

**MASHANTUCKET PEQUOT TRIBAL NATION  
WORKERS' COMPENSATION COMMISSION**

**INFORMATION BOOKLET**



**P.O. BOX 3060  
MASHANTUCKET, CT 06339-3060  
(860) 396-2424 Fax (860) 396-2060**

**7/01/97  
Revised 6/11/14**

## **Introduction**

The Mashantucket Pequot Tribal Nation Workers' Compensation Code was enacted as of July 1, 1997, to provide benefits to employees who become injured or ill as a result of their work activities. The benefits provided by the Code are administered by the Mashantucket Pequot Workers Compensation Commission. The Mashantucket Pequot Tribal Nation Workers' Compensation Code applies only to injuries and/or illnesses that occur ON OR AFTER JULY 1, 1997.

The Code provides that the Chief Commissioner of the MPTN Workers' Compensation Commission shall publish an Information Booklet to explain employees' rights and responsibilities under the Code. This Booklet will describe, in simple terms, the basic rules for determining whether an injury or illness is covered under Workers' Compensation, what benefits are due to workers who are injured or ill as the result of their employment, and what an employee needs to do to pursue a claim under the MPTN Workers' Compensation Code.

**It is very important for all employees to know that the information in this Booklet is general in nature and that the specific provisions of the MPTN Workers' Compensation Code govern all aspects of their claims. Each claim which comes before the Commission will be governed by the Code, and if something in this Booklet conflicts with the terms of the Code, the provisions of the Code are controlling.**

It is the intention of the MPTN Workers' Compensation Commission that all employees should understand their rights and responsibilities under the Workers' Compensation Code, and that any employee who is injured should be able to pursue their claim in a simple and efficient manner.

Questions about this material, the Code, or procedures of the Commission should be directed to the office of the Chief Commissioner, as shown below:

Mashantucket Pequot Tribal Nation  
Workers' Compensation Commission  
110 Pequot Trail, P.O. Box 3060  
Mashantucket, CT 06339-3060  
Telephone (860) 396-2424  
Fax. No. (860) 396-2060  
[www.mptnlaw.com](http://www.mptnlaw.com)  
[MPTNWCC@mptn-nsn.org](mailto:MPTNWCC@mptn-nsn.org)

## **About the Workers' Compensation Commission**

The Workers' Compensation Code establishes an administrative system to provide for Workers' Compensation benefits. The office created in the Code is the Chief Workers' Compensation Commissioner's Office, which administers the provisions of the Code.

The primary job of the Commissioner is to adjudicate claims which involve disputes between the parties. The Workers' Compensation Code is written so that the parties should attempt to reach agreement as to the benefits claimed in a given case. Where an agreement is not reached, the parties will require the services of the Commissioner to mediate or adjudicate the dispute. There are several types of hearings that are conducted by the Commissioner, beginning with mediation hearings and progressing to full trial. The types of hearings are set forth in greater detail in a later section of this Booklet.

In addition to conducting hearings, the office of the Chief Commissioner is the location where all records of claims are kept and where all forms are to be filed by the parties. In later sections of this Booklet, the important forms to be used by both the injured worker and the employer are described in more detail.

The Chief Commissioner also has the responsibility to oversee the administration of the Code and all of the activities of the parties governed by it. The Chief Commissioner has the authority to regulate medical services and fees, legal fees, notice requirements. The Chief Commissioner also issues and revises forms and procedures and makes its staff available to assist parties with questions, complaints and issues which may arise.

All parties should note that the jurisdiction of the Chief Commissioner under the Mashantucket Workers' Compensation Code is limited to injuries and illnesses which occur on or after July 1, 1997, the date of the enactment of the Tribal Code. Injuries or illnesses which occur before July 1, 1997 will continue to fall under the jurisdiction of the State of Connecticut Workers' Compensation Act. For more information on the Connecticut Workers' Compensation System, contact the Workers' Compensation office indicated below:

Commissioner for the Second District  
90 Sachem Street  
Norwich, CT 06360  
(860) 823-3900 or (860)823-3901

Employees of the Pequot River Shipworks , Norwich Inn & Spa, Randall's Ordinary and Mystic Hilton are covered under the Connecticut Workers' Compensation Act for all injuries/illnesses occurring both prior to July 1, 1997 and after July 1, 1997.

## **Injuries and Illnesses Covered by the MPTN Workers Compensation Code**

The MPTN Workers' Compensation Code provides that compensation will be paid for injuries or illnesses which arise out of and occur in the course of the employment. The expression "*occurring in the course of the employment*" relates to the time and place of the injury. An injury occurs in the course of the employment when it happens at work, during usual work hours, or at another place where the employee's work duties require him or her to be. The expression "*arising out of the employment*" relates to the cause of the injury. An injury which arises out of the employment is one which is caused by work activities or exposures which occur in the course of the employment.

Therefore, employees who are injured while on personal errands, or engaged in horseplay, will not be entitled to the benefits of the Workers' Compensation Code. The Code also provides that injuries which result from voluntary participation in social or recreational activities, such as picnics or sports activities, will not be compensable. Also, the Code specifically provides that injuries or deaths due to the use of alcohol or narcotic drugs shall not be compensable.

The MPTN Code provides compensation for three types of injuries. The first and simplest of these is the *accidental injury*. This is a specific event which results in a traumatic injury to the employee, such as a fall or a lifting injury. The second category of injury is an injury or condition caused by *repetitive acts or repetitive trauma*. This injury occurs over time as the result of work activities which are repetitive in nature and gradually cause an injury. An example of this is the condition of carpal tunnel syndrome, an injury to the hands and/or wrists as the result of repeated use of vibratory tools. The third category of injury is *occupational disease*. This is a disease which must be peculiar to the employment and caused by exposures at work that are in excess of the ordinary exposures of everyday life.

Employees injured or ill due to a work-related accident or to working conditions are only eligible for benefits under the Workers' Compensation Code and are prohibited from suing their employer for benefits, unless they can prove that their employer intended to cause them injury. Employees and/or employers may sue a third party, if they believe that the other party or a product was responsible for an employee's injury or illness. The Code provides that if a recovery is secured from a responsible third party, the recovery will first be applied to attorney's fees and costs, then to reimbursement of the amounts paid by the Workers' Compensation employer or administrator in benefits, and the balance to be paid to the injured worker.

## A General Description of Workers' Compensation Benefits

When an employee is injured on, or becomes ill from the job, he or she becomes eligible for a number of benefits. First of these is necessary **Medical Treatment**. The most immediate concern in cases of occupational injury or occupational disease is the health and physical well-being of the employee.

In addition, the employee may be incapacitated from work for a period of time, during which he or she may be eligible for wage replacement and other benefits.

When an employee is unable to perform ANY job, he or she is eligible to receive **Temporary Total Disability** benefits. These are weekly benefits at a rate calculated based on the employees earnings prior to the injury.

When an employee is able to perform SOME type of work, but not the original full-duty work which caused the injury or illness, he or she may receive **Temporary Partial Disability** benefits. These may be the same weekly rate as temporary total benefits, if the employee is unable to find a light duty job, or else will be paid as a percentage of the difference between the employee's wages before the injury and their wages after the injury.

When an employee suffers a permanent disability as a result of a work-related injury or illness, he or she may receive **Permanent Partial Disability** benefits, which serve as compensation not for lost earnings, but for having suffered a permanent partial disability to some part(s) of the body. These benefits are for a specified number of weeks at the employee's compensation rate.

After having received Permanent Partial Disability benefits, if an employee has not returned to his or her regular job, the Workers' Compensation Commissioner may also grant additional weekly benefits. These are known as **Discretionary Wage Differential** benefits. The Commissioner MAY or MAY NOT award these benefits, based on his or her review of an employee's work capabilities and earning capacity at the time of the request.

An employee who suffers a disfigurement or scar due to a job injury or illness may be eligible for **Disfigurement and Scarring** benefits. The value of an award for disfigurement or scarring depends upon the nature of the disfigurement or scar and whether it falls within the Code's definition for benefits.

The Workers' Compensation Administration may provide for **Vocational Rehabilitation** for those employees who are injured at, or who become ill from their work and who cannot return to the work which caused the injury or illness.

More detailed information on these available benefits can be found in the following sections of this information packet.

## **Medical Treatment for Employees with Work-Related Injuries and Illnesses**

When an employee sustains a work related injury or suffers from an occupational disease, the employee is entitled to have all of his or her reasonable medical expenses provided by an authorized physician paid under the Workers' Compensation Act. The act contemplates that there will be an authorized treating physician selected by the employee or by agreement of the parties. The authorized physician will provide the needed treatment or else make a referral for testing, or to an appropriate specialist. Any physician or other medical provider who is in the "chain of referrals", i.e., who is providing treatment on referral from the authorized treater, is considered to be providing authorized treatment.

### **Initial Medical Treatment**

An injured or ill employee is entitled to receive all necessary and appropriate medical treatment. The employer is responsible for furnishing the initial medical treatment at an employer-designated office or facility.

### **Choice of Physician**

After receiving initial care at the employer designated facility, the employee has the option of continuing their care with that medical provider or choosing their own physician. The Mashantucket Pequot Tribal Nation and Foxwoods Casino have an approved provider network of physicians, therapists, etc., and the injured worker must select their treating physician from the list of physicians in the provider network. The physician that is chosen is known as the authorized treating physician. That physician becomes the person in charge of the employee's medical care, and the TPA will be responsible for paying the medical bills of the authorized treating physician as well as bills of other medical providers to whom the employee is referred by the authorized physician, such as physical therapy providers, radiology groups, other consulting physicians, and so forth. In each case the provider to which the employee is referred must also be on the approved provider network list maintained by the employer.

NOTE: If the employee seeks medical treatment from a provider outside the approved provider network, the TPA will not be responsible for payment of the charges for the medical services provided. Moreover, the Commissioner may suspend all of the employee's rights to compensation during the period that the employee fails to treat within the approved provider network.

### **Change of Physician**

If an employee feels dissatisfied with the medical treatment being rendered they may request a change of treating physician.. There are only three methods by which a physician may be changed: (1) obtain a referral from the present attending physician to be treated by another physician ; (2) obtain agreement to change physicians from the Workers' Compensation TPA; or (3) obtain approval from the Workers' Compensation Commissioner to change physicians.

To request a change of physician from the Commissioner a written request should be sent to the Commissioner's office indicating the name, address, and medical specialty of the requested physician, and the reason(s) for requesting a change. The Commissioner will either reply by mail, indicating his or her decision on the request, or a hearing will be scheduled on the issue. When a new physician is designated, the employee shall no longer go to the original physician for treatment.

(NOTE: If the employee is covered by an approved employer medical care plan, the "new" physician MUST also be a participating practitioner in the plan.)

If an employee does not have an attending physician's referral to another medical practitioner, or agreement to change physicians from the Third Party Administrator, or approval of the Commissioner to change physicians, he or she will probably be liable to pay for any "unauthorized" medical bills which may arise from their unauthorized treatment.

### **Refusal to Accept Medical Treatment**

An employee who refuses to undergo recommended medical treatment from an authorized physician or who refuses to attend an independent medical evaluation, may have their weekly compensation benefits suspended during the period of refusal.

### **Independent Medical Examination (IME)**

At any time while claiming or receiving Workers' Compensation benefits, an employee may be requested by the employer or its Administrator to submit to an independent medical examination (IME) paid for by the employer or may be directed by the Workers' Compensation Commissioner to undergo such an examination. The purpose of the IME is to determine the nature and extent of the injury, disability, work capacity, or any other pertinent medical issues. At an IME the employee may have his or her own attending physician in attendance (at his or her own expense) but this is not a common practice. The employee must submit to examination upon reasonable request, and refusal to do so suspends any right to receive compensation.

If the employee believes that an unreasonable request for IME is being made, he or she should advise the TPA in writing of their objection and should also immediately request a hearing with the Commissioner. The examining physician must furnish the IME medical report within thirty days of its completion, at the same time and in the same manner, to both the employer (or administrator) and to the employee (or his or her attorney, if represented).

### **Medical Bills**

All medical bills for a work-related injury or illness will be paid by the Workers' Compensation Administrator; it is the responsibility of the Workers' Compensation Administrator to pay all authorized medical bills. All medical bills must be sent directly to the Workers' Compensation Administrator, never to the employee.

However, medical care provided by a medical practitioner other than the attending physician (or the attending physician's referrals) is the employee's responsibility, as these treatments and their charges are considered unauthorized.

### **Lost Time Reimbursement for Medical Treatment**

An injured or ill employee who returns to work, but who still needs medical attention, should obtain such medical care during normal work hours, if this is possible, and should be paid by the employer at his or her normal rate of earnings (if the employee is not receiving or eligible to receive other weekly Workers' Compensation benefits at the time). An employer CANNOT require an injured or ill employee to receive medical treatment outside of his or her regular work hours, if such treatment is available during regular work hours. The employee should receive care when it is available and should be reimbursed (at his or her average hourly earnings) by the employer for his or her personal time, as if it were time lost from work.

### **Prescription Reimbursement**

Prescriptions given by an attending physician (or by his or her referral) as part of medical treatment for a work-related injury or illness are fully covered. In some cases, the Workers' Compensation Administrator will direct the employee to a specific pharmacy that bills the insurer or employer directly. In most cases, however, the employee pays prescription costs as out-of-pocket expenses and should forward copies of any pharmacy receipts to the insurer or employer for full reimbursement.

### **Right to Medical Reports**

An injured or ill employee is entitled, at no additional charge, to a copy of every medical report by any medical practitioner providing care for the injury or illness, in the same manner as and at the same time as reports provided to the employer or its Workers' Compensation Administrator. If the employee retains legal counsel, the reports must be furnished to the attorney.



## **Weekly Compensation Benefits for Injured Workers**

### **Total Incapacity Benefits (Chapter 4, Section 10)**

An employee is considered to be totally incapacitated if he or she is unable to perform any type of gainful employment as the result of their work related injury or illness. The Code defines certain combinations of injuries as constituting permanent total incapacity. These include the loss of vision of both eyes, the loss of both hands, both feet, or one hand and one foot, complete paralysis of both legs, both arms, or one leg and one arm, or injury resulting in incurable imbecility or mental illness. Compensation for this form of disability is often referred to in brief as permanent total or PT benefits.

Any injury which results in total incapacity which does not meet the listed forms of permanent total disability will result in a status known as temporary total disability, or TT. Weekly compensation for either form of total incapacity is paid at the base compensation rate. This amount is calculated by determining the employee's average weekly wage, which is the average gross earnings of the employee for the fifty two week period immediately prior to the date of injury. The base compensation rate is equal to 75% of the employee's average weekly wage after reduction for state and federal taxes, including Social Security. The rate is determined by use of a chart prepared by the Commission. Using the average weekly wage and the claimant's income tax filing status, the applicable rate is determined.

When the Code was passed on July 1, 1997, the maximum weekly rate for total incapacity was \$678.00.

*Effective October 1, 2000, the maximum weekly compensation for total incapacity was increased from \$678.00 to \$715.00.*

*Effective July 15, 2004, the maximum weekly compensation rate for total incapacity was increased from \$715.00 to \$780.00.*

### **Benefits for a Recurrence or Relapse from Recovery (Chapter 4, Section 11)**

If you return to work from an injury, but then have a recurrence or relapse from recovery, you will again be eligible to receive Workers' Compensation wage replacement benefits and your weekly compensation rate at that time will be based on your original TT benefit rate OR the TT rate based on your earnings at the time of the recurrence or relapse, whichever is higher.

### **Temporary Partial Disability (TP) Benefits During a Job Search (Chapter 4, Section 12)**

If you are released for "light duty" or "restricted" work and the employer does not have such work, you can receive Temporary Partial Disability (TP) benefits while performing a job search for suitable employment. These TP benefits are paid at your basic weekly TT compensation rate. The following sections of this Booklet explain how the light duty procedure should be applied.

## “Light Duty” Work Guidelines and Job Search

If you are released for “light duty” or “restricted” work, you should follow the procedure outlined below:

- (1) Apply to your employer for the type of light or restricted work your attending physician says you can do. If no such work is offered, register with the Connecticut Job Service (below) and initiate a job search for any type of suitable work in your geographical area, even if it is not your ordinary type of work, within your doctor’s restrictions.
- (2) Inform the Workers’ Compensation Administrator of your job search efforts and send a list of employment contacts to them weekly (you may copy the form on the next page for this purpose).
- (3) Ask the Workers’ Compensation Administrator for confirmation that it will provide you with Temporary Partial (TP) Disability benefits while you seek suitable employment.
- (4) If you are seeking suitable employment through a job search, and are unable to find an appropriate job, your TP benefit rate will be equal to your original weekly benefit rate, subject to the maximum benefit amounts. If your job search results in finding of a light duty job at lesser pay, TP benefits will be paid based on a percentage of the difference in pay between the new job and the original job, as explained in the next section of this Booklet.
- (5) If you feel that you are complying with these procedures and the Workers’ Compensation Administrator disagrees or refuses to pay benefits, you should request an informal hearing from the Workers’ Compensation Commission.

The Employment Security Division of the State Labor Department operates job placement agencies throughout Connecticut. Their services are offered free of charge and utilize counselors and computerized job listing printouts which are updated daily and which list all occupational categories. Once your registration with the Job Service has been entered into the computer, you will be contacted at a later date when openings develop.

### State Job Service Offices

Ansonia	555 Main St.	203-734-3367	Meriden	290 Pratt St.	203-238-6110
Bridgeport	500 State St.	203-579-6262	Middletown	170B main St.	860-344-2993
Bristol	55 South St.	860-582-7421	New Britain	260 Lafayette St.	860-827-7765
Danbury	64 West St.	203-797-4140	New London	94 Captains Walk	860-443-8321
Danielson	61 Westcott Rd.	860-774-9397	Norwich	6 Cliff St.	860-889-5247
Enfield	620 Enfield St.	860-623-9121	Stamford	111 High Ridge Rd.	203-348-7505
Hamden	37 Marne St.	203-789-7734	Torrington	Torrington Parkade, 286 Winsted Rd	860-482-5583
Hartford	90 Washington St.	860-566-5771	Manchester	587 E. Middle Tpke	860-649-4558
Waterbury	83 Prospect St.	203-596-4123	Willimantic	Tyler Square, Main Stt.	860-423-2521



# Record of Employment Contacts

(This form should be copied for future use in your job searches)

Mashantucket Pequot Tribal Nation  
Workers' Compensation Commission  
P.O. Box 3060  
Mashantucket, CT 06338-3060  
Phone (860) 396-2424 Fax (860) 396-2060  
MPTNWCC@mptn-nsn.gov

Employee Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Month Day Year

Phone #: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Month Day Year

Date of Contact: \_\_\_\_\_  
Month Day Year

Employer: \_\_\_\_\_  
\_\_\_\_\_  
**(Name, Address & Phone)**

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_  
(Position applying for)

Result of Contact: \_\_\_\_\_  
(ex.: interview, hire, etc.)

Referral Source: \_\_\_\_\_  
(ex.: web, newspaper, etc.)

Date of Contact: \_\_\_\_\_  
Month Day Year

Employer: \_\_\_\_\_  
\_\_\_\_\_  
**(Name, Address & Phone)**

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_  
(Position applying for)

Result of Contact: \_\_\_\_\_  
(ex.: interview, hire, etc.)

Referral Source: \_\_\_\_\_  
(ex.: web, newspaper, etc.)

Date of Contact: \_\_\_\_\_  
Month Day Year

Employer: \_\_\_\_\_  
\_\_\_\_\_  
**(Name, Address & Phone)**

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_  
(Position applying for)

Result of Contact: \_\_\_\_\_  
(ex.: interview, hire, etc.)

Referral Source: \_\_\_\_\_  
(ex.: web, newspaper, etc.)

Date of Contact: \_\_\_\_\_  
Month Day Year

Employer: \_\_\_\_\_  
\_\_\_\_\_  
**(Name, Address & Phone)**

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_  
(Position applying for)

Result of Contact: \_\_\_\_\_  
(ex.: interview, hire, etc.)

Referral Source: \_\_\_\_\_  
(ex.: web, newspaper, etc.)

Date of Contact: \_\_\_\_\_  
Month Day Year

Employer: \_\_\_\_\_  
\_\_\_\_\_  
**(Name, Address & Phone)**

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_  
(Position applying for)

Result of Contact: \_\_\_\_\_  
(ex.: interview, hire, etc.)

Referral Source: \_\_\_\_\_  
(ex.: web, newspaper, etc.)

**A copy of your record of job search efforts should be submitted to the Workers' Compensation Third Party Administrator for review. Be sure to include all of the required information and make a copy for your records.**

**W.C. Third Party Administrator:**

***Esis, Inc.***

***P.O. Box 3777***

***Mashantucket, CT 06338-3777***

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

### **Temporary Partial Disability (TP) Benefits in a lower-Paying Job**

If your injury results in your employment in a “new” lower-paying job (either “light duty” or “restricted” work at your regular employer or such work at another employer), you may be entitled to Temporary Partial Disability (TP) wage differential benefits for part of the difference between your actual present earnings in your “new” job and the wages currently being paid in your former job.

These TP benefits are equal to 75% of the difference between the employee’s after-tax average weekly wage (after federal and state taxes and FICA deductions) following the employee’s injury and the after-tax average weekly wage in the employee’s usual work.

When the code was passed on July 1, 1997, the maximum weekly rate for partial incapacity was \$589.00.

*Effective October 1, 2000 the maximum weekly compensation rate for partial incapacity was increased from \$589.00 to \$623.00.*

*Effective July 15, 2004, the maximum weekly compensation rate for partial incapacity was increased from \$623.00 to \$680.00.*

### **Permanent Partial Disability (PPD) Benefits (Chapter 4, Section 12)**

When you have recovered as much as possible from your injury, you have reached Maximum Medical Improvement (MMI). At that time, if you have sustained a permanent total or partial loss, of, or loss of use of, a body part, your doctor should issue a percentage disability rating, usually in the form of a medical report. Such a disability rating marks the end of other Workers’ Compensation benefits (TT and/or TP) and makes you eligible to receive weekly PPD benefits for a specific number of weeks. After completing the disability evaluation form or outlining the rating in a written report, the physician giving the PPD rating should forward it to the employee, the employer/administrator and the WC Commissioners’ office. PPD benefits should then begin within 30 days of the date, or interest may be applied.

Chapter 4, Section 12 of the MPTN Workers’ Compensation Code provides a list (below) of body parts with the total number of weeks of compensation provided by law for each. The employee receives the number of weeks representing the percentage of loss multiplied by the allocation for the injured body part. The benefits are paid weekly at the PPD rate. For example, the master arm is scheduled for 208 weeks, so a “20% loss of use of the master arm” equals 20% of 208 weeks (41.6 weeks) of benefits. The PPD weekly benefit rate is the employee’s basic compensation rate at the time of injury or illness, subject to the maximum benefit amounts.

If the employer/administrator questions the evaluation, they may seek another one at their own expense, and if there are then two different opinions as to the degree of disability, the employee and the employer/administrator can either attempt to work out a compromise or request an Informal Hearing on the matter, where the Commissioner will review all medical information

presented and may suggest a resolution to the dispute. At such a hearing either party might request that the Commissioner order a third opinion but the decision to do so is in the Commissioner's discretion.

Once the parties reach an agreement as to a percentage rating, which may involve compromise among two or more ratings, the administrator will issue a Voluntary Agreement for the Commissioner's approval. In this case, the claim remains open and the employer/administrator is still liable for future medical expenses and any other benefits which may become due to the injured employee.

The weekly PPD benefit rate is equal to the employee's weekly TT benefit rate, subject to the Code maximum of 589.00 per week for injuries prior to October 1, 2000.

*Effective October 1, 2000 the maximum weekly compensation rate for partial incapacity was increased from \$589.00 to \$623.00.*

*Effective July 15, 2004, the maximum weekly compensation rate for partial incapacity was increased from \$623.00 to \$680.00.*

**PPD Benefit Schedule (Chapter 4, Section 12) (for injuries/illnesses ON OR AFTER July 1, 1997)**

Arm (master)	208 Weeks	Liver	347
Arm (Other)	194	Loss of Bladder	233
Back	374	Loss of Drainage	17ea.
Brain	520	Duct of Eye	
Carotid Artery	520	(if corrected by prosthesis)	
Cervical Spine	117	Loss of drain	33
Coccyx (actual removal)	35	(if uncorrected)	
Eye	157	Lung	117
finger (first)**	36	Mammary	35
Finger (second)**	29	Nose	35
		(sense and respiratory function)	
Finger (third)**	21	Pancreas	416
Finger (fourth)**	17	Pelvis	% of back
Foot (loss at or above ankle)	125	Penis	35-104
Gall Bladder	13	Rib Cage (bilateral)	69
Hand (master)	168	Sense of Smell	17
Hand (other)	155	Speech	163
Hearing (both ears)	104	Spleen (in addition to scar)	13
Hearing (one Ear)	35	Stomach	260
Heart	520	Testis	35
Jaw (mastification)	35	Thumb (master hand)	63
Kidney	117	Thumb (other hand)	54
Leg (loss at or above knee)	155	Toe (great)***	28
		Toe (any other)***	9
		Tooth (minimum)	1

Where the employee has lost a percentage of the use of a scheduled part that percentage is multiplied times the total weeks to determine the appropriate award.

## NOTES

- \* The loss or loss of use of one phalanx of a thumb shall be construed as 75% of the loss of the thumb.
- \*\* The loss or loss of use of one phalanx of a finger shall be construed as 50% of the loss of the finger. The loss of or loss of use of two phalanxes of a finger shall be construed as 90% of the loss of the finger.
- \*\*\* The loss or loss of use of one phalanx of a great toe shall be construed as 66-2/3% of the loss of the great toe. The loss of the greater part of any phalanx shall be construed-as the loss of a phalanx and shall be compensated accordingly.

### **Disfigurement and Scarring Benefits (Chapter 4, Section 12)**

The Commissioner may award benefits for a permanent, significant disfigurement or scar due to a work-related injury or surgery (1) on the face, head, or neck, or (2) on any other area of the body, if the scar or disfigurement handicaps the claimant in obtaining or continuing to work. These awards cannot be requested any earlier than one (1) year after nor any later than two (2) years after the injury or surgery causing the disfigurement or scar.

The weekly Disfigurement and Scarring benefit rate is equal to the employee's weekly TT benefit rate, subject to the Code maximum as of July 1, 1997 of \$589.00 per week.

*Effective October 1, 2000 the maximum rate was increased from \$589.00 to \$623.00 and may be awarded for a maximum of 208 weeks.*

*Effective July 15, 2004, the maximum weekly compensation for partial incapacity was increased from \$623.00 to \$680.00.*

### **Discretionary Wage Differential Benefits (Chapter 4, Section 13)**

If, after you have reached Maximum Medical Improvement (MMI), and collected Permanent Partial Disability (PPD), your injury results in your inability to find employment, or in your employment in a "new" lower-paying job, you MAY be entitled to wage differential benefits for part of the difference between your actual present earnings (if any) and the wages currently being paid in your former job. Such benefits are discretionary; that is, they MAY or MAY NOT be awarded by Workers' Compensation Commissioner.

These wage differential benefits are equal to 75% of the employee's after-tax loss in earnings (after federal and state taxes and FICA deductions), subject to the maximum. They may be awarded for a period equal to the LESSER of an employee's period of PPD benefits OR 520 weeks (10 years).

### **Dependent Survivor (“Fatality”) Benefits (Chapter 4, Section 9)**

When an employee’s death is caused by a work-related injury or illness, a surviving spouse or other eligible dependent will be entitled to burial expenses of \$10,000. and weekly wage replacement benefits equal to 75% of the deceased employee’s after-tax average weekly wage (after federal and state taxes and FICA deductions), subject to the code maximum as of July 1, 1997 of 678.00 per week and increased as of October 1, 2000 of \$715.00 per week.

### **Full Pay for Day of Injury (Chapter 2, Section 8)**

You will receive your full pay for the day your injury occurred, whether or not you were able to return to work after the accident.

### **Waiting Period (Section 8)**

Before an injured employee is entitled to benefits for total incapacity, he or she must be disabled for more than three days; this is called the waiting period. Once the period of disability exceeds three days, compensation will begin. If the disability extends more than seven days, the waiting period is eliminated and benefits are paid from the beginning of the employee’s incapacity. In counting days of incapacity from work, all calendar days are counted, even if the employee was not scheduled to work during any or all of them. (The day of the injury itself does NOT count as a day of incapacity from work.)

### **Discharge and Discrimination Prohibition**

Chapter 2, Section 2 of the Workers’ Compensation Code prohibits the discharge, or discrimination against, any employee because the employee has filed a claim for Workers’ Compensation benefits or otherwise exercised his or her rights under the Code.

Any employee who claims to have been so discharged or so discriminated against may bring a civil action in the Tribal court. If the court finds that the employee was wrongfully discharged or discriminated against, it may award job reinstatement, payment of back wages, and reestablishment of employee benefits to which the employee would have been eligible if he or she had not been discharged or discriminated against, as well as reasonable attorney’s fees.

## **Filing a Workers' Compensation Claim**

If an employee is injured on the job or are diagnosed as having a work-related disease, he or she should report the injury and file a written notice of claim for workers' compensation as soon as possible. Generally, the employer will have a form or other system for documenting reports of injuries. The Workers' Compensation Commission provides a form for giving notice of a Workers' Compensation claim.

**Reporting an Injury.** Although the Code allows one year in which to file a claim, the employee should report any injury promptly as soon as it occurs. Reporting the injury is not a substitute for filing a written notice of claim. However, prompt reporting will assure that the employee can get immediate medical attention, and may help to avoid the possibility that the claim will initially be denied. The injury should be reported to the employee's supervisor or to the medical department.

**Where to File a Claim.** All Notice of Claim Forms for Workers' Compensation benefits must be filed with both the employer and with the Workers' Compensation Commissioners Office. The claim notices should be filed by certified mail or else delivered in person to the employer and commissioner.

**When to File a Claim.** A Notice of Claim Form should be filed promptly after a work-related injury takes place. There is a statute of limitation for filing Workers' Compensation claims: within ONE YEAR of the date of an injury or, in the case of repetitive trauma, within ONE YEAR of the last time the repetitive act occurred; and in the case of occupational disease, within THREE YEARS of the first diagnosis of the disease.

**NOTE:** If, within the applicable time period described above, (1) there has been a hearing or a written request for a hearing or an assignment for a hearing, or (2) the employer's insurance administrator has already signed a Voluntary Agreement, or (3) the employee has been provided with medical or surgical care by Workers' Compensation for the injury or disease, a written Notice of Claim Form for the injury or illness it covers is not required.

**Why to File a Claim.** It is important to that any injured employee should file a claim for his or her injury promptly. Then, there will be no doubt that they are claiming a work-related injury or occupational disease. It is the best way to insure that the statute of limitations for filing a Workers' Compensation claim has been met. An "accident report" filed with the Department is NOT an official claim for Workers' Compensation benefits.



## **Directions for Completing the Notice of Claim Form**

**Please pay close attention to these directions,  
When filling out a Notice of Claim Form, remember to Type or Print Neatly in Ink  
(except for signatures).**

### **In filling out the Notice of Claim Form, please note the following:**

- 1. In the “Employer Information” section at the top of the form, check the company worked for, either MPGE(Foxwoods Casino) or MPTN(Government).**
- 2. In the “Injured Worker Information” section, type or neatly print the injured workers’ name, address, phone, badge number, social security number and date of birth.**
- 3. In the “Injury Information” section, type or neatly print the date of the injured worker’s injury and the town in which the injury occurred (This is the city or town in which the injury actually occurred. This will not necessarily be the same location as the employer’s business address!). Next, check (YES or NO) whether the injury is an occupational injury or whether it has resulted from repetitive trauma. Next, complete the nature of injury section. For example: “sprain or strain”, “laceration”, etc.. Lastly, complete the body part section. For example: “right. shoulder”, “lower back”, etc..**
- 4. In the “Signature of Injured Worker or Representative” box section of this form, sign your name and fill in the date of your signature, if you are the injured worker. If you are NOT the injured worker, then sign your name, fill in the date of your signature, and then type or neatly print your name, the name (if any) of your firm, your street address, town, state, zip code, and your telephone number.**
- 5. Carefully read the information at the bottom of the form.**

### **Once you have completed the Notice of Claim form, follow these procedures:**

- 1. Make two (2) extra copies of your completed Notice of Claim Form.**
- 2. Send the original Notice of Claim Form to your employer c/o Esis, Inc. by Certified or Registered mail, return receipt requested. The claim may also be delivered in person but if so, have the employer acknowledge in writing the receipt of the claim.**
- 3. Send a copy of the Notice of Claim Form to the Workers’ Compensation Commission Office by Certified or Registered mail, return receipt requested, or deliver by personal presentation.**

4. **Keep the remaining copy of the Notice of Claim Form for your own file.**

**Please note the addresses to which the Notice of Claim form should be sent are located at the bottom of the form.**

**Discontinuation of “Weekly Compensation” Benefits  
(When You Receive a “Notice to Discontinue or Reduce Payments”)**

The Third Party Administrator (TPA) will seek to discontinue benefits for temporary total incapacity when a physician indicates that the claimant is capable of some type of work. In order to discontinue benefits, the TPA is required to file a Notice to Discontinue or Reduce Benefits which should be attached to a physician’s report. This form must be sent by certified mail to the claimant and the Mashantucket Pequot Tribal Commissioner. The Notice to Discontinue or Reduce Benefits may automatically be approved by the Commissioner, unless contested by the claimant within ten (10) days. If the notice of discontinuation is properly contested, the TPA must continue to pay weekly compensation benefits until an Informal Hearing is held on the matter.

If you receive a Notice to Discontinue or Reduce Benefits and contend that your benefits should not be discontinued or reduced:

- (1) Immediately notify the Office of the Chief Commissioner and request an Emergency Informal Hearing on the matter.
- (2) Call the TPA and inform them that the discontinuance has been contested and that an Emergency Informal Hearing has been requested.

At the Informal Hearing be prepared to present medical reports or other information that confirm continued incapacity. If you fail to do this, the Commissioner may approve the discontinuation of benefits retroactively. If you contest a Notice of Discontinue or Reduce Benefits and the Commissioner at the Informal Hearing approves the Notice of Discontinue or Reduce Benefits retroactively, any additional benefits you received prior to the hearing may be credited against any future compensation benefits to which you may be entitled.

**NOTE: A Notice to Discontinue or Reduce Benefits does NOT necessarily mean that ALL Workers’ Compensation benefits are being discontinued!**

For example, a claimant no longer eligible for Temporary Total Disability (TT) benefits may be entitled to further benefits for Temporary Partial Disability (TP) or Permanent Partial Disability (PPD).



## Notice of Claim for Compensation

Mashantucket Pequot Tribal Nation  
Workers' Compensation Commission  
P.O. Box 3060  
Mashantucket, CT 06338-3060  
Phone (860)396-2424 Fax (860)396-2060  
MPTNWCC@mptn-nsn.gov



**Notice is hereby given that the undersigned, who while in the employ of MPTN or MPGE sustained injuries arising out of and in the course of his/her employment as follows:**

### Employer Information *(check one)*

Mashantucket Pequot Tribal Nation       Mashantucket Pequot Gaming Enterprise

### Injured Worker Information

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Telephone: \_\_\_\_\_ Badge#: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
City/Town State Zip Code

### Injury Information

Date of Injury: \_\_\_\_\_ Body Part(s) Injured: \_\_\_\_\_  
Month Day Year

Nature of Injury: \_\_\_\_\_ Occupational Injury  or Repetitive Trauma

### Signature of Injured Worker or Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

Name and Address of Injured Worker Representative, if applicable:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
City/Town State Zip Code

**WARNING TO EMPLOYER:** For the injuries/illnesses occurring on or after July 1, 1997, if the employer does not file a notice contesting liability within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, Compensability Shall Be Presumed, but is subject to rebuttal. If the employer chooses to begin making Workers' Compensation benefits payments within 28 calendar days from the date of receipt of the claim and still wishes to contest this claim, it must do so by filing a Notice to Contest Liability form for this claim within one year from receipt of claim. Mashantucket Pequot Workers' Compensation Code {Chapter 2; Section 4}

This notice must be served upon the Chief Commissioner and Esis, Inc. c/o Risk Management Dept. by personal delivery or by **REGISTERED** or **CERTIFIED mail** at the addresses below. For the protection of the parties the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date of receipt. A written Notice of Claim form must be filed with 1 year of an injury and within 3 years of an occupational illness, or the claim may be barred.

Mashantucket Pequot Tribal Nation Workers' Compensation Commission 110 Pequot Trail, P.O. Box 3060 Mashantucket, CT 06338-3060	ESIS, Inc. c/o Risk Management P.O. Box 3777 Mashantucket, CT 06338-3777
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## **Hearings before the Mashantucket Pequot Tribal Workers' Compensation Commissioner**

Most employees with work-related injuries or illnesses will have cases in which their medical treatment, wage replacement benefits, and other benefits proceed without controversy. These claims will not require a workers' compensation hearing, because there will be no dispute to settle; all parties will agree on the compensability of the accident or illness and on the medical treatment and benefits due the employee as a result of the injury or illness. However, for those cases in which there is an issue or disagreement, the Workers' Compensation Code provides for hearings to resolve disputes.

Most disputed cases are resolved in Informal Hearings. In a small number of cases, usually involving complex issues or matters of law, a Formal Hearing is required. After a Formal Hearing, there can be an appeal to the Mashantucket Pequot Tribal Court.

Hearings may also be held for reasons other than disputes. For instance, an injured or ill employee must request an Informal Hearing before a Workers' Compensation Commissioner to request discretionary wage differential benefits or to have a disfigurement evaluation; such hearings do not necessarily involve a dispute, although they may, depending upon the Commissioner's proposed award of benefits.

### **Informal Hearings**

An Informal Hearing is a conference held at the Mashantucket Pequot Workers' Compensation Commissioners' office and presided over by the Workers' Compensation Commissioner. The purpose of the conference, which usually lasts 15 to 30 minutes, is to try to reach an agreement to resolve disputes in workers' compensation cases, or to make appropriate awards of benefits such as wage differential or disfigurement benefits. The Commissioner presiding over an Informal Hearing will not "represent" either party in a case, but will serve as an impartial mediator between the two parties. An informal hearing may be requested by either party.

Both the employee and the employer or its administrator attend the Informal Hearing. A claimant may come alone to an Informal Hearing or may come with a friend, relative, or interpreter (if needed), and may also be represented by an attorney. Employers and administrators will have an insurance adjuster and/or attorney as their representative(s).

The Informal Hearing generally involves a discussion of the issues, presentation of information, and a recommendation by a Commissioner as to how to resolve a dispute. Witnesses are not "sworn in" nor are there any stenographic records of such hearings.

The party requesting the hearing should clearly explain any issues that are in dispute to the Commissioner. Relevant documents (such as medical reports, test results, evaluations, etc.) should also be presented. If possible, a copy of such materials should either be sent to the

Commissioner in advance of the hearing, or given to the Commissioner at the hearing, since such information is often crucial in resolving many cases.

Either party can feel free, in an Informal Hearing, to ask questions about rights, benefits, or other provisions of the workers' compensation code. Since there is no stenographic record of the hearing, both parties should make notes regarding any agreements, referrals, recommendations, etc. which result from the hearing.

After reviewing information presented and discussing any issues with the parties involved, the Commissioner will usually make a recommendation to resolve the dispute. If the parties at the hearing accept them, such recommendation(s) will be binding upon the parties as an award made by the Commissioner.

When a resolution cannot be determined and agreed upon in one Informal Hearing, another one is usually scheduled for more discussion or for whatever other reason(s) the Commissioner deems necessary. In cases where the parties cannot reach agreement after one or more Informal Hearing(s), it may be necessary to request a Formal Hearing.

### **Emergency Hearings**

The Workers' Compensation Commission has defined certain situations requiring especially quick action which warrant a special form of Informal Hearings called an "Emergency Hearing". An Emergency Hearing is scheduled as soon as possible after a request, and do not require the usual ten (10) days notice.

The following situations have been designated as Emergency Hearings:

1. When a Notice to Discontinue or Reduce Benefits has been contested;
2. New cases where a Notice to Contest has been filed and no compensation benefits are being received by the claimant;
3. There is an emergency need for surgery or other medical care;
4. The employee has a financial emergency such as foreclosure, eviction or loss of motor vehicle; and
5. Other circumstance that the Chief Commissioner determines require Emergency Hearing scheduling.

### **Formal Hearings**

Unlike Informal Hearings, a "Formal Hearing" is a formal legal proceeding presided over by the Workers' Compensation Commissioner which may last up to several hours and may involve more than one session.

Either party - claimant or respondent - may request a Formal Hearing, or the Commissioner may order a formal hearing, if earlier Informal Hearings have failed to produce an agreement between the parties. Both the employee and the employer or its workers' compensation administrator attend the hearing. Although an employee may represent himself or herself (called "pro se") at a Formal Hearing and he or she is not legally required to retain an attorney, it is almost always the case that the employee is and should be represented at this level by legal counsel.

It is the Commissioner's duty in a Formal Hearing to make inquiry through oral testimony, deposition testimony, and written or printed records to ascertain each of the parties' substantial rights and carry out the provisions and intent of the Workers' Compensation Code. A stenographic record of the Formal Hearing will be kept.

Following a Formal Hearing the Commissioner reviews the evidence presented, as well as any briefs filed with the Commissioner after the hearing, and renders a written decision called a "Finding and Award" or a "Finding and Dismissal" which sets out the Commissioner's findings of fact and conclusions regarding the disputed issue(s) in the case. This written decision is binding on all parties, unless appealed by either party to the Mashantucket Pequot Tribal Court.

### **Appeals**

After a Commissioner has rendered a Formal Hearing decision, either party to the claim has twenty (20) days in which to appeal the Commissioner's decision to the Mashantucket Pequot Tribal Court which does NOT try the case again, but hears the appeal on the record of the earlier hearing. The Tribal Court will not overturn a Commissioner's decision from the earlier hearing, if the decision was based on evidence presented, and additional evidence or testimony will be allowed ONLY if the Tribal Court determines that such evidence or testimony is material and there were good reasons for failure to present it at the Formal Hearing.



# Hearing Request

Mashantucket Pequot Tribal Nation  
Workers' Compensation Commission  
P.O. Box 3060  
Mashantucket, CT 06338-3060  
Phone (860)396-2424 Fax (860)396-2060  
MPTNWCC@mptn-nsn.gov



**I hereby request the following hearing in the Mashantucket Workers' Compensation Commission:**

Informal	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Stipulation Approval	<input type="checkbox"/>
Pre-formal	<input type="checkbox"/>	Formal	<input type="checkbox"/>	Scarring	<input type="checkbox"/>

Reason(s) for Requested Hearing:

\_\_\_\_\_  
\_\_\_\_\_

## Injured Worker Information

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town State Zip Code

Date of Injury: \_\_\_\_\_ Body Part(s) Injured: \_\_\_\_\_  
Month Day Year

## Attorney or Representative of Injured Worker

Attorney Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Claimant or Representative) Month Day Year

## Employer Information (check one)

<input type="checkbox"/>	Mashantucket Pequot Tribal Nation	<input type="checkbox"/>	Mashantucket Pequot Gaming Enterprise
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## **A Glossary of Workers Compensation Terms and Definitions Benefits:**

***Temporary Total Disability (TT)*** - Wage replacement benefits for employees who are totally incapacitated from ANY type of work of an employee with a work-related injury or illness. The benefits are paid only during the period of total inability to work and are terminated when the injury has improved to the point that the employee has a work capacity.

***Relapse or Recurrence*** – Wage replacement benefits for an employee with a work-related injury or illness who has improved and returned to work, but then has a return of some medical problem(s) caused by the injury or illness which cause(s) a further period of total incapacity from work.

***Temporary Partial Disability (TP)*** - Wage replacement benefits for an employee who has restrictions on their work activities as the result of a work related injury or illness, and who is able to perform SOME types of work, as defined by his or her attending physician.

***Permanent Partial Disability (PPD)*** - Benefits for the permanent loss, or loss of use of, one or more body part(s) resulting from a work-related injury or illness.

***Discretionary Wage Differential*** - Additional benefits which *may* or *may not* be awarded to an injured or ill employee by a Workers' Compensation Commissioner, following an employee's receipt of all, Permanency(PPD) benefits.

***Disfigurement and Scarring*** - Benefits for a permanent, significant disfigurement or scar resulting from a work related injury or illness. (Scar or disfigurement is defined by the Workers' Compensation Code).

***Dependent Benefits*** - Burial expenses for an employee who dies as a result of a work-related injury or illness, and wage replacement benefits to any eligible surviving dependent(s) of such a deceased employee.

### **Forms:**

***Accident Report*** - Form required to be filed by the employer in cases of an employee's work-related injury or illness. An accident report is NOT a claim for Workers' Compensation benefits, although it usually gets things started when it is filed.

***Notice of Claim Form*** - The Workers' Compensation Commission Form filed by an employee with an alleged work-related injury or illness, or dependent(s) of a deceased employee, claiming Workers' Compensation benefits. These forms can also be filed by the representatives of the injured employee or his/her dependants.



***Notice of Discontinuation of Benefits Form*** - The Workers' Compensation Commission form filed

by the employer's Workers' Compensation Insurance Administrator, notifying an injured or ill employee and the Workers' Compensation Commissioner of its intent to discontinue, reduce or suspend payment of Workers' Compensation benefits.

***Permanent Disability Evaluation Form*** - The Workers' Compensation Commission form filed by an injured or ill employee's attending physician in cases where the physician feels that the employee has a permanent and partial physical disability of one or more body part(s) due to his or her work-related injury or illness.

***Notice of Intent to Contest Liability of Claim*** - The Workers' Compensation Commission form filed by the employer's Workers' Compensation insurance administrator to contest liability for an employee's claim of an alleged work-related injury or illness, or for a deceased employee's dependent's claim of an alleged work-related death.

***Voluntary Agreement*** - Workers' Compensation Commission form which is an agreement between an injured or ill employee and the employer and its Workers' Compensation insurance administrator. This agreement states the type of Workers' Compensation benefit agreed upon and the amount to be paid, and should be issued in every case in which an employee's injury or illness is deemed to be compensable and the employee is entitled to any form of weekly compensation.

### **People:**

***Attending Physician*** - The medical practitioner who is the primary medical caregiver of an employee with a work-related injury or illness.

***Claimant*** - Any person making a claim for Workers' Compensation benefits: usually an employee claiming a work related injury or illness, but may also be a surviving dependent of a deceased employee claiming survivors' benefits.

***Respondent*** - An employer or its Workers' Compensation insurance administrator in a Workers' Compensation case.

***Workers' Compensation Commissioner*** - An administrative official authorized by the Workers' Compensation Code to have jurisdiction in whatever matter referred to in a given section of the code, such as holding hearings, etc.

### **Other Terms:**

***Basic Compensation Rate*** - A claimant's weekly Workers' Compensation benefit rate.

**Hearing** - Informal or formal meeting between the parties in a Workers' Compensation case (claimant and respondent) presided over by the Workers' Compensation Commissioner for the purpose of resolving differences, disagreements, and the like in order to provide appropriate Workers' Compensation benefits to a claimant.

**“Light Duty” or “Restricted Work”** - Work which an employee's attending physician allows the employee to do during the period in which the employee is recovering from a work-related injury or illness. During this period of “lighter” work capacity, the employee is eligible for Temporary Partial Disability benefits.

**Maximum Medical Improvement (MMI)** - The time specified by an employee's attending physician as when the employee has healed from a work-related injury or illness to the fullest extent he or she is expected to heal. At this time the attending physician determines whether or not the employee has sustained a Permanent Partial Disability to any body part(s) and the degree of any such physical impairment(s).

**Payments “Without Prejudice”** - Payments of Workers' Compensation benefits made to an employee claiming a work related injury or illness by his or her employer's Workers' Compensation Insurance Administrator which assists the employee temporarily while the employer/administrator is determining whether to contest the claim or to accept it.