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DELAWARE WORKERS' COMPENSATION QUICK REFERENCE GUIDE

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WHEN A NEW W/C CLAIM IS REPORTED:	FILING DEADLINE	PURPOSE/USAGE	FREQUENCY	DISTRIBUTION
Report Of Injury Typed or written	Employer completes the Report of Injury in writing, within 10 days after knowledge of injury; copies goes to the Office of W/C, claimant, and insurance carrier. Within 14 days after receipt of a work-related injury advise the Dept and claimant in writing if the claimant- is accepted, denied, or further investigation is needed by the insurance carrier; Advise claimant of applicable SOL, failure to do so can be a waiver.	Med Only and Lost Time- The employer sends the Report of Injury to the Office of W/C, claimant, and insurance carrier within 10 days	ONCE	Office of Workers' Compensation, 4425 N. Market Street, Wilmington, DE 19802 To the claimant. To the insurance carrier.
Temporary Total Disability Benefits	Waiting Period: 3 days Retro: 7 days Within 14 days after a compensable injury unless liability is denied or notice of need for further investigation is issued. Said agreement must be filed with and approved by the Dept. Form should be sent ASAP.	For hourly employees, it is claimant's hourly rate times Employer's average work week -- Example: hourly rate x # of hours worked. \$7.50 x 40 hours=\$300.00 aww For output employees, it is an average of the last six months of earnings for that employee unless exceptional circumstance applies then it would-be six-month average for a similarly situated, output employee of the same Employer.	DE AWW has a minimum and a maximum that changes every year. Check our newsletter the website for the current AWW. Paid: at the same schedule of pay as claimant's regular wages. (Commonly, paid bi-weekly unless there is an objection). Benefits cannot be stopped without signed Receipt or filing Term. Petit.	To the claimant. The Agreement and Receipt (if applicable) go to: Office of Workers' Compensation
Temporary Partial Disability Benefits (Modified work with reduced wages or reduced hours) (Agreement as to Compensation) completed by the insurance carrier.	Within 14 days after a compensable injury unless liability is denied or notice of need for further investigation has been issued. Said agreement must be filed with and approved by the Dept. Form should be sent ASAP.	The claimant may be entitled to 66-2/3 of the difference between the pre-injury wage and current wages. Partial disability may be rec'd up to 300 weeks.	Paid: Same frequency as TTD benefits Benefits cannot be stopped without signed Receipt or filing Term. Petit.	To the claimant The Agreement and Receipt (if applicable) go to: Office of W/C
Permanent Partial Disability (Agreement as to Compensation and Receipt)- completed by the insurance carrier.	Generally, fixed/subject to rating one-year post-accident or surgery, whichever is longer. Within 14 days of demand must advise as to acceptance, denial or need for further investigation. Said agreement and receipt must be filed with and approved by the Dept. Form should be sent ASAP. Await demand then, CONTACT AN ATTY.	Benefits are based upon a % of certain "scheduled" or "nonscheduled" losses. A "scheduled" loss is one involving arms, hands, fingers, legs, feet, toes, eyes, and ears. A "nonscheduled" loss is one involving the back, heart, lungs, etc. Delaware does not use the "Whole Person" standard but rather the actual member of the body injured.	66-2/3 of aww unless max. rate case at time of accident, then rate for Perm. Is max. rate or 66-2/3 of original aww whichever is less when Perm. became fixed/subject to rating.	To the claimant. To the claimant and attorney. The Agreement and Receipt go to: Office of W/C
Disfigurement	Generally, fixed/subject to eval. one-year post accident or surgery, whichever caused scarring. Within, 14 days, must advise if will accept, denial, or require further invest. Await demand then, CONTACT AN ATTY.	Must be visible and offensive when normally clothed including wearing bathing suit.	66-2/3 of AWW unless max. rate case at time of accident then rate for disfigurement. is max. rate or 66-2/3 of original aww, whichever is less when disfigurement. became fixed/subject to eval.	To claimant. To claimant and attorney. The Agreement and Receipt go to: Office of W/C
Delay/Denial NO FORM	Within 14 days after receipt of a work-related injury advise the Dept and claimant in writing of the following: 1. the date of notice of the claimant's alleged industrial accident was rec'd by the insurance carrier; plus 2. if the claim is accepted by the insurance carrier; or 3. if the claim is denied by the insurance carrier give the reason for the denial; 4. state that the insurance carrier presently cannot accept or deny the claim, giving the reasons therefore; and stating approximately when the determination will be made; 5. Must advise as to applicable SOL and failure to do so can result in a waiver.	Notifying the claimant and Office of W/C claim is being denied. ** Must advise of applicable SOL and failure to do so can result in a waiver of that defense, if applicable**		Claimant & Office of W/C
Terminating TTD or TPD Benefits (Final Receipt)- filed out by insurance carrier.	The Final Receipt executed by claimant needs to be completed and sent to the Office of W/C asap or file Term. Petit. You cannot unilaterally stop TD or PD benefits w/o Receipt or filing Term. Petit.	Notifying the Office of W/C when TTD or TPD benefits end. Term. Petit must be properly serviced on claimant and atty, if applicable.		Office of W/C. Term Petit can only be filed with Office of WC after Service of Process on the claimant.
Mileage Reimbursement .40 a mile		Reasonable – travel for medical treatment and defense medical examinations except for the first defense medical examination.		To the claimant