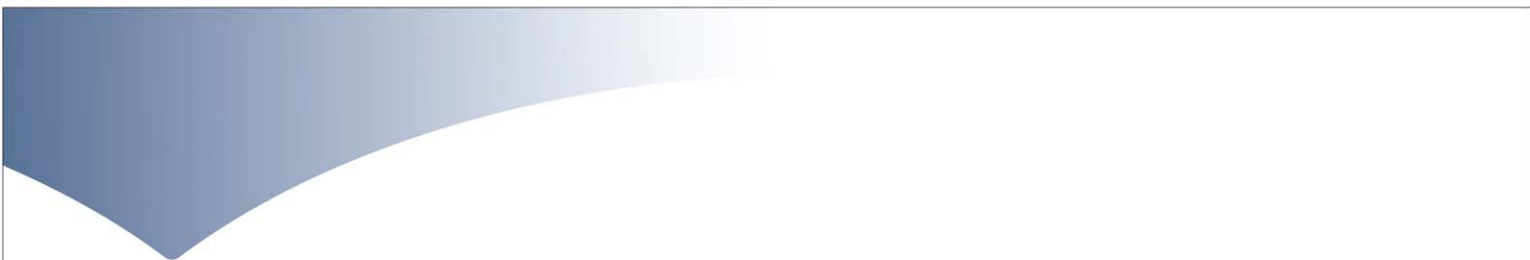


Customer Workers Compensation Jurisdictional Resource - Michigan

Issue	Mandatory	What & How	Impact	State Forms
Timely Reporting of Claims	<p>Yes</p> <p>Employer shall immediately report to the Agency all injuries which result in:</p> <p>(1) Disability extending beyond 7 consecutive days, not including date of injury;</p> <p>(2) Death;</p> <p>(3) Scheduled losses.</p> <p>Rule 408.31(1)(a)(b) & (c) of the Workers' Compensation Agency</p>	<p>A Michigan Form WC-100 - Employer's Basic Report of Injury, must be mailed to the Workers' Compensation Agency located at P.O. Box 30016 in Lansing, MI 48909.</p>	<p>Prompt reporting will allow prompt investigation of claim. This will allow faster communication between the carrier, injured worker and medical providers.</p>	<p>Michigan Form WC-100 - Employer's Basic Report of Injury</p>
Drug Free Workplace	<p>If use of alcohol and/or drugs contribute to injury, the defense of willful misconduct may be available.</p> <p>Michigan Compensation Law 418.305</p>	<p>If any employee is injured due to the use of alcohol and/or drugs, he/she shall not receive compensation.</p>	<p>Employer must prove that intoxication played a part in the employee's injury.</p>	<p>N/A</p>
Directing Medical Treatment	<p>After 10 days, employee can treat with a physician of his/her own choosing. Employee must give notice of intent to treat with a particular physician, and employer can object to a particular doctor.</p> <p>Workers'</p>	<p>Employee must provide name of physician and notice of intent to treat.</p> <p>Employer objects by filing an Application for Hearing with the Agency.</p>	<p>Employer can control medical treatment for first 10 days.</p>	<p>Form WC 104(C) Defendant's Application for Mediation or Hearing (not available online). To order call 517.322.1441 or email request to</p>

	Compensation Magistrate will resolve. Michigan Compensation Law 418.315(1)			wcinfo@michigan.gov .
Managed Care	No	N/A	N/A	N/A
Posting Notice	No	N/A	N/A	N/A
Health Insurance	The Worker's Compensation Act does not require that the employer continue a health insurance plan. If health insurance is discontinued, the cost of the health insurance to the employer can be added to an employee's average weekly wage in appropriate circumstances.	If the employee's weekly compensation rate is below 2/3 of the state average weekly wage, the cost of health insurance can be added to the average weekly wage. This cannot result in a benefit rate higher than 2/3 of the State Average Weekly Wage.	The cost of discontinued health insurance can be used to increase an employee's weekly compensation rate in appropriate circumstances.	N/A
Maintaining Records	Yes Employer must keep the Michigan Form WC-100 - Employer's Basic Report of Injury for 5 years from the year of injury. PL 91-956 and Michigan Occupational Safety & Health Act 154 PA 1974 Part 11	Maintain Michigan Form WC-100 - Employer's Basic Report of Injury in your records.	Helps the employer and the Agency develop a picture of the severity and extent of work-related incidents.	Michigan Form WC-100 - Employer's Basic Report of Injury

<p>Discharge of Employee Because of Worker's Compensation Claim</p>	<p>Employer shall not discharge or in any way discriminate against an employee for exercising any right which the employee has under the Workers' Compensation Act.</p>	<p>Employer must not discharge or discriminate against employees for exercising rights under the Workers' Compensation Act.</p>	<p>Employer could be subject to liability in a court of general jurisdiction if it discharges</p>	<p>N/A</p>
<p>Waiver of Right to Compensation</p>	<p>Employee cannot waive the right to compensation under the Workers' Compensation Act (See Michigan Compensation Law 418.815), unless the employee is an officer/stockholder of a corporation with less than 10 stockholders. Michigan Compensation Law 418.171(4)</p>	<p>To exclude an employee who is an officer/stockholder, you must file form WC-337.</p>	<p>Employee cannot waive rights.</p>	<p>WC-337 Notice of Exclusion Copy of form is not available online. Can only be obtained by contacting the Compliance & Employer Records Division at: 517.322.1195.</p>
<p>Other Reporting Requirements</p>	<p>Yes</p> <p>Carrier must file Michigan Form WC-701 - Notice of Compensation Payments on the day after first payment of compensation or the day after benefits are stopped. Michigan Form WC-701 - Notice of Compensation Payments must also be filed if there is a change in the compensation rates.</p> <p>Carrier must file a Notice of Dispute on or before the 14th day</p>	<p>Michigan Form WC-701 - Notice of Compensation Payments must be provided to employer and mailed to Workers' Compensation Agency located at P.O. Box 30016 Lansing, MI 48909.</p>	<p>Any changes in duration, amount, starting stopping of benefits must be reported to Agency.</p> <p>Filing Notice of Dispute besides putting the employee on notice of the dispute can serve to defeat a request for penalties.</p>	<p>Michigan Form WC-701 - Notice of Compensation Payments</p>



	<p>after employer has knowledge of alleged injury or death in all cases where the right to compensation is disputed.</p>			
<p>Reasonable Employment/ Favored Work</p>	<p>There is no requirement that an employer offer reasonable employment/ favored work/light duty to an injured employee. However, an employer can reduce its liability for wage loss benefits by making such an offer.</p> <p>Reasonable employment is defined as work that is within an employee's physical capability to perform and which does not pose a clear and proximate threat to the employee's health and safety. Refusal to accept reasonable employment will result in the termination of wage loss benefits for the period of refusal.</p>	<p>If an offer of reasonable employment is made, it should be made in writing. It should identify the job to be performed, duties and physical requirements of the job. It should also set forth the hours and rate of pay.</p>	<p>Employer can minimize and perhaps eliminate its liability for weekly wage loss benefits by offering reasonable employment.</p>	<p>N/A</p>