



**GEORGIA WORKERS' COMPENSATION**

**IMPORTANT INFORMATION**

**Period of Incapacity Preceding Income Benefits** (§34-9-220): No income benefits are paid within the first 7 days following injury, unless the employee is incapacitated for 21 consecutive days following injury, then compensation shall be paid for the 1st seven calendar days of incapacity.

**Payment of Income Benefits** (§34-9-221): 1st payment of benefits become due 21 days after the employer has knowledge of the injury or death. Payments are due in weekly installments thereafter.

- Failure to pay benefits due prior to an award will result in a 15% penalty
- Failure to pay benefits due under terms of a board order within 20 days of becoming due will result in a 20% penalty

**Converting TTD to TPD Benefits** (§34-9-104/Rule 104): Form WC-104 must be served on employee, his/her attorney, and the board within 60 days of release with restrictions from Authorized Treating Physician (ATP). Upon service of the WC-104, once the employee has been released with restrictions for 52 consecutive weeks or 78 aggregate weeks, TTD benefits may be unilaterally changed to TPD by filing a Form WC-2.

**Reimbursement for approved medical related travel** (Rule 203): \$0.40/mile payable within 15 days of request for reimbursement. Actual cost of meals when actual travel time exceeds 4 hours, but shall not exceed \$30 per day.

**Employer/Insurer Denial of Requested Treatment from ATP** (Rule 205): Must respond to submitted Form WC-205 within 5 business days of receipt by fax or email to ATP or the request stands pre-approved. Following the written response to WC-205, Employer/Insurer must file a WC-3 controverting the treatment within 21 days of receipt of the WC-205 request.

**WC-PMT (Petition for Medical Treatment)** This form was created to use when an employer/insurer have failed to respond to a request for authorization of treatment/testing by the ATP (or authorized referral doctor) within five (5) business days of the request. The claimant and/or claimant's attorney may file a WC-PMT to show cause why the recommended treatment/testing has not been authorized. In lieu of participation in a telephonic conference with an ALJ within 5 business days of the petition, the employer/insurer may use this form to authorize or controvert the recommended treatment/testing.

**Determining Average Weekly Wage (AWW)** (§34-9-260): Average of gross wages for the 13 weeks immediately preceding injury; if claimant hasn't worked during "substantially" the whole of 13 weeks immediately preceding the injury, use the 13 week wage average of a similarly situated employee; if neither of the foregoing methods can be reasonably and fairly applied the full time weekly wage of the employee is to be used. There are special allowances for volunteer firefighters/law enforcement officers and members of the National Guard or State Defense Force.

**Traditional Panel of Physicians** (§34-9-201): The employer shall maintain a list of at least six physicians or professional associations or corporations of physicians who are reasonably accessible to the employees; provided, however, that the board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians or groups of physicians are not reasonably accessible. This list shall be known as the "Panel of Physicians." At least one of the physicians must practice the specialty of orthopedic surgery. Not more than two industrial clinics shall be included on the panel. The claimant may choose a physician from the panel of providers. The Panel must be posted in prominent places upon the business premises and otherwise take all reasonable measure to ensure that employees are aware and understand its purpose and contents. If the employer fails to comply with the panel provisions, an employee may select any physician to render service at the expense of the employer/insurer. A conformed panel is no longer an option as of 7/1/15. Board Rule 201: panel shall include one minority physician (race, color, sex, handicap or national origin).

**MAXIMUM COMPENSATION RATE**

Years	TTD	TPD
7/1/2019-_____:	<b>\$675</b>	<b>\$450</b>
7/1/2016-6/30/2019:	\$575	\$383
7/1/2015-6/30/2016:	\$550	\$367
7/1/2013-6/30/2015:	\$525	\$350
7/1/2007-6/30/2013:	\$500	\$334
7/1/2005-6/30/2007:	\$450	\$300
7/1/2003-6/30/2005:	\$425	\$284
7/1/2001-6/30/2003:	\$400	\$268
7/1/2000-6/30/2001:	\$375	\$250
7/1/1999-6/30/2000:	\$350	\$233.33

**WEEKS ALLOWED FOR SCHEDULED MEMBERS**

Body Part	Maximum Weeks
Arm.....	225
Leg.....	225
Hand.....	160
Foot.....	135
Thumb.....	60
Index finger.....	40
Middle finger.....	35
Ring finger.....	30
Little finger.....	25
Great toe.....	30
Any other toe.....	20
Loss of Hearing one/both.....	75/150
Loss of vision in one eye.....	150
Disability of the body as a whole.....	300

**BENEFITS**

- **Temporary Total Disability (TTD)** (§34-9-261): 2/3 of the employee's AWW, but not to exceed \$675 per week. Payable for a maximum period of 400 weeks from the date of injury unless case ruled Catastrophic as defined by §34-9-201.1 (g).
- **Temporary Partial Disability (TPD)** (§34-9-262): 2/3 of the difference between the pre-injury AWW and the AWW upon returning to work, but not to exceed \$450 per week. Payable for a maximum of 350 weeks from the date of injury.
- **Permanent Partial Disability (PPD)** (§34-9-263): Loss or loss of use of body members or from the partial loss of use of the employee's body. Not payable while the employee is entitled to TTD or TPD benefits. 2/3 of the employee's AWW, but not to exceed \$675 per week. Payable for the number of weeks determined by the percentage of bodily loss or loss of use times the maximum weeks.
- **Death Benefits** (§34-9-265): Funeral costs not to exceed \$7,500. Payment to dependents of 400 weeks of TTD benefits unless spouse is the sole dependent at time of death. Benefits paid to a spouse as sole dependent shall not exceed \$150,000 prior to 7/1/15. 7/1/15 - 6/30/2016 maximum of \$220,000. 7/1/16 maximum increases to \$230,000. 7/1/2019 maximum increases to \$270,000.
- **Medical Benefits** OCGA §34-9-200 as of July 1, 2019, and effective retroactively, the 400 week cap is removed for medical benefits related to spinal cord stimulators, prosthetics, hardware, durable medical equipment, etc. that are provided within the initial 400 weeks. These are now subject to lifetime medical exposure.



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## GEORGIA WORKERS' COMPENSATION

### GEORGIA STATE BOARD OF WORKERS' COMPENSATION COMMON FORMS

Forms	Title of Form	When Used	Who Receives	Code §/Rule
WC-1	Employer's Report of Injury	Within 21 days of Employer's knowledge of injury. Effective January 1, 2019 filing of a WC-1 is required for all claims including medical only files.	Board & all parties	§34-9-221/Rule 61
WC-2/2a	Notice of Payment or Suspension of Benefits/Death Benefits	To commence, suspend, or amend weekly benefits/death benefits	Board & claimant/attorney; all beneficiaries/attorneys	§34-9-261, 262,263,265/Rule 221
WC-3	Notice to Controvert	When controverting where a WC-1 was previously filed; WC-4 must also be filed w/in 180 days	Board & all parties, including treating physician/s and any party with financial interest	§34-9-221/Rule 221
WC-4	Case Progress Report	w/in year of 1 <sup>st</sup> injury; every 12 months; claim closure, settlement, or reopening; new 3 <sup>rd</sup> party administrator	Board	Rule 61
WC-6	Wage Statement	When weekly benefits are less than maximum allowed or w/in 30 days of written request	Board & claimant/attorney or other requesting party	§34-9-261 & 262
WC-14	Notice of Claim/Request for Hearing/Request for Mediation	Requesting a hearing or mediation	Board & all parties	§34-9-221
WC-104	Notice to Employee of Medical Release to RTW w/Restrictions	W/in 60 days of claimant's release to return to work with restrictions	Claimant/attorney/Board	§34-9-104 & 240/Rule 104 & 240
WC-200a	Change of Physician/Additional Tx by consent	When all parties agree to ATP change or of new Tx	Board & all parties, including named medical providers	§34-9-200/Rule 200
WC-200b	Request/Objection for Change of Physician/Additional Tx	Requesting an ATP change w/o consent or objecting to request by claimant	Board & claimant/attorney	§34-9-200/Rule 200
WC-205	Request for Authorization of Tx or Testing by Authorized Medical Provider	Filed by medical provider seeking Tx approval, response required w/in 5 days	Employer/insurer, response sent to medical provider and claimant/attorney	§34-9-200
WC-207	Authorization and Consent to Release Information	Consent form used when seeking release of claimant's medical records	Completed by claimant and returned to employer/insurer	§34-9-207/Rule 200
WC-240	Notice to Employee of Suitable Employment	Offering employment suitable to impaired condition; suspension of weekly benefits per Rule 240	Claimant/attorney	§34-9-240/Rule 240
WC-240a	Job Analysis	In conjunction with WC-240 to provide a detailed job description	Claimant/attorney	§34-9-240/Rule 240
WC-243	Credit	Seeking credit for over payment or against other income benefits received	Board & claimant/attorney	§34-9-243
WC-262	Wage Documentation of TPD Payments	Upon payment of any TPD benefits based upon an actual return to work; every 13 wks while working and receiving TPD	Board & claimant/attorney	§34-9-262
WC-PMT	Petition For Medical Treatment	Used by claimants to request telephonic conference when delay in authorization of medical treatment in a compensable claim. E/I may use form to authorize or controvert the treatment in lieu of telephone conference.	Board & claimant/attorney	Board Rule 205 (c)

GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
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#### Defenses

- "No injury by accident arising out of and in the course of the employment."
- Willful misconduct
- Intentional self inflicted injury
- Attempt to injure another
- Horseplay
- Failure to use safety equipment
- Willful breach of safety rule/statute
- Intoxication
- Travel to and from work (transportation not provided by employer)
- Substantial deviation from job duties or authorized work travel route
- Fraud during hiring process
- Independent contractor
- Psychological injury without a direct physical injury

#### Statute of Limitations / Important Deadlines

- Filing initial claim (§34-9-82): must be filed within 1 year of injury except where income benefits paid or treatment provided by the employer/insurer then claim must be filed within 1 year of last treatment within 2 years of last payment.
- PPD Benefits (§34-9-104): Must be filed within 2 years of last payment of income benefits.
- Change of Condition (§34-9-104): Must be filed within 2 years of last payment of income benefits.
- Occupational Disease (§34-9-281): Must be filed w/in 1 year of when the employee knew or should have known of the disablement and its connection to employment; but never more than 7 years after last exposure to the hazard except asbestosis or mesothelioma claims may be brought within one year of the 1st disablement after diagnosis.
- Any claim dismissed with prejudice where no medical or indemnity benefits paid and no hearing has been held within 5 years (see §34-9-100)
- Death claims (§34-9-82): must be filed within 1 year of the death of the employee.
- Appeal to the SBWC Appellate Divisions (§34-9-103/Rule 103): 20 days
- Appeal to the Superior Court (§34-9-105/Rule 105): 20 days
- Appeal to Georgia Court of Appeals (§34-9-105/Rule 105): 30 days