



STATE OF NEW MEXICO

Workers' Compensation Administration

ONE TEAM | ONE GOAL

A Better New Mexico for Workers and Employers

[HTTPS://WORKERSCOMP.NM.GOV](https://workerscomp.nm.gov)

'INJURY ON THE JOB'



WWW.BITSTRIPS.COM



WHAT IS WORKERS' COMPENSATION?

Workers' compensation is an insurance that provides a solution for what to do when a worker is hurt or becomes ill on the job.

- Paid for by employer (not worker)

WHEN DO WORKERS' COMP LAWS APPLY?

When there are three or more employees in a business

- Covers full-time workers, part-time workers, temporary and seasonal workers

Are there exceptions?

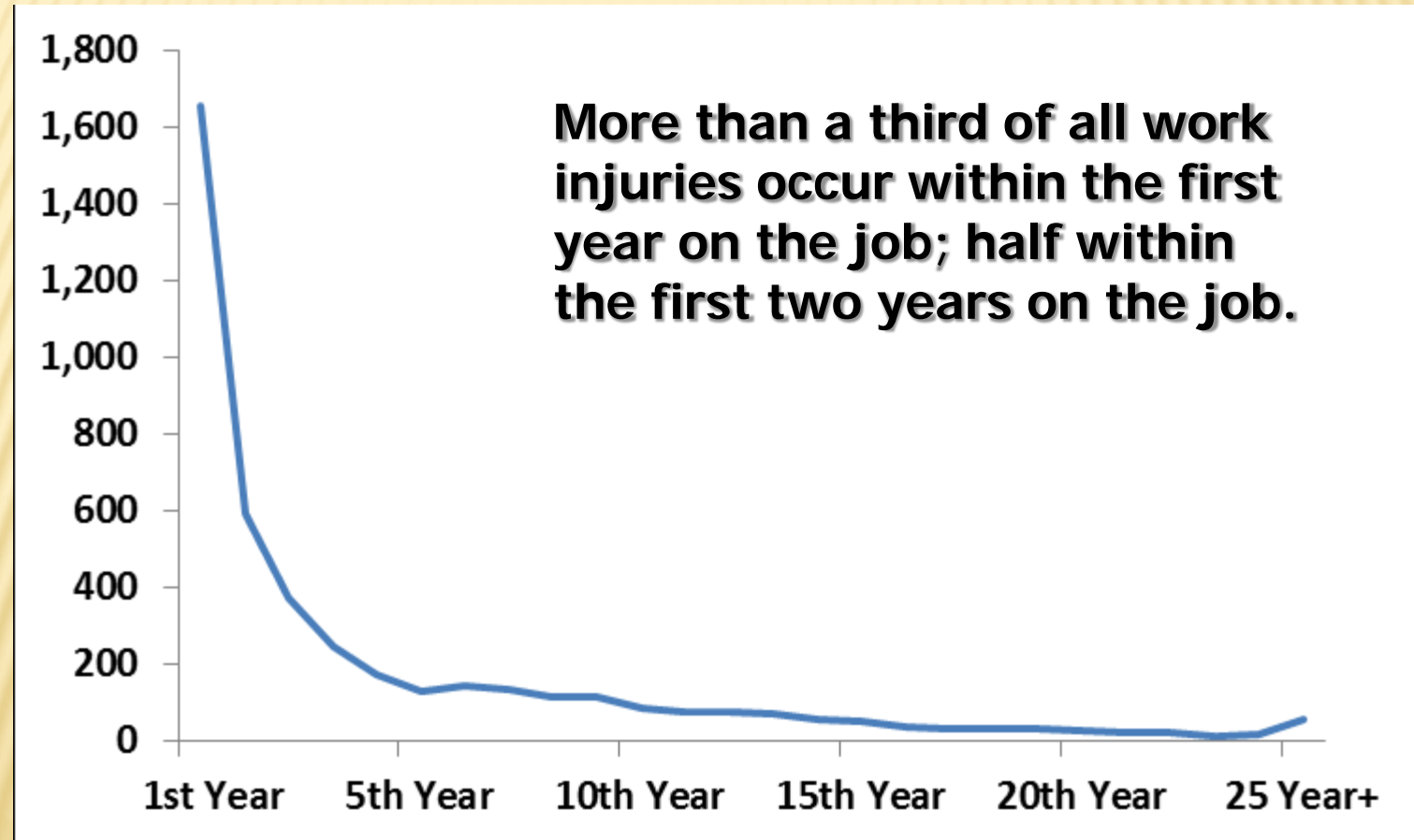
Yes. “Domestic Servants” or work done in the home; and real estate sales men/women are not covered

BENEFITS OF WORKERS' COMP?

Benefits to worker:

- Quick benefits
- Wage replacement
- “Reasonable and necessary” medical care
- Return to work

EXPERIENCE MATTERS



HIGH INJURY INDUSTRIES



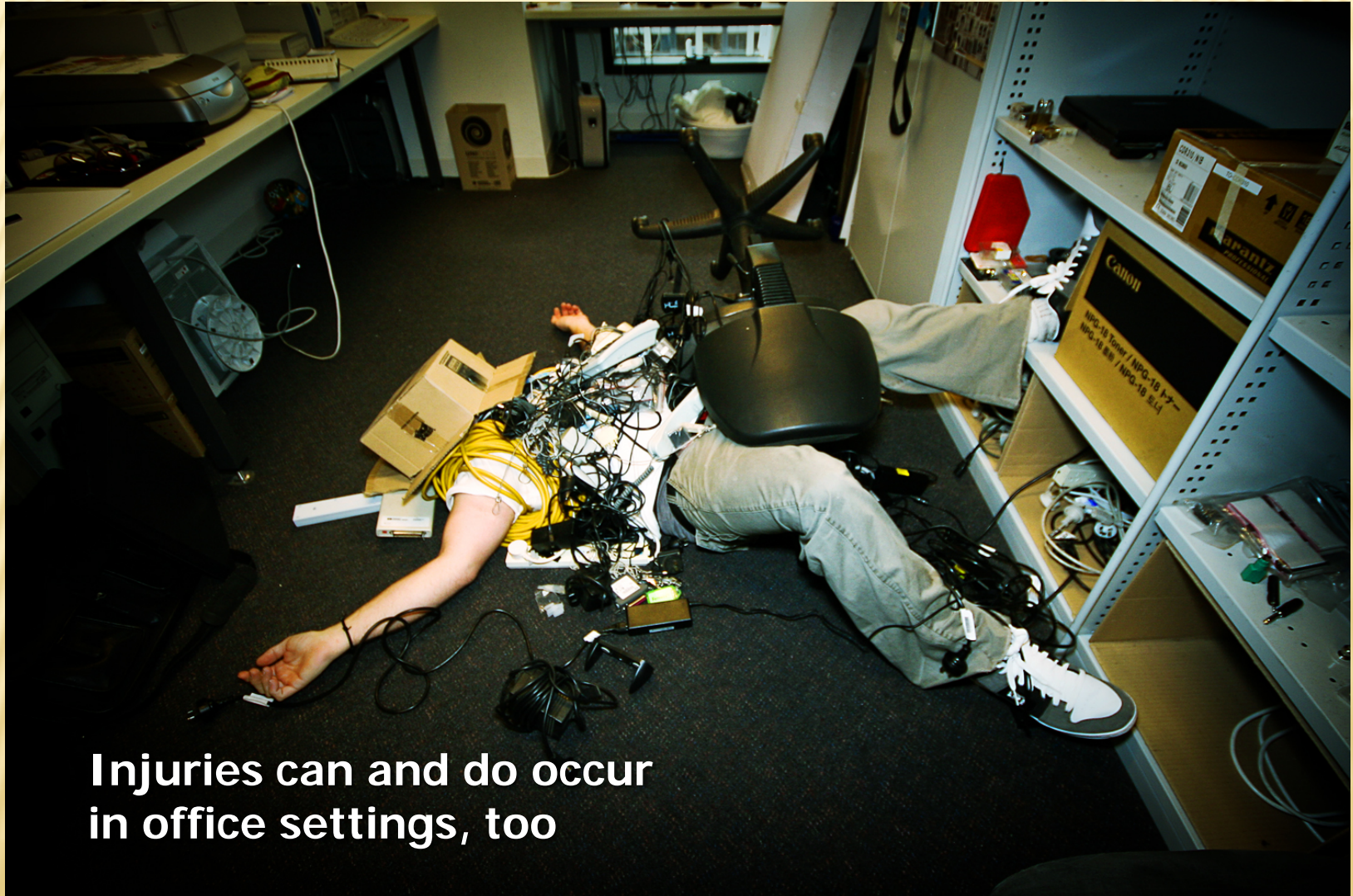
CONSTRUCTION

HEALTH CARE AND SOCIAL ASSISTANCE





RETAIL



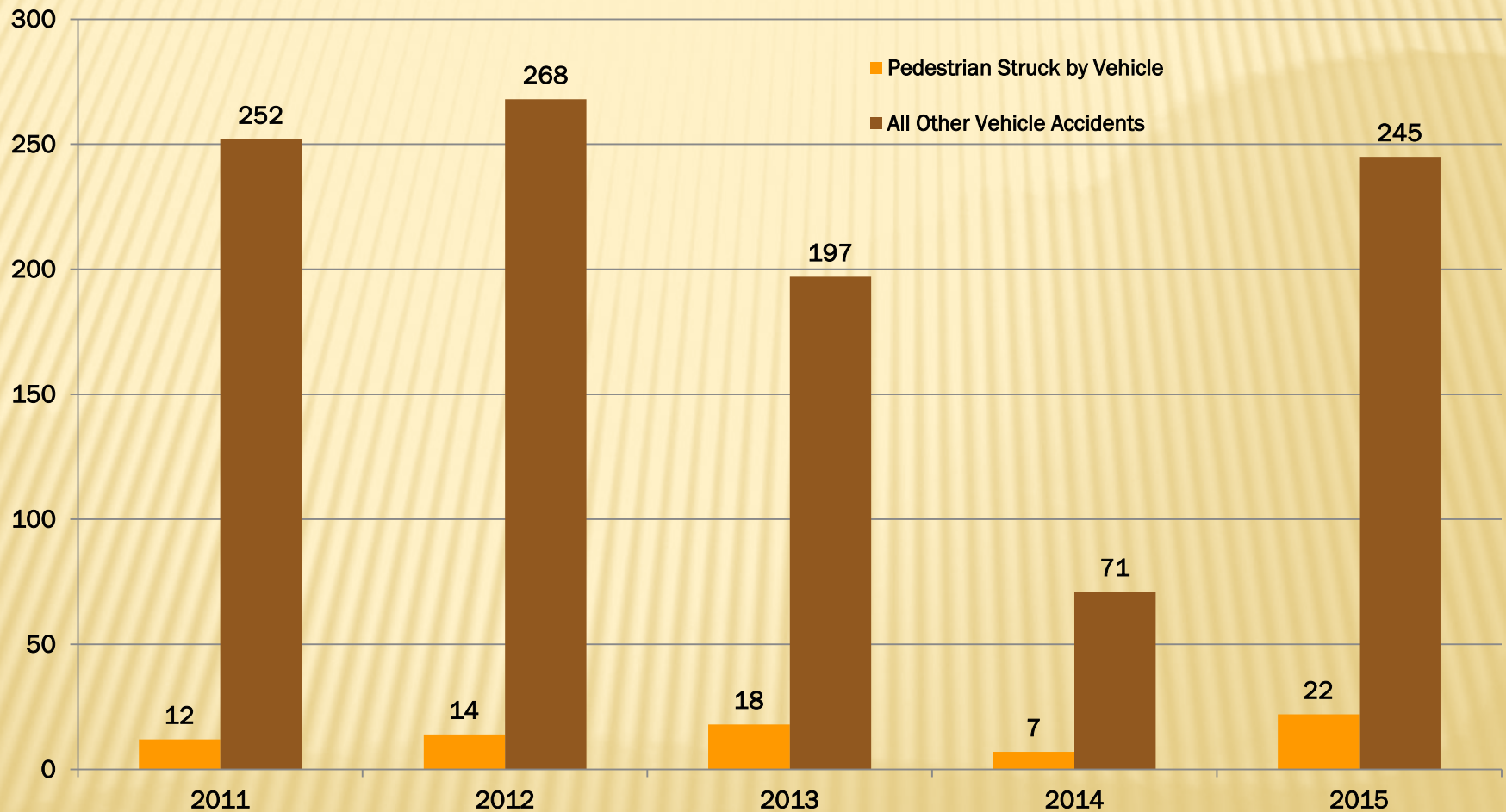
**Injuries can and do occur
in office settings, too**

VEHICLE ACCIDENT INJURES

Vehicle accidents account for a large number of on-the-job injuries



VEHICLE ACCIDENT INJURES



EMPLOYER RESPONSIBILITIES

- Post the WCA poster and “Notice of Accident” forms in a highly visible place
- Provide Insurer information
- Notify workers if they will select doctor, or if employer will choose

State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

If You Are Injured At Work
Si Se Lastima En El Trabajo

1) **Notice** -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.

2) **You have the right** to information and assistance from an information specialist known as an “Ombudsman” at the Workers' Compensation Administration.

3) **Claims information** -- Contact your employer's Claims Representative.

1) **Aviso** -- En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.

2) **Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como “Ombudsman” en la Administración para la Compensación a los Trabajadores.

3) **Información acerca de Reclamaciones** -- Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name: _____

Phone #: _____

Address: _____

Note: Employer must fill in this insurer / claims representative information.

YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer “permanent impairment,” you may have the right to receive partial wage benefits for a longer period of time.

SUS DERECHOS

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es el que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre “daño permanente,” usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

Ombudsmen are located at the following offices:

Albuquerque: 1-866-967-5667 1-505-841-6000	Farmington: 1-800-568-7310 1-505-599-9746	Hobbs: 1-800-934-2450 1-575-397-3425	Las Cruces: 1-800-970-6826 1-575-524-9246	Las Vegas: 1-800-281-7889 1-505-454-9251	Roswell: 1-866-311-8587 1-875-623-3997	Santa Fe: 1-866-311-8587 1-505-476-7381
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If You Need HELP Call:
Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al:
Pregunte por un Ombudsman

1 - 8 6 6 - W O R K O M P (1-866-967-5667)

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

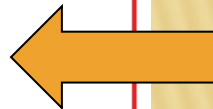
USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

EMPLOYER: You are required by law to post this poster where your employees can read it and to post Notice of Accident forms with it. This poster without Notice of Accident forms does not comply with law. You have other rights and duties under the law.

New Mexico Workers' Compensation Administration
2410 Centre Avenue, Albuquerque, New Mexico 87106
PO Box 27198, Albuquerque, New Mexico 87125-7198

POST FORMS HERE

This poster published 7/18



NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978, NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20____.
por enfermedad de oficio aproximadamente (time/la(s) hora(s)) el (date/fecha) del 20____.

Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió? _____

<p>To be completed by Employer: <i>Completado por el empleador:</i></p> <p>If Yes, Employer has right to change health care provider after 60 days. <i>En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i></p> <p style="text-align: center;">WORKER'S INITIALS _____ INICIALES DEL TRABAJADOR</p>	<p>Worker will choose health care provider. Yes ___ No ___ <i>Trabajador elegirá proveedor de atención médica.</i></p> <p>If No, Worker has the right to change health care provider after 60 days. <i>En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i></p>
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Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1 (9/17) Employer/employee: Each keep one copy. ---SEE BACK OF THIS FORM---
Empleador/empleado: Retener una copia. ----VER AL REVERSO DE ESTA FORMA--

Worker --
For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador
Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 568-7310
Hobbs: (575) 397-3425 - 1 (800) 934-2450

Las Cruces: (575) 524-6246 - 1 (800) 870-6826
Las Vegas: (505) 454-9251 - 1 (800) 281-7889
Roswell: (575) 623-3997 - 1(866) 311-8587

Santa Fe: (505) 476-7381

<https://workerscomp.nm.gov>

EMPLOYER RESPONSIBILITIES

- Sign the Notice of Accident form
- Provide worker with a copy of
Notice of Accident form

Note:

- Employer is not allowed to administer claims or pay any benefits.

WORKER RESPONSIBILITIES

- Read the WCA poster.
- Note the employer's insurance information.
- Know where the Notice of Accident forms can be found.
- Determine if the employer has designated a health care provider to treat work-related injuries, or will allow the worker to make the first selection.

WORKER RESPONSIBILITIES

- Seek emergency treatment if necessary.
- Notify employer within 15 days of accident or injury
- Complete Notice of Accident form & submit to employer
- Keep employer informed
- Communicate with employer, adjuster, & health care provider

WORKERS' COMPENSATION BENEFITS

Medical:

- Reasonable and necessary
- Related to Accident

Indemnity – pay for time lost from work

Additional Benefits:

- Mileage reimbursement for medical care
- Meals/lodging for medical care
- Death benefits for dependents
- Funeral expenses (maximum \$7,500)

IMPORTANT NOTES

- Employer may not retaliate against or terminate worker for filing workers' comp claim.
- Employer does not have to hold or create a position for injured worker.
- Employer may replace injured worker if necessary.
- Worker must notify employer when released to work.
- If Employer is hiring, (pre-injury job or modified work), the employer shall offer to rehire worker who has stopped working due to a W/C injury.
- Worker must apply for available position.

UNINSURED EMPLOYERS' FUND (UEF)

- Created by NM Legislature in 2003: Only available when Employer is required to have insurance and does not.
- If a worker is injured at work and the employer is illegally uninsured, the **UEF** will pay the worker's benefits and then go after the employer for the full cost paid in benefits to the injured worker, *plus* penalty and interest.
- Penalty required by law: 15% to 50% of benefits paid to worker.

CONTACT INFORMATION

- Albuquerque: 505-841-6000 *or toll free at 1-800-255-7965*
- Ombudsman: 1-866-967-5667
(service available in all of our field offices)

Six Field Offices

Hobbs: (575) 396-3437 Farmington: (505) 599-9746
Santa Fe: (505) 476-7381 Las Vegas: (505) 454-9251
Roswell: (575) 623-3997 Las Cruces: (575) 524-6246

QUESTIONS?

THANK YOU FOR COMING!

Please turn in your evaluation forms



STATE OF NEW MEXICO

**Workers' Compensation
Administration**