



# OKLAHOMA WORKERS' COMPENSATION COMMISSION

1915 N STILES AVE STE 231 · OKC, OK · 73105 · (405) 522-3222 · WCC.OK.GOV

Tulsa office · 212 Kerr State Office Building · 440 South Houston · Tulsa, Oklahoma 74127 · (918) 295-3732

Chairman Mark Liotta · Commissioner Jordan Russell · Commissioner Megan Tilly

Executive Director Hopper Smith

**November 23, 2020**

To: Attorneys, Employers, Self-Insured Employers, Group Own Risk Associations, All WCC Employees, and other Oklahoma Workers' Compensation Stakeholders.

## **ALERT REGARDING CHANGES TO CC-JOINT-PETITION AND CC-FORM-1A**

In its regular business meeting on November 19, 2020, the Workers' Compensation Commission adopted revised versions of the CC-Joint-Petition and CC-Form-1A. Draft forms are attached to this email, and the changes are summarized below:

### **CC-Joint-Petition:**

The proposed Joint Petition Form was further amended, based on stakeholder feedback, from the proposed version last considered in the Commission's business meeting on October 22. The following amendments were made to the proposed version:

- Deleted language in paragraph 2 pertaining to TTD accrual, as it may have been construed in certain circumstances to improperly accrue an obligation to the respondent that would not necessarily be present.
- Added language in paragraph 2 to reflect the Commission's conversion to electronic data interchange for reporting of injuries.

The Commission gave the new CC-Joint-Petition an effective date of January 1, 2021. This was done to give further opportunity for stakeholder feedback before the form becomes operational. Please do not attempt to use this version of the form yet or remove the "DRAFT" watermark. If the Commission does not deem it necessary to make further revisions before January 1, a new version with the watermark removed will be timely posted to the Commission's website, and an Alert will be issued signaling this new form is operational.

### **CC-Form-1A (English and Spanish):**

The Commission also made amendments to the CC-Form-1A (English and Spanish versions) to reflect the addition of chiropractic services in 85A O.S. § 50. *See S.B. 1375, 57<sup>th</sup> Okla. Legislature, 2<sup>nd</sup> Reg. Session (2020).* These forms were also adopted with an effective date of January 1, 2021.

Any questions regarding the form changes can be directed to Lauren Hammonds Johnson or Eric Russell.

[laurenh.johnson@wcc.ok.gov](mailto:laurenh.johnson@wcc.ok.gov)  
[eric.russell@wcc.ok.gov](mailto:eric.russell@wcc.ok.gov)

(405) 522-3222  
(405) 522-5306

All employees of this employer who are entitled to benefits of the Administrative Workers' Compensation Act are hereby notified that this employer has complied with all rules of the Workers' Compensation Commission and that this employer has secured payment of compensation for all employees and their dependents in accordance with the Act. All employees are further notified this employer will furnish first aid, medical, surgical, hospital, optometric, podiatric, chiropractic and nursing services, medicine, crutches and other apparatus as may be reasonably necessary in connection with the injury received by the employee, as well as payments of compensation to any injured employee or the employee's dependents as provided in the Act.

Any employee who has suffered a compensable injury covered by the Administrative Workers' Compensation Act is entitled to vocational rehabilitation services, including retraining and job placement, if, as a result of the injury, the employee is unable to perform work for which the person has previous training or experience.

The Oklahoma Workers' Compensation Commission has a Counselor Division to provide information to injured workers, employers, and other interested persons.

Mediation is available to help resolve certain workers' compensation disputes. For information, call the Counselor Division at 405-522-5308 or In-State Toll Free 855-291-3612.



\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Insurer Name and Address

\_\_\_\_\_  
Date of Expiration of Insurance Policy (Not applicable to employers authorized to self-insure.)

### **Employee's Responsibilities In Case of Work Related Injury**

If accidentally injured or affected by cumulative trauma or an occupational disease arising out of and in the course of employment, however slight, the employee should notify the employer immediately. If this employer is a partnership, notice shall be given to any partner. If this employer is a corporation, notice shall be given to any agent or officer of the corporation upon whom legal process may be served. Notice shall also be given to the person in charge of business at the location of operations where the injury occurred. Unless oral or written notice is given to the employer within thirty (30) days, the claim for compensation may be forever barred.

The employee may file a claim for compensation with the **WORKERS' COMPENSATION COMMISSION** for an accidental injury, death, cumulative trauma or occupational disease or illness occurring **ON OR AFTER** February 1, 2014. Forms to file a compensation claim should be furnished by this employer and also are available from the Workers' Compensation Commission. The forms are posted on the Commission's website, [www.wcc.ok.gov](http://www.wcc.ok.gov).

A claim for compensation must be filed with the Commission within the time specified by law, or be forever barred. Based on law effective May 28, 2019, a claim for compensation for any accidental injury must be filed with the Commission within one (1) year of the date of injury or, if the employee has received benefits under Title 85A for the injury, six (6) months from the date of the last issuance of such benefits; a death claim must be filed within two (2) years of the date of death; a claim for compensation for occupational disease or illness must be filed within two (2) years of the last injurious exposure; and a claim for compensation for cumulative trauma must be filed within one (1) year of the date of injury.

**Claims for compensation for accidental injury, death, cumulative trauma or occupational disease or illness occurring BEFORE February 1, 2014 may be filed with the WORKERS' COMPENSATION COURT OF EXISTING CLAIMS and are subject to different notice of injury requirements and claims filing deadlines than those for accidental injury, death, cumulative trauma or occupational disease or illness occurring on or after February 1, 2014. Failure to comply with applicable notice requirements and deadlines may operate to forever bar the claim. Contact the WORKERS' COMPENSATION COURT OF EXISTING CLAIMS for additional information.**

### **Employer's Responsibilities**

The employer must provide employees with immediate first aid, medical, surgical, hospital, optometric, podiatric, chiropractic, and nursing services, medicine, crutches and other apparatus as may be reasonably necessary in connection with the injury received by the employee. This applies to care for all injuries and illnesses arising out of and in the course of employment, regardless of their character. Within ten (10) days after the date of receipt of notice or knowledge of death or injury that results in the loss of time beyond the shift or medical attention away from the work site, the employer or the employer's representative **MUST** send a report thereof to the Workers' Compensation Commission via Electronic Data Interchange as specified in Commission rules.

No agreement by any employee to pay any portion of the premium paid by the employer to a carrier or a benefit fund or department maintained by the employer for the purpose of providing compensation or medical services and supplies as required by the workers' compensation laws, shall be valid. Any employer who makes a deduction for such purposes from the pay of any employee entitled to benefits under the workers' compensation laws shall be guilty of a misdemeanor.

No agreement by any employee to waive workers' compensation rights and benefits shall be valid.

**Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.**

**Workers' Compensation Commission  
1915 North Stiles Avenue  
Oklahoma City, Oklahoma 73105-4918**

**Tele. 405-522-5308 (OKC) · 918-295-3732 (TU) · In-State Toll Free 855-291-3612  
Web Site · [www.wcc.ok.gov](http://www.wcc.ok.gov)**

CC-JOINT PETITION

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVENUE STE 231
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

Send original and 6 copies to the Workers' Compensation Commission

In re Claim of: (Please type or Print ALL information legibly in ink.)

Form with fields for Claimant's Full Name, Injured Employee's Social Security Number, Name of Employer, Employer's Insurance Carrier, Commission File Number, and Date of Injury.

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony, punishable by imprisonment, a fine or both.

JOINT PETITION SETTLEMENT

This agreement is prepared and submitted pursuant to the Administrative Workers' Compensation Act, Title 85A of the Oklahoma Statutes. By signing below, each party affirms that they have read and understand its provisions, declares under penalty of perjury that all statements are true and accurate to the best of their knowledge and belief, and understands that the agreement, if approved by the Workers' Compensation Commission, is conclusive, final and binding on all the parties involved.

BY THIS AGREEMENT, the parties settle upon and determine (check one):

- ALL ISSUES AND MATTERS IN THE CLAIM (Settlement and Resolution of Claim With Full Release)
SOME, BUT NOT ALL, ISSUES AND MATTERS IN THE CLAIM — Attach appendix of all outstanding issues. The appendix is subject to approval by the Workers' Compensation Commission. It MUST accompany the CC-JOINT PETITION, and be dated and signed by all parties under penalty of perjury.

1. It is hereby agreed by and between the above named parties that the claimant alleges to have sustained a compensable accidental injury or occupational disease or illness on or about ... while in the employ of the employer, causing the following injury (describe nature of injury) ... The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ ... for Temporary Total Disability and \$ ... for Permanent Partial Disability.

2. A claim for compensation was filed by the claimant for the injury, or, if the claimant is not represented by an attorney, a First Report of Injury was filed according to the Commission's rules pertaining to electronic data interchange, or an Employer's First Notice of Injury (CC-Form-2) was filed by the employer for the injury, and the Workers' Compensation Commission has jurisdiction in this matter.

3. This is an agreement in which the claimant agrees to accept \$ ... in full and final settlement of all claims for: (describe injury) ... sustained as a result of the accident referred to above, including any claim by the claimant for past, present and future compensation for temporary total disability, temporary partial disability, permanent partial disability or permanent total disability, statutory medical treatment, physical and vocational rehabilitation benefits, or loss of wage earning capacity, as a result of any and all injuries sustained in the accident. This sum is in addition to any previous amount(s) paid to the claimant, and any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$ ... shall be paid for permanent partial disability( ... %) to ... and \$ ... shall be paid for ...

4. The sum of \$ ... shall be deducted from this settlement and paid to the claimant's attorney pursuant to the workers' compensation laws of the state.

5. For Social Security offset purposes, and if applicable, the claimant agrees to accept and the employer/carrier agrees to pay a lump sum of \$ ... for permanent impairment that will affect the claimant for the rest of the claimant's life. The claimant's remaining life expectancy is ... months. Therefore, even though paid in a lump sum, claimant's benefit (after deduction of attorney fees and expenses) shall be considered to be \$ ... a month for ... months, beginning ...

6. The respondent agrees to pay all costs, taxes and assessments, as follows: \$140.00 to the Workers' Compensation Commission prescribed by 85A O.S. § 118, unless previously paid; the Special Occupational Health and Safety Tax prescribed by 40 O.S. § 418(1), representing three-fourths of one percent (0.75%) of the joint petition settlement amount, excluding medical payments and temporary total disability compensation; if a Commission approved OWN RISK employer or group self-insurance association, the Workers' Compensation Fund assessment prescribed by 85A O.S. § 98(2), representing 2% of the joint petition settlement amount pertaining to permanent total disability, permanent partial disability, and death benefits; and, in addition to other amounts, if UNINSURED, a Multiple Injury Trust Fund assessment prescribed by 85A O.S. § 31(A)(6), representing 5% of the joint petition settlement amount. For injuries occurring on or after 7/1/19: CLAIMANT agrees to pay taxes and assessments as follows: Multiple Injury Trust Fund assessment prescribed by 85A O.S. § 31(A)(7)(b), representing three percent (3%) of the joint petition settlement amount attributable to permanent partial disability or permanent total disability, shall be deducted from the settlement amount and paid by the employer.

The following spaces for calculation are for informational purposes only. In the event of any miscalculation entered in these spaces, the statutory amounts set specified in paragraph 6 shall control, and no corrected Joint Petition Settlement form need be re-processed.

OSHA Tax:
OWN RISK Tax:
MITF Tax (Uninsured):
MITF Tax (Claimant):

Administrative Workers' Compensation Act, 85A O.S. § 6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment... shall be guilty of a felony."

Form with fields for CLAIMANT NAME, ADDRESS, SIGNATURE, DATE, EMPLOYER NAME, ATTORNEY NAME, SIGNATURE, DATE, OBA#.

ORDER APPROVING JOINT PETITION SETTLEMENT: The Workers' Compensation Commission, having reviewed the evidence, files and records in this matter and being fully advised in the premises, approves the above Joint Petition Settlement, including attorney fees, if any, and the attached appendix to the Joint Petition Settlement, if any, which Joint Petition Settlement and appendix are incorporated herein by reference and made a part hereof. If a child support lien were filed in this workers' compensation case, the employer/carrier shall include the name of the person or government agency asserting the lien on any check for temporary total disability, permanent partial disability or permanent total disability. The employer/carrier shall comply with this order within twenty (20) days from the file stamped date of the order. In that event, and if the Joint Petition Settlement determined all issues and matters in the claim, this cause shall be fully and finally closed and resolved, and the Commission divested of further jurisdiction therein.

DONE this ... day of ...

Reporter's Initials
A copy hereof was mailed by United States regular mail on this file-stamped date to all attorneys of record and unrepresented parties.

BY ORDER OF ADMINISTRATIVE LAW JUDGE

## *Aviso e Instrucción de Compensación de Trabajadores de Oklahoma para Empresarios y Trabajadores*

Se notifica por la presente a todos los empleados de esta empresa que tengan derecho a los beneficios de la Ley de Compensación para Trabajadores Administrativos que este empleador ha cumplido con todas las reglas de la Comisión de Compensación de Trabajadores, y que este empleador ha asegurado el pago de compensación a todos los empleados y sus dependientes en conformidad con la ley. Asimismo, se notifica a todos los empleados que este empleador proporcionará primeros auxilios, servicios médicos, quirúrgicos, hospitalarios, de optometría, podología y enfermería, medicina, muletas y otros aparatos que sean razonablemente necesarios en relación con la lesión sufrida por el trabajador, así como los pagos de compensación a cualquier empleado lesionado o sus dependientes conforme a lo dispuesto por la ley.

Cualquier empleado que haya sufrido una lesión indemnizable amparado por la Ley de Compensación para Trabajadores Administrativos tiene derecho a los servicios de rehabilitación vocacional, esto incluye la re-capacitación e inserción laboral si el empleado ya no pudiese realizar el trabajo para el cual tuviese formación o experiencia previa como consecuencia de la lesión.

La Comisión de Compensación de Trabajadores de Oklahoma cuenta con una División de Asesoría para proporcionar información a los trabajadores lesionados, empleadores y otras personas interesadas.

Existe la posibilidad de mediación para ayudar a resolver disputas de compensación para ciertos trabajadores. Para obtener más información, llame a la División de Consejería al 405-522-5308 o al número gratuito (dentro del estado) 855-291-3612.



\_\_\_\_\_  
Firma del Empleador

\_\_\_\_\_  
Nombre y Dirección del Asegurador

\_\_\_\_\_  
Fecha de Vencimiento de la Póliza de Seguro (No aplicable a los empleadores autorizados para auto-asegurarse.)

### **Responsabilidades del empleado en caso de sufrir una lesión relacionada trabajo**

De resultar dañado o afectado por trauma acumulativo o una enfermedad profesional que surja del empleo y en el transcurso de su desempeño, por leve que sea, el empleado debe notificar al empleador inmediatamente. Si este empleador es una sociedad, se debe notificar a cualquier socio. Si este empleador es una corporación, la notificación se hará a cualquier agente o funcionario de la corporación autorizado a recibir tal notificación. Se notificará también a la persona a cargo de los negocios en el lugar de operaciones donde se haya producido la lesión. De no haber notificado verbalmente o por escrito al empleador dentro de los treinta (30) días, el reclamo de indemnización puede prescribir de forma definitiva.

El empleado puede presentar un reclamo de indemnización ante la **COMISIÓN DE COMPENSACIÓN DE TRABAJADORES** por una lesión accidental, muerte, trauma acumulativo o enfermedad profesional o enfermedad que ocurra **EL 1 de febrero de 2014, O DESPUÉS** de esa fecha. Este empleador debe suministrar los formularios para presentar un reclamo de compensación, y también se encuentran disponibles en la Comisión de Compensación de Trabajadores. Los formularios se encuentran publicados en el sitio web de la Comisión, [www.wcc.ok.gov](http://www.wcc.ok.gov).

El reclamo de compensación debe ser presentado ante la Comisión en el plazo fijado por la ley, o prescribirá para siempre. En virtud con la Ley vigente al partir del 28 de mayo de 2019, los reclamos de indemnización por cualquier lesión accidental se deben presentarse ante la Comisión dentro de un (1) año transcurrido a partir de la fecha de la lesión; o, si el empleado ha recibido beneficios bajo el Título 85A por la lesión, seis (6) meses desde la fecha de la última emisión de dichos beneficios; un reclamo de muerte debe presentarse dentro de los dos (2) años a partir de la fecha de la muerte; los reclamos de indemnización por males o enfermedades profesionales se deben presentar dentro de los dos (2) años transcurridos a partir de la última exposición perjudicial; y los reclamos de indemnización por trauma acumulativo se deben presentar dentro de un (1) año transcurrido a partir de la fecha de la lesión. Se prohíben los reclamos de indemnización adicional a menos que sean presentados dentro de un (1) año transcurrido a partir del último pago de compensación por discapacidad o dos (2) años desde la fecha de la lesión, el período que sea mayor.

**Los reclamos de indemnización por lesiones, muerte, trauma acumulativo o males o enfermedades profesional accidentales que ocurrieran ANTES del 1 de febrero de 2014 se pueden presentar ante el TRIBUNAL DE RECLAMOS EXISTENTES DE COMPENSACIÓN AL TRABAJADOR** y estarán sujetos a diferentes requisitos de notificación de la lesión y distintos plazos para presentar reclamos a los requeridos para los correspondientes a lesiones accidentales, muerte, trauma acumulativo o males o enfermedades profesionales que ocurrieran a partir del 1 de febrero de 2014. El incumplimiento de los requisitos y los plazos de notificación aplicables puede resultar en la prescripción definitiva del reclamo. Póngase en contacto con el Tribunal de Reclamos Existentes de Compensación al Trabajador para obtener información adicional.

### **Responsabilidades del Empleador**

El empleador debe proporcionar a los empleados primeros auxilios, servicios médicos, quirúrgicos, hospitalarios, de optometría, podología, así como servicios de enfermería, medicina, muletas y otros aparatos que sean razonablemente necesarios en relación con la lesión sufrida por el empleado. Esto es aplicable al cuidado de todas las lesiones y enfermedades que surjan del empleo y el transcurso de su desempeño, independientemente de su carácter. El empleador o su representante, DEBERÁ enviar, dentro de los diez (10) días a partir de la fecha de recepción de la notificación o el conocimiento de la muerte o lesión que resulte en pérdida de tiempo más allá del turno o atención médica fuera del lugar de trabajo del empleado lesionado, un informe sobre esto a la Comisión de Compensación de Trabajadores, a través del Intercambio Electrónico de Datos, como se especifica en las reglas de la Comisión.

Se invalidará cualquier acuerdo hecho por un empleado para pagar cualquier porción de la prima pagada por el empleador a un operador, fondo de prestaciones o departamento mantenido por el empleador con el fin de indemnizar o proveer servicios y suministros médicos, tal como lo requieren las leyes de compensación de los trabajadores. Cualquier empleador que realice una deducción del pago de cualquier empleado con derecho a prestaciones en virtud de las leyes de compensación de los trabajadores para tales propósitos será culpable de un delito menor.

Se invalidará cualquier acuerdo hecho por un empleado para renunciar a los derechos y beneficios de compensación del trabajador.

**Toda persona que cometa fraude de compensación del trabajador, será culpable, de ser condenada,  
de un delito grave punible con pena de prisión, una multa o ambas.**

**Comisión de Compensación de Trabajadores  
1915 North Stiles Avenue Ste 231  
Oklahoma City, Oklahoma 73105-4918  
Tel. 405-522-5308 (OKC) · 918-295-3732 (TU) · Línea gratuita (dentro del estado) 855-291-3612  
Sitio Web · [www.wcc.ok.gov](http://www.wcc.ok.gov)**