _____ for _____ weeks.			
UNTIL _____ WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITHOUT RESTRICTIONS. ALL OTHER SUSPENSIONS REQUIRE THE FILING OF FORM WC-2 WITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYEE.			

C. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION

Benefits will not be paid because:

D. MEDICAL ONLY No disability paid or controverted

Insurer / Self-Insurer: Type or Print Name of Person Filing Form	Signature	Date
Phone and Ext.	E-mail	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-666-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE TO EMPLOYER

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel, and explain the panel to the employee.
2. Complete Section A of this form immediately upon your knowledge of an injury and send the WC-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN A PENALTY.** Do not send this form to the State Board of Workers' Compensation.
3. If you need additional help, call your insurance company or self-insurer claims office.
4. Report serious injuries immediately by telephone to your insurer's claims department, then file this form with your insurance company or self-insurer claims office.

NOTICE TO INSURER / SELF-INSURER

1. Complete Section B, C, or D.
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form W-6 must be filed if weekly benefits are less than the maximum.

NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not receive payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self-insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

STATE BOARD OF WORKERS' COMPENSATION

Toll Free Telephone: 1-800-533-0682

In Atlanta: (404) 656-3818

<http://www.sbwc.georgia.gov>

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>
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Incident Investigation Report Form

Instructions: Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all *Incident Statement Forms* to: agency safety coordinator, the field safety coordinator, supervisor and bureau director or field manager.

Injured Employee Data

Employee Name		Working Title	Personnel Number
Date of Incident	Time of Incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Claim Number (if known)	
Work Organization/Location			
Supervisor		Supervisor Telephone Number	Supervisor Email

Incident Description:

1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.
2. What was happening at the time of the incident and why was it taking place?
3. What events lead up to the incident? Describe the sequence in order and when they took place.
4. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved?
5. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.
6. If a physical injury was avoided, describe what happened that could have potentially resulted in injury?

Additional Information

Provide any additional information important to the investigation (pictures taken, evidence collected).

Initial Investigator:

Incident Investigator Name	Date of Investigation	Time of Investigation <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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CHECK ALL DIRECT CAUSES THAT APPLY

What CONDITION of tools, equipment, or work area contributed to incident? Not Applicable

<input type="checkbox"/> Close Clearance/Congestion	<input type="checkbox"/> Floors/Work Surfaces	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Hazardous Placement	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Equipment Failure
<input type="checkbox"/> Inadequate Warning System	<input type="checkbox"/> Inadequate Illumination	<input type="checkbox"/> Hazardous Materials
<input type="checkbox"/> Improper Material Storage	<input type="checkbox"/> Inadequate Guards/Barrier	<input type="checkbox"/> Defective Tools/Equipment/Vehicle
<input type="checkbox"/> Inadequate/Improper PPE	<input type="checkbox"/> Equipment/Workstation Design	<input type="checkbox"/> Other _____

What ACTION or INACTION contributed to the incident? Not Applicable

<input type="checkbox"/> Failure to Make Secure	<input type="checkbox"/> Used Defective Equipment	<input type="checkbox"/> Failure to Use PPE
<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Improper Technique	<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Used Equipment Improperly	<input type="checkbox"/> Unauthorized Actions	<input type="checkbox"/> Operating At Improper Speed
<input type="checkbox"/> Operating Procedure Deviation	<input type="checkbox"/> Improper Position	<input type="checkbox"/> Used Wrong Tool/Equipment
<input type="checkbox"/> Horseplay/Distractive Active	<input type="checkbox"/> Unsafe Act of Another Staff	<input type="checkbox"/> Under Influence Drugs/Alcohol
<input type="checkbox"/> Nullified Safety/Control Devices	<input type="checkbox"/> Running/Rushing/Acting In Haste	<input type="checkbox"/> Failure to Warn/Signal
<input type="checkbox"/> Servicing Equipment In Motion	<input type="checkbox"/> Other _____	

CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY

What caused or influenced the substandard conditions or behaviors?

<input type="checkbox"/> Lack of Proper Procedures	<input type="checkbox"/> Inadequate Job Instructions	<input type="checkbox"/> Inadequate Tools
<input type="checkbox"/> Inadequate Job Training Methods	<input type="checkbox"/> Inadequate Supervision	<input type="checkbox"/> Improper Layout or Design
<input type="checkbox"/> Inadequate Maintenance Standards	<input type="checkbox"/> Unsafe Design or Construction	<input type="checkbox"/> Poor Work Practice
<input type="checkbox"/> Poor Work Design	<input type="checkbox"/> Inadequate Purchasing Standards	<input type="checkbox"/> Lack of Skill
<input type="checkbox"/> Lack of Communication Between Staff	<input type="checkbox"/> Improper Extension of Service Life	<input type="checkbox"/> Improper Planning
<input type="checkbox"/> Inadequate Cleaning	<input type="checkbox"/> Inadequate Environmental Controls	<input type="checkbox"/> Inadequate Capacity
<input type="checkbox"/> Inadequate Preventive Maintenance	<input type="checkbox"/> Inadequate Enforcement or Work Standards	
<input type="checkbox"/> Other _____		

CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES

What corrective actions have been taken or are needed to prevent a recurrence?

<input type="checkbox"/> Task Analysis/Procedure Revision	<input type="checkbox"/> Improve Clean-Up Procedures	<input type="checkbox"/> Repair/Replace Equipment
<input type="checkbox"/> Reinstruction of Employees	<input type="checkbox"/> Improve Storage/Arrangement	<input type="checkbox"/> Rotation of Employee
<input type="checkbox"/> Eliminate Congestion	<input type="checkbox"/> Improve/Change Work Method	<input type="checkbox"/> Identify/Improve PPE
<input type="checkbox"/> Task Analysis to Be Completed	<input type="checkbox"/> Install/Revise Guards/Devices	<input type="checkbox"/> Improve Enforcement
<input type="checkbox"/> Improve Design/Construction	<input type="checkbox"/> Job Reassignment of Employees	<input type="checkbox"/> Use Other Materials/Supplies
<input type="checkbox"/> Improve Illumination	<input type="checkbox"/> Mandatory Pre-Job Instructions	<input type="checkbox"/> Improve Ventilation
<input type="checkbox"/> Other _____		

Recommended corrective actions or preventive measures to be taken

Action Item	Person Responsible	Target Date	Date Complete

Investigation Review (Initial after reviewing the findings of the investigation):

	Initials	Review Date	Comments
Supervisor			
Manager			
Site/Regional Manager			
Safety Representative			
Director/Deputy			



MANAGING THE COST OF THE CLAIM ACCIDENT INVESTIGATION

Successful accident prevention and loss control depend, in part, on effective accident investigation and analysis. An investigation can help identify the *causes* of an accident so similar accidents can be prevented. Accident investigations can also document facts needed for a settlement negotiation or court hearing. Conducting accident investigations can discourage the filing of a fraudulent claim.

The key to a successful accident investigation program is a commitment to the immediate followup, after an accident, with the implementation of corrective actions and procedures in order to prevent another accident. Conducting accident investigations can help an organization promote better relations with its employees by demonstrating concern for their safety and well-being.

QUESTION: What is an accident investigation?

ANSWER: It is:

1. The gathering, analysis, and evaluation of information collected by the investigator (the first line supervisor)
2. The comprehensive and objective report of what happened; and most importantly
3. The action plan management will put into place in order to prevent the recurrence of Accidents

QUESTION: Why investigate?

ANSWER: Our first inclination is to return things to normal as quickly as possible. An accident, however, indicates there has been a serious breakdown in the system. If an investigation is *not* conducted a valuable opportunity to identify and correct a potentially hazardous situation is lost. It is crucial to look beyond the immediate causes of the accident, sometimes referred to as unsafe acts and unsafe conditions, and identify the underlying causes in order to treat more than just the symptoms.

QUESTION: Which accidents should be investigated?

ANSWER:

1. Any accident that results in a fatality or serious personal injury
2. Any accident that results in serious property damage
3. Any accident that resulted in minor personal injury or property damage but could have *potentially* caused more serious injury or property damage
4. Any “near-miss” or “close call” that *could have* resulted in serious personal injury or property damage
5. A series of minor accidents or incidents occurring around the same tool, vehicle, or piece of Equipment

QUESTION: Who should conduct the investigation?

ANSWER: The first-line supervisor should investigate the accident because he or she is familiar with the tools, equipment, process, environment, and the people involved in performing the job. Furthermore, it is the responsibility of the supervisor to develop and implement the measures he believes will prevent a recurrence of the accident and he will follow-up to make sure the measures implemented are working.

QUESTION: When should the accident investigation be conducted?

ANSWER: The investigation should be conducted just as quickly as the injured are attended to and the area is secured to prevent further physical harm or property damage. A quick response is important because as time passes evidence is lost and details forgotten. Most importantly, another accident may occur before corrective measures are put into place. Prompt investigation gets the most complete and useful information.

QUESTION: What is the primary focus of the investigation?

ANSWER: The accident investigation must be a fact-finding mission *not* a faultfinding mission. The purpose of the investigation is to determine where the breakdown occurred and put corrective measures in place to prevent a recurrence.

QUESTION: Should an accident be reenacted?

ANSWER: No. Because injuries sometimes occur when accidents are reenacted, it is suggested accidents *not* be reenacted for investigation purposes.

QUESTION: Where should the accident investigation take place?

ANSWER: The investigation may take place where the accident occurred as long as it has been determined the area is safe. Any recommendations or procedures you develop and implement must be practical, as this will determine, in part, how seriously your safety program is perceived. Accident Investigation is a monitoring function that occurs after the fact when the hazard control system has broken down. Learning from this experience is painful but not learning from it can be disastrous. Accident Investigation is a vital part of loss control; in fact, it can be one of the most valuable loss control tools you will ever use.

QUESTION: How to go about investigating an accident?

ANSWER: For your use an Accident Investigation form follows on the next page.

GEORGIA

EMPLOYMENT LAW

Drug and Alcohol Testing Laws



Georgia does not have a statute or regulation that directly authorizes or prohibits workplace drug or alcohol testing by private employers.

However, Georgia's workers' compensation law establishes standards and procedures for drug-free workplace programs that employers may establish to qualify for discounts on their workers' compensation insurance premiums. This Employment Law Summary provides a general overview of employer requirements for the premium discount.

STATE RESOURCES

[Georgia State Board of Workers' Compensation website](#)

WORKERS' COMPENSATION INSURANCE PREMIUM DISCOUNT

Georgia's workers' compensation law applies to **all Georgia employers**. The law provides a **7.5 percent reduction** of workers' compensation premiums for employers that require workplace testing for drugs and alcohol.

To qualify for a discount, employers must **implement a drug-free workplace program** that contains all of the following:

- Required substance abuse testing of employees and job applicants;
- A written policy statement;
- Resources of employee assistance providers maintained by the employer;
- Employee education;
- Supervisor training; and
- Minimum confidentiality standards.

A substance abuse test can use tissue, blood, breath, urine or other product of the human body capable of revealing the presence or absence of a drug or alcohol (and their metabolites).

REQUIRED SUBSTANCE ABUSE TESTING

To qualify for a workers' compensation premium discount, employers must require:

- Job applicants to submit to testing following an offer of employment;
- Employees to submit to reasonable suspicion testing;
- Employees to submit to testing as part of a routinely scheduled employee fitness-for-duty medical examination;
- Employees to submit to follow-up testing following their entrance into an Employee Assistance Program (EAP) or rehabilitation program as the result of a positive test (unless the employee voluntarily enters a program, in which case follow-up testing is optional); and

GEORGIA EMPLOYMENT LAW

Drug and Alcohol Testing Laws



- Employees to submit to testing following any work-related injury resulting in lost work time that is caused or contributed to by the employee.

Random testing is also allowed, but is not required to qualify for the discount.

WRITTEN POLICY STATEMENT

An employer's written policy statement must include:

- A general statement of the employer's policy on employee substance abuse, including the types of testing an employee or applicant may be required to submit to and the actions the employer may take based on a positive confirmed test result;
- A statement about Georgia's workers' compensation premium discount program;
- A description of the employer's EAP, if any, or of the employer's resource file of assistance programs and other entities designed to assist employees with personal or behavioral problems;
- A general statement concerning confidentiality;
- The consequences of refusing to submit to a drug test;
- A statement that an employee or applicant who receives a positive confirmed test result may contest or explain the result to the employer within five working days after written notification of the positive test result; and
- A statement regarding the federal [Drug-Free Workplace Act](#).

RESOURCES FOR EMPLOYEE ASSISTANCE

An employee assistance program (EAP) is a worksite-focused program that is designed to assist employers in:

- Addressing employee productivity issues; and
- Identifying and resolving job performance problems associated with personal concerns (such as health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal issues that may affect job performance).

If an employer has an EAP, it must inform its employees of the program's benefits and services and provide them with notice of the policies and procedures regarding access to and utilization of the program.

If an employer does **not** have an EAP, the employer must:

- Maintain a resource file of providers of other employee assistance (including drug and alcohol abuse programs, mental health providers and other individuals or programs) available to assist employees with personal or behavioral problems;
- Notify employees, in writing, that the resource file is available; and
- Post a current listing of employee-assistance providers in the area (including telephone and address information) in conspicuous locations within their employee's workplaces. This listing must be updated in **July of each year**.

EMPLOYEE EDUCATION

To be certified for a workers' compensation premium discount, an employer must provide all employees with a **semiannual education program** on substance abuse and its effects on the workplace. The education program must include the following:

- An explanation of the disease model of addiction for alcohol and drugs;
- Information about the effects and dangers of substances commonly abused in the workplace; and
- The employer's policies and procedures regarding substance abuse in the workplace and how employees who wish to obtain substance abuse treatment can do so.

GEORGIA EMPLOYMENT LAW

Drug and Alcohol Testing Laws



SUPERVISOR TRAINING

To qualify for a premium discount, an employer must also provide all supervisory personnel with supervisor training that includes information about, at minimum:

- How to recognize signs of employee substance abuse;
- How to document and corroborate signs of employee substance abuse; and
- How to refer substance-abusing employees to the proper treatment providers.

In the first year of an employer's certified drug-free workplace program, the employer must provide at least two hours of supervisor training. All consecutive subsequent years, the training must be at least one hour.

CONFIDENTIALITY STANDARDS

An employer's drug-free workplace program must be implemented according to Georgia's confidentiality standards. All information, interviews, reports, statements, memoranda and test results received through a substance abuse testing program or EAP must be kept confidential by the employer, unless the tested employee consents to its disclosure in writing.

An exception exists to Georgia's confidentiality standards where a release is compelled by a state agency or court, or is deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. However, information on test results may not be used in any criminal proceeding against an employee or applicant. Information released in violation of Georgia's confidentiality standards is inadmissible as evidence in the proceeding.

NOTICE OF TESTING

At least **60 days before testing is to begin**, the employer must provide all employees with a copy of the written policy statement for any substance abuse testing program that it plans to implement. After the program is implemented, the statement must be made available for inspection by the employees or job applicants during regular business hours in the employer's personnel office or other suitable locations.

In addition, a **notice of substance abuse testing** must be included in all announcements for job openings where applicants will be subject to testing, and must be posted in an appropriate and conspicuous location on the employer's premises.

One time only, prior to testing, all employees and job applicants must be given a notice of the testing.

For testing based on reasonable suspicion that an employee is under the influence of drugs or alcohol at work, an employer must disclose the circumstances upon which the suspicion is based in a written document. A copy of the document must be given to the employee upon request, and the original must be kept confidential and retained by the employer for at least **one year**.

TESTING PROCEDURES

To qualify for the workers' compensation premium discount, the employer's testing procedures must comply with the minimum standards. In general, **all tests** must use chain of custody procedures to ensure proper recordkeeping, handling, labeling and identification. The specimen collection, storage and transportation to the testing site must be performed in a way that reasonably prevents contamination or adulteration, but allows for the privacy of the individual being tested. The employee or applicant must be given an opportunity to record any information he or she considers

GEORGIA EMPLOYMENT LAW

Drug and Alcohol Testing Laws



relevant to the test, including identifying recently used prescription or nonprescription medication and other relevant medical information.

An initial substance abuse test can be conducted at a laboratory or at the employer's work site with on-site testing kits or through the use of oral testing. If the employee or applicant requests it, the employer must provide him or her with a copy of the test results. Any initial test having a positive result must be confirmed by a confirmation test, which must be conducted in a laboratory.

Within **five working days** after a positive confirmed test result, an employer must inform the employee or job applicant in writing of the positive test result, the consequences of the results and the options available to the employee or applicant.

Employers must pay the cost of any initial and confirmation drug tests they require. Employees and applicants must pay the cost of any additional drug tests that are not required by the employer.

CONSEQUENCES FOR EMPLOYERS

Georgia's workers' compensation premium discount program is a voluntary program, meaning there are no civil or criminal penalties for employers who do not comply with the requirements. If the employer does not establish a drug-free workplace program, the employer will not qualify for certification and will not receive the workers' compensation premium discount.

Likewise, there is no private right of action for violations of Georgia's voluntary drug testing laws. However, improper drug testing by private employers could result in lawsuits for invasion of privacy and intentional infliction of emotional distress.

OTHER DRUG TESTING LAWS

In addition to state law, transportation employees in Georgia, such as drivers of commercial motor vehicles, must comply with federal law. The U.S. Department of Transportation (DOT) Federal Motor Carrier Safety Administration's (FMCSA) drug and alcohol testing regulations govern workplace drug testing for these employees. For more information on the FMCSA's alcohol and drug testing regulations, visit the [FMCSA website](#).

MORE INFORMATION

Please contact [B_Officialname] for more information on drug testing laws in Georgia.