



# EMPLOYERS® Claims Kit



*America's small business insurance specialist®*

## Claims Contact Information

Tel: 888-682-6671 | Fax: 877-329-2954 | [www.employers.com/claimskit](http://www.employers.com/claimskit)

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## Your EMPLOYERS® Claims Kit

Thank you for the trust you have placed in EMPLOYERS. As a leading provider of workers' compensation insurance for America's small businesses, EMPLOYERS is focused on making premiums affordable, as well as helping our policyholders reduce the long-term costs associated with workplace injuries and illnesses.

### Accessing Claims Kit Information for Your State

EMPLOYERS provides policyholders access to EMPLOYERS specific state-specific claim information on our website: [www.employers.com/claimskit](http://www.employers.com/claimskit). Policyholders can request a printed copy of our claims kit by contacting us by phone at (888) 682-6671 or e-mail at [customersupport@employers.com](mailto:customersupport@employers.com).

### How to Report a Workers' Compensation Claim

Immediate reporting is a major step in cost and time containment of any claim and is beneficial to all parties involved. Any delays in the reporting of claims can result in delayed access to medical care, which in some instances may lead to further injury, resulting in the need for additional treatment subsequently leading to higher medical costs.

*EMPLOYERS® offers two convenient phone numbers that are available 24/7 to report a claim with less paperwork.\* Both numbers are staffed with individuals fluent in both English and Spanish, with accommodations for other languages.*

#### 1. Injured Employee Hotline – **855-365-6010**

- Reporting of a new work-related injury or illness when the injured/ill employee has not yet received medical treatment.
  - Access to registered nurses who are specially trained to provide nurse triage and medical guidance.

#### 2. Customer Support – **888-682-6671**

- Reporting of a new work-related injury or illness when the injured/ill employee has already received medical treatment.
  - Injured employees who have not yet sought medical treatment will be transferred to our Injured Employee Hotline (IEH) and provided the IEH phone number.

\*For all injuries or illnesses that require immediate assistance from Emergency Services please call 911.



## What to Do Before an On-The-Job Injury or Illness Occurs

Below are the three critical things you need to do before a work-place injury or illness occurs:

1. **Post all required posters and signage**—each state has its own laws about what employers must post and distribute relating to workers' compensation information in your workplace. Please go to [www.employers.com/claim](http://www.employers.com/claim) to access a link to the mandatory requirements for your state.
2. **Develop an effective work-place safety program**—employers can help reduce the chances that an on-the-job injury or illness will occur through the development and communication of a work-place safety program.
3. **Create a return-to-work/transitional modified job program**— a transitional modified jobs program can reduce the financial hardship that maybe experienced by the employee as well as the employer as the result of a workplace accident or injury.

## What to Do After an On-The-Job Injury or Illness Occurs

Below are several things you can and should do after an on-the-job injury or illness occurs:

- Transport the injured employee to a medical care facility (in the case of an emergency, call 911 immediately).
- Order a post-accident drug test.
- Secure the scene of any serious accident for investigative purposes.
- Secure and save any equipment or materials that were involved in the incident.
- Complete an accident investigation report within 24 hours.
- Report the claim to EMPLOYERS within 24 hours following the injury.



## Frequently Asked Questions About Drug-Free Workplaces

### **Q: What does it mean to be a drug-free workplace?**

**A:** A drug-free workplace is a workplace free of the health, safety and productivity hazards caused by employees' abuse of alcohol or drugs. To achieve a drug-free workplace, many employers develop drug-free workplace programs. A comprehensive drug-free workplace program generally includes five components; a drug-free workplace policy, supervisor training, employee education, employee assistance and drug and alcohol testing. Although employers may choose not to include all five components, it is recommended that all options be explored when developing a drug-free workplace program.

### **Q: What are the benefits of establishing a drug-free workplace program?**

**A:** Benefits of a drug-free workplace program may include:

- Improvements in morale, quality and productivity.
- Decreases in accidents, absenteeism, downtime, turnover and theft.
- Better employee health status.
- May qualify for incentives, such as decreased costs for workers' compensation and other kinds of insurance.

### **Q: Do drug-free workplaces receive workers' compensation discounts?**

**A:** Yes. In some states, employers who have a Drug-Free Workplace Program will receive a discount. For more information, contact your insurance agent, visit [www.dol.gov/elaws/drugfree.htm](http://www.dol.gov/elaws/drugfree.htm) or contact your state's workers' compensation department.

### **Q: I need help developing a drug-free workplace Program. Can you help?**

**A:** Yes. EMPLOYERS can provide you with a written Drug Free Workplace Program template to help you develop a customized drug-free workplace program for your organization.

For more information on how to develop a Drug-Free Workplace Program, please call the EMPLOYERS® Loss Control Department at 800-588-5200 or e-mail them at [losscontrol@employers.com](mailto:losscontrol@employers.com).



## Ways to Reduce Your Workers' Compensation Costs

Employers have the ability to control or influence many of the factors that contribute to worker's satisfaction levels, return-to-work outcomes, and claim cost. Studies have shown that the following actions can impact the cost and outcome of workers' compensation claims and the overall costs of insurance:

**Identify and establish a relationship with a medical provider**—setting up relationships with medical providers pre-injury helps facilitate the physician's understanding of employee job duties/transitional job opportunities.

**Keep the lines of communication open**—employers who maintain compassionate contact with their injured employees during the recovery period have more satisfied workers.

**Provide transitional modified jobs (alternate duty)**—employers who make transitional modified jobs available to injured workers can reduce the impact of their injured worker's injury or illness.

**Develop an effective workplace safety program**—the basic elements of an effective work-place safety program include:<sup>\*</sup>

- Management Commitment
- Responsibility and Accountability
- Safety Work Rules and Procedures
- New Employee Orientation
- Ongoing Employee Education
- Employee Involvement
- Training and Safety Committees
- Accident Investigation
- Documentation

\*Your EMPLOYERS® Loss Control Consultant can provide your company with more instructional and detailed information regarding how to build an effective work-place safety program. You can reach the EMPLOYERS Loss Control Department by phone at 800-588-5200 or by e-mail at [losscontrol@employers.com](mailto:losscontrol@employers.com).



## Benefits of a Return-to-Work/Transitional Modified Job Program

Many injuries - including minor sprains and strains - can result in weeks, even months off the job. But they don't have to - if you take a proactive stance to prevent lost work time and long-term disability. Be prepared to offer a transitional modified job when an injured employee is released to work by his/her doctor, regardless of level of work.

Transitional modified jobs allow workers who are unable to perform their regular job duties because of a work-related injury or illness to return to work in a temporary modified duty capacity. Keep in mind, a transitional modified job (alternative duty) need not be at full hours, full wages and/or job/department of injury. Creativity in developing modified assignments enables the employee to be productive while meeting medical restrictions.

The primary goal of a Return-to-Work Program is to assist employees who sustain a work-related injury or illness in safely returning to work at the earliest medically approved time in a temporary (modified or alternate duty) assignment. The longer an injured worker remains away from work, the more difficult it may be to return to gainful employment. Returning to regular work duties is generally expedited when transitional or modified duty is offered.

Through safety measures and the development of a Return-to-Work program, employers may lower their experience modification rating, thereby reducing premium costs.

### Benefits to the Employer:

- Recruitment and hiring costs for new or temporary employees may be eliminated
- The employer is able to better manage the claim, possibly leading to a better outcome
- The employer maintains the resources of an experienced worker on site
- Some employee production is received for wages paid
- The likelihood of malingering or fraud may be reduced
- Communication and relations between employee and management can be enhanced

### Benefits to the Employee:

- Wages earned from the transitional modified job may bring the injured worker's income closer to preinjury wages than workers' compensation benefits alone
- Self-esteem, morale and personal security are maintained or restored through gainful employment and a productive lifestyle
- Stress, boredom, and depression are reduced or eliminated
- Skill level is maintained
- A connection with the company (including social contact) is continued

For more information on how to develop a Return-to-Work Program, please call the EMPLOYERS® Loss Control Department at 800-588-5200 or e-mail them at [losscontrol@employers.com](mailto:losscontrol@employers.com).



## Rhode Island Required Postings & Forms

Please print and post the following notices, both in English and Spanish, in a conspicuous location frequented by employees such as the break room, lunch room or time clock area. If you have multiple office locations, be sure to post the notices at each location.

- ✓ **Combination Poster (English, Spanish and Portuguese)**
- ✓ **Workers' Compensation Compliance Poster (DWC-8) (English and Spanish)**
- ✓ **Anti-Fraud Notice (English and Spanish)**

The following forms need to be completed and submitted to appropriate parties when a work-related injury occurs:

- ✓ **First Report of Injury (FROI) Form DWC-01**

Immediate reporting is a major step in cost and time containment of any claim and is beneficial to all parties involved. Any delays in the reporting of claims can result in delayed access to medical care, which in some instances may lead to further injury, resulting in the need for additional treatment subsequently leading to higher medical costs. An injury must be reported if medical treatment is needed, if the injured worker is unable to earn full wages for at least 3 days, or if the injury is fatal. Fatalities must be reported within 48 hours and non-fatal injuries must be reported within 10 days of the employer's knowledge. Please use this form to notify EMPLOYERS of every work-related injury or disease suffered by an employee, regardless of severity.

- ✓ **Wage Statement (Full Time, Part Time or Seasonal)**

This form enables us to calculate the correct compensation that may be owed to your injured employee. Please complete the form and submit it to EMPLOYERS within five days after your knowledge of any accident that has caused your employee to be disabled for more than three scheduled work days. Please note the following breakout of each wage schedule:

- Full time is hired for greater than 20 hours or more per week
- Part time is hired for less than 20 hours per week
- Seasonal is hired for 16 weeks or less

- ✓ **Accident Investigation Report**

This basic accident form should be completed by the employee's supervisor/manager as soon as possible after the accident. Please send the report to the following EMPLOYERS address as soon as it has been completed by the supervisor/manager: EMPLOYERS Claims Department, P.O. Box 32036, Lakeland, FL 33802-2036. You should keep a copy on file for your records.



# Notice to All Employees - Information Employers Must Post

## Attention Employees - MINIMUM WAGE - Rhode Island

Effective JANUARY 1, 2018 - THIS LAW PROVIDES

### HOURLY MINIMUM WAGE FOR ALL EMPLOYEES

**EXCEPT:** Full-time students under **19** years of age working in a non-profit religious, educational, librarial or community services organization.

Minors **14** and **15** years of age working not more than 24 hours in a week.

Employees receiving gratuities (as of Jan. 1, 2017):

**Overtime Pay** - At least 1½ times the regular rate of pay for all hours worked over 40 in any one workweek. The law contains exemptions from minimum wage and/or overtime pay requirements for certain occupations or establishments.

Learners and handicapped workers may be paid less than the applicable minimum but only under certificates issued at the discretion of the DLT Director.

**Mandatory Nurse Overtime** - a hospital may not require certain nurses and certified nurse assistants to work overtime except in an unforeseeable emergency.

**Minimum Shift Hours** - Employees requested or permitted to report for duty at the beginning of a work shift must be provided with 3 hours work or 3 hours wages. Retail establishment employees must be provided with 4 hours work on Sundays and Holidays.

**Child Labor** - Employees must be at least 16 years old to work in most nonfarm jobs and 18 to work in nonfarm jobs declared hazardous by the U.S. Secretary of Labor. Youths 14 and 15 may work, with a special permit issued by local school officials, in various jobs outside school hours under certain conditions. Different rules apply to agriculture employment.

## Prevailing Wage for work on State/Municipal Financed Construction Project

**Prevailing Wage** - Workers must not be paid less than the Davis Bacon wage rate for each trade listed on the Wage Determination schedule posted with this notice. **Overtime** rate applies when working over 8 hours a day or 40 hours a week. **Apprentice** rates apply only to properly registered apprentices in approved state apprenticeship programs.

Workers who do not receive **Proper Pay** may file a complaint with the DLT; claims will be investigated. Contact the Prevailing Wage Unit at (401) 462-8580, option #7 for more information. RI General Law §37-13-17 also provides for a private right of action to collect wages and benefits. DLT-L-39 (Rev. 1/2018)

<b>\$ 10.10</b>
<b>\$ 9.09</b>
(90% of Minimum Wage)
<b>\$ 7.58</b>
(75% of Minimum Wage)
<b>\$ 3.89</b>

**Enforcement** - DLT may bring criminal action against any employer who pays substandard wages to an employee, and may seek, upon conviction, a penalty up to \$500 and/or imprisonment of up to 90 days. Each week an employer fails to pay the applicable minimum wage constitutes a separate violation.

Any employer who hinders or delays the DLT Director or authorized representative in the performance of duties in the enforcement of the law; refuses to admit the Director or said representative to any place of employment; fails to make, keep, and preserve, any records as required; falsifies any such record; refuses to make such record accessible to the Director or said representative upon demand; or refuses to furnish a sworn statement of such record or any other information needed for the proper enforcement of this law, shall be deemed in violation and subject to a fine of up to \$500. Each day such violation occurs constitutes a separate offense.

Visit [www.dlt.ri.gov/lw](http://www.dlt.ri.gov/lw) or call (401) 462-WAGE (9243) for more information.

DLT-L-58 (Rev. 1/2018)

## RHODE ISLAND PARENTAL AND FAMILY MEDICAL LEAVE ACT

Employers with 50 or more employees must grant an unpaid leave of absence upon the request of an eligible employee, for 13 consecutive weeks in any two calendar years, under certain conditions.

**Employees are Eligible** to apply for leave if they work full-time, an average of 30 hours or more per week and have been employed continuously for at least 12 months.

**Purpose of Leave** - Under the Act, the leave must be for one or more of the following reasons:

1. Birth of a child of an employee.
2. Placement of a child 16 years of age or less with an employee in connection with the adoption of such child by the employee.
3. "Serious illness" of the employee or the employee's parent, spouse, child, mother-in-law, or father-in-law. (Serious Illness is defined to mean a disabling physical or mental illness, injury, impairment or condition that involves in-patient care in a hospital, nursing home, hospice or out-patient care requiring continuing treatment or supervision by a health care provider).

**Requests for Leave** - To be entitled to the leave, the employee must give at least 30 days notice of the intended date upon which the requested leave is to begin and end, unless prevented by medical emergency from doing so. Employees may be requested to provide written certification from the physician of the person who is the reason for the leave request, which certification shall specify the probable duration of the requested leave.

**School Involvement Leave** - An employee who has been employed for 12 consecutive months is entitled to 10 hours of leave during any 12-month period to attend school conferences or other school-related activities for a child of whom the employee is the parent, foster parent, or guardian. A notice of 24 hours prior to the leave must be given to the employer by the employee. The leave is not required to be paid; however, an employee may substitute any accrued paid vacation leave or other appropriate paid leave.

**Use of Sick Leave by Adoptive Parent** - Any employer who allows sick time or sick leave of an employee to be used after the birth of a child shall allow the same time to be used for the placement of a child 16 years of age or less with an employee in connection with the adoption of the child by the employee.

**Continuation of Health Benefits** - Prior to the commencement of leave, the employee must pay his employer a sum equal to the premium required to maintain the employee's health benefits in force during the period of leave, which sum is required to be returned to the employee within 10 days following return to work.

**Return from Leave** - Employees who are granted leave under the Act are entitled to be restored to the position held when the leave commenced, or to a position with equivalent seniority, status, employment benefits, pay and other terms and conditions of employment, including all fringe benefits and service credits that the employee had been entitled to at the commencement of the leave.

**Prohibited Acts** - It is unlawful for any employer to interface with, restrain or deny employees the rights provided under the Act. Any discrimination or disciplinary action taken against an employee for exercising these rights under the Act, or for opposing any practice made unlawful by the Act, is also prohibited.

**Enforcement** - Alleged violations of the Act may be complained of (1) in a civil action brought by an employee, (2) by a complaint filed with the DLT Director. Civil penalties are provided for violations of the Act or any order issued by the Director of Labor and Training.

(Rev. 01/2018)

## HEALTHY AND SAFE FAMILIES and WORKPLACES ACT

Pursuant to RI General Law §28-57, you are entitled to sick and safe leave to address your own health and safety needs as well as those of your family. This leave may or may not be paid depending on the size of your employer and other factors as detailed in the law.

Visit [www.dlt.ri.gov/wrs](http://www.dlt.ri.gov/wrs) or call (401) 462-WAGE (9243) for more information.

(Rev. 1/2018)

## UNEMPLOYMENT INSURANCE BENEFITS

If you become totally/partially unemployed:

1. File your claim for benefits with the DLT within 7 days of your layoff date.
2. File your claim online at [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) or by telephone at (401) 243-9100. Visit [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) for hours of operation. For more information, visit [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) or call (401) 243-9100.
3. Monday is a high-volume telephone day; you may prefer to file your claim later in the week. You will need your Social Security number and name, address and telephone numbers of your employers for the last two years. If you are not a U.S. citizen, your alien registration number is required.
4. To collect unemployment benefits, the law requires that you must:
  - a. Be unemployed through no fault of your own,
  - b. Have earned minimum qualifying wages while you were working,
  - c. Be physically able to work, available for work, and actively seeking work, and
  - d. Register for work with DLT.

## TEMPORARY DISABILITY INSURANCE BENEFITS

**Eligible for TDI Benefits** - If you have become ill or injured and meet all of the requirements, you may be entitled to receive benefits:

1. You are unemployed due to illness, surgery, or injury for a minimum of seven consecutive days or more, and
2. You are under the care of an approved Qualified Health Care Provider and
3. You have a timely exam: an in-office physical exam the week within the calendar week in which the first day of unemployment due to sickness occurs or within the calendar week prior or subsequent thereto.
4. You earned enough qualifying wages during the base period to be monetarily eligible.

**Eligible for Temporary Caregiver Insurance Benefits** - If you are caring for a seriously ill child, spouse, parent, parent in-law, grandparent, domestic partner or you are bonding with a newborn child, adopted child or foster child within the first 12 months of parenting; you may be eligible to receive benefits if you meet the following requirements:

1. You are unemployed because you are caring for a seriously ill family member or bonding with a child and
2. You provide the department with the required medical evidence of the seriously ill family member and your need to care for him/her or the required proof of parent child relationship for bonding claims and
3. You earned enough in qualifying wages to be monetarily eligible.

**To Apply** - Complete a TDI/TCI application. TDI claims must be filed within 90 days of the first week out of work due to illness. The DLT Director may extend this period up to 26 weeks if the individual can show a good medical reason for the delay in filing. TCI claims must be filed within 30 days after the first day of leave is taken for reasons of bonding or caregiving. TDI/TCI application may be obtained online at [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi), or call (401) 462-8420, Option #1 to request an application be mailed to you. For more information, visit [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi) or call (401) 462-8420.

NOTE: You may be entitled to a refund of a portion of your contributions if during the calendar year TDI contributions were deducted from your pay by more than one employer. Information may be obtained regarding a refund by calling (401) 574-8700 or writing to the RI Division of Taxation, Employer Tax Section, One Capitol Hill, Suite 36, Providence, RI 02908-5829.

## EMPLOYMENT AND TRAINING SERVICES

If you need help finding a job, DLT offers free employment and training related services including:

1. Job referral and placement services.
2. Resource rooms with a wide range of employment and training resources.
3. Career counseling and testing to help assess aptitudes and interests.
4. Internet access for employment and training information.
5. Job Search workshops to help you develop interviewing skills.
6. Résumé writing seminars to help you create an effective résumé and cover letter.

Visit [www.networkri.org](http://www.networkri.org) for a location near you. You can access many services online at [www.employri.org](http://www.employri.org).

Visit [www.networkri.org](http://www.networkri.org)  
to find a career center  
near you.

Workers' Compensation Insurance Company: \_\_\_\_\_

Adjusting Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

In accordance with RI General Law §28-32-1, employers must report to the DLT Director every personal injury sustained by an employee if the injury incapacitates the employee from earning full wages for at least 3 days or requires medical treatment, regardless of the period of incapacity. If the injury proves fatal, the report must be filed within 48 hours. If not fatal, the report shall be made within 10 days of the injury.

An injured employee shall have freedom to choose medical treatment initially. The employee's first visit to any facility under contract or agreement with the employer or insurer to provide priority care shall not be considered the employee's initial choice. For more information, call the Education Unit at (401) 462-8100, press #1. If you suspect fraud, contact the Fraud Prevention Unit at (401) 462-8100, press #7.

DWC-8 (Rev. 1/2013)

## BAN-THE-BOX

Pursuant to RI General Law §28-6.14-1, it is unlawful for an employer to include on a job application any questions regarding whether an applicant has ever been arrested, charged with or convicted of any crime. Limited exceptions exist for law enforcement agencies and related positions. Employers in violation of this law may be fined between \$100-\$500 per offense.

Visit [www.dlt.ri.gov/ls](http://www.dlt.ri.gov/ls) or call (401) 462-WAGE (9243) for more information.

(Rev. 1/2018)

## RHODE ISLAND RIGHT-TO-KNOW

### Ignoring This Poster Can Be Hazardous To Your Health

**Under the RI Right-To-Know Law, your employer must tell you about the dangers of any hazardous substances in your workplace. You have a right to know:**

- the common name or trade names of the substance, including the chemical name;
- the level at which exposure to the substance is hazardous, if known;
- the effects and symptoms of exposure at hazardous levels;
- the potential for flammability, explosion and reactivity of the substance;
- appropriate emergency treatment;
- proper procedures for the safe use of and exposure to the substance;
- proper protective equipment for safe use; and
- procedures for clean-up of leaks and spills.

Your employer must provide you with the above information. If he or she has not, make sure you ask about it. Your company representative is: \_\_\_\_\_

**The Right-To-Know Law was created to protect you.** Visit <http://www.dlt.ri.gov/occusafe> or call (401)462-8570, option #4 for more information.

"Because not knowing about the hazardous substances you work with is the greatest hazard of all."

DLT-TX-6 (Rev. 1/2018)

DLT-L-47 The RI Right-To-Know Law (Rev. 1/2018)



# Aviso Para LOS EMPLEADOS - Información que los empleadores deben publicar

## Atención Empleados – SALARIO MÍNIMO – Rhode Island

EFFECTIVO ENERO 1, 2018 Esta ley indica

### SALARIO MÍNIMO PARA TODOS LOS EMPLEADOS

EXCEPCIÓN: Estudiantes a tiempo completo menores de 19 años de edad que trabajen en una organización sin fines de lucro con religioso, educativo, biblioteca o una organización de servicios comunitarios.

Menores de 14 y 15 años de edad que trabajen No más de 24 horas a la semana  
(75% del Salario Mínimo) \$ 7.58

Los empleados que reciben propinas (A partir del 1 de enero de 2017): \$ 3.89

**Pago Por Horas Extras** - Al menos 1½ veces la tasa de pago regular para todas las horas trabajadas más de 40 en cualquier semana laboral. La ley contiene exenciones del salario mínimo y / o los requisitos de pago de horas extras para ciertas ocupaciones o establecimientos. Estudiantes y trabajadores descapacitados talvez puedan ser pagada por debajo del salario mínimo, pero solo emitiendo un certificado a la discreción del Director de Labor y Training

**Tiempo extras obligatorio Para las enfermeras** - los Hospitales talvez no sea un requerimiento que las enfermeras certificadas acudan a trabajar tiempo extras con excepcion por un cumplimiento o circunstancias por emergencias.

**Horas minimas en un horario** - Los empleados solicitados o permitidos para presentarse al servicio al comienzo de un turno de trabajo deben recibir 3 horas de trabajo o 3 horas de salario. Los empleados del establecimiento minorista deben recibir 4 horas de trabajo los Domingos y días Festivos.

**Trabajo Para Menores** - Los empleados deben tener al menos 16 años para trabajar en la mayoría de los trabajos no agrícolas y 18 para trabajar en trabajos no agrícolas declarados peligrosos por la Secretaría de Trabajo. Los jóvenes de 14 y 15 años pueden trabajar, con un permiso especial emitido por funcionarios escolares locales, en diversos trabajos fuera del horario escolar bajo ciertas condiciones. Se aplican diferentes reglas al empleo agrícola.

### Salario prevaleciente para el trabajo en proyectos de construcción financiados por el estado/municipal

**Salarios Prevaleciente** - Se le deberá de pagar no menos de lo que la tarifa de salario ha estipulado en la lista publicada (Davis-Bacon) en este aviso por cada tipo de trabajo que Ud. realice. La tasa de horas extras se aplica cuando se trabaja más de 8 horas al día o 40 horas a la semana. Las tarifas de aprendiz se aplican solo a aprendices debidamente registrados en programas estatales de aprendizaje aprobados.

Los trabajadores que no reciben el pago adecuado pueden presentar una queja ante el DLT; los reclamos serán investigados Comuníquese con la Unidad de Salarios Prevalecientes al (401) 462-8580, opción # 7 para obtener más información. La Ley General de RI §37-13-17 también establece un derecho privado de acción para cobrar salarios y beneficios.

DLT-L-58 (Rev. 1/2018)

DLT-L-39 (Rev. 1/2018)

## ROHDE ISLAND LEY DE PÉRDIDAS MÉDICAS PARA PADRES Y FAMILIAS

Los empleados con 50 o más empleados deben conceder una falta de una solicitud de un solicitante de un empleado, para 13 semanas consecutivas en cualquier período de dos años, bajo ciertas condiciones.

**Empleados Elegibles** - Son elegibles los empleados que solicitan permiso, siempre y cuando sean empleados a tiempo completo, que trabajen un promedio de 30 horas semanales o más y que hayan estado empleados continuamente por lo menos 12 meses.

**Propósito del Permiso** - Bajo la Ley, el deber debe ser para uno o más de los siguientes motivos:

1. El nacimiento de su hijo (a).
2. Para reubicar a un menor de 16 años por motivo de adopción por el empleado
3. "Una enfermedad grave" del empleado o un familiar como: padres, esposa (o), hijos, suegros.

(Se define enfermedad grave a la incapacidad física o mental, que la condición de la enfermedad implica el cuidado del paciente en el hospital, clínica de reposo, hospicio o en su hogar pero que requiere un tratamiento continuo o la supervisión por una persona con certificado oficial del Departamento de Salud.)

**Solicitud Para Permiso** - Para tener derecho a un permiso de ausencia en el trabajo el empleado debe de solicitarlo por lo menos 30 días antes de la fecha prevista con indicación específica de las fechas solicitadas, a menos que sea una emergencia médica. Los empleados deben de suministrar un certificado médico de la persona por la cual solicita el permiso, ese certificado debe de especificar el tiempo requerido.

**Permiso Relacionado Con la Escuela** - Todo empleado que ha permanecido 12 meses consecutivos en su trabajo, tiene derecho a 10 horas para ser usadas como ausencia del trabajo por motivo de la escuela de sus hijos, ya sean estas conferencias o actividades en la escuela, estan incluidos padres, padrastros, padres adoptivos o empleados que tengan tutela legal de un niño (a). Este deberá de avisar a su empleador 24 horas antes de su salida. Este tiempo no tiene que ser pagado, pero el empleado podría usar el tiempo acumulado de vacaciones o otros pagos relacionados para el permiso solicitado.

**Permiso de Enfermedad de Padres** - Cualquier empleado que da a su trabajador tiempo por enfermedad o salida por enfermedad para ser usado después de que nace un niño debe de otorgar el mismo tiempo a otro empleado que lo solicite para la reubicación de un niño de 16 años o menor para los fines de adopción que tenga dicho empleado.

**Continuación de los beneficios de salud** - Antes de inicio de su salida, el empleado tendrá que pagar a su empleador la suma equivalente para la continuación de los beneficios médicos durante el tiempo de ausencia, esta suma se devolverá al empleado en un plazo de 10 días después que el empleado haya regresado a su trabajo.

**Retorno Despues de Una Ausencia** - A todo empleado que haya salido con permiso se le retornara su posición anterior o un equivalente a su trabajo anterior incluyendo su antiguedad, categoría en el trabajo, beneficios, pagos y otros términos y condiciones de empleo, incluyendo todos los beneficios complementarios y servicios de crédito que el empleado tenía antes de salir con permiso.

**Prohibido Por Ley** - La ley prohíbe que el empleador se entrometiese, refrene o niegue los derechos proporcionados por la ley al empleado. Cualquier discriminación o acción disciplinaria contra el empleado por haber ejercido sus derechos dentro de la ley o cualquier tipo de oposición es considerada ilegal y por lo tanto prohibida.

**El Cumplimiento de la Ley** - Las presuntas violaciones de la Ley pueden ser denunciadas por (1) en una acción civil iniciada por un empleado, (2) por una queja presentada ante el Director de DLT. Se prevén sanciones civiles por infracciones de la Ley o cualquier orden emitida por el Director de Trabajo y Entrenamiento.

(Rev. 1/2018)

## LEY DE TRABAJO PARA FAMILIAS SANAS Y SEGURAS

Conforme a la Ley General de RI 28-57, usted tiene derecho a una licencia por enfermedad y seguridad para abordar sus propias necesidades de salud y seguridad, así como las de su familia. Esta licencia puede ser o no ser pagada dependiendo del tamaño del empleador y otros factores detallados en la ley.

Visite [www.dlt.ri.gov/wrs](http://www.dlt.ri.gov/wrs) o por teléfono al (401) 462-9243 para más información.

(Rev. 1/2018)

## Ud. Es Protejido Bajo el Suministro del Acta de la Ley de Seguridad de Empleo y por el Acta de la Ley de Seguridad Temporal por Incapacidad del Estado de RI

### BENEFICIOS DEL SEGURO DE DESEMPLEO

Si queda total o parcialmente desempleado:

1. Presente su solicitud de prestaciones con el Departamento de Labor (DLT) en los siete días de la fecha de despido.
2. Usted puede presentar su reclamación en línea en [www.dlt.ri.gov](http://www.dlt.ri.gov) o por teléfono al (401) 243-9100. Por favor visite [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) para horas de operación. Para obtener información adicional, visite [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) o llamar al (401) 243-9100.
3. El lunes es un día de alto volumen de teléfono, puede que prefiera presentar su reclamo más tarde en la semana. Usted necesitará su número de Seguro Social y nombre, dirección y números de teléfono de sus empleadores durante los últimos dos años. Si usted no es ciudadano de EE.UU., se requiere su número de registro de extranjeros.
4. Para recoger los beneficios de desempleo, la ley exige que:
  - a. Usted debe estar desempleado por causas ajenas a su cuenta
  - b. Usted debe haber ganado los salarios mínimos de calificación, mientras que estaba trabajando,
  - c. Usted debe ser físicamente capaz de trabajar, disponible para trabajar y buscando trabajo activamente, y
  - d. Usted debe registrarse para trabajar con la oficina de netWorkRI del Departamento de Trabajo y Entrenamiento.

### SEGURO TEMPORAL DE BENEFICIOS POR INCAPACIDAD

Elegible para los beneficios de TDI - Si Ud. está enfermo o lesionado y llena los siguientes

1. Si Ud. está desempleado por enfermedad o lesionado por siete días consecutivos o más, y
2. Ud. tiene que estar bajo el cuidado de un profesional de medicina calificado, y
3. Su enfermedad o lesión ocurrió en los últimos cincuenta y dos semanas, y
4. Ud. tuvo ganancias salariales suficientes para hacerlo elegible.

Elegible para beneficios de seguro de cuidador temporal - Si usted está cuidando de alguien seriamente enfermo, puede ser: criatura, esposo/a, padres, suegros, abuelos, compañero doméstico o si se está adaptando con el bebé recién nacido, adoptado, niño foster dentro de los primeros 12 meses de ser padres; usted puede ser elegible para recibir beneficios si usted reune los siguientes requisitos:

1. Usted está desempleado porque está cuidando a un miembro de su familia que está seriamente enfermo o si se está adaptando a su bebé y
2. Usted proporcionó al Departamento con evidencia médica requerida de el miembro de su familia seriamente enfermo y usted necesita cuidarlo/a o de la prueba requerida de la relación de padre a hijo para los casos de adaptación y
3. Usted ganó suficientes ganancias de dinero para ser elegible monetariamente.

**Cómo Aplicar** - Solicite beneficios llenando la solicitud de TDI / TCI. Las reclamaciones de TDI deben presentarse dentro de los 90 días de la primera semana de ausencia de trabajo debido a una enfermedad. El Director de DLT puede extender este período hasta 26 semanas si el individuo puede demostrar una buena razón médica por el retraso en la presentación. Las reclamaciones de TCI deben presentarse dentro de los primeros 30 días después del primer día de ausencia del trabajo debido a la vinculación o cuidado. La solicitud de TDI / TCI se puede obtener en línea en [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi). O llame al (401) 462-8420, Opción #1 para solicitar que se le envíe una solicitud por correo. Para información adicional, visite [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi) o llame al (401) 462-8420.

Nota: Ud. puede tener derecho al reembolso de una porción de sus contribuciones; si durante el año las contribuciones del TDI fueron deducidas de sus pagos por más de un empleador. Puede llamar al (401) 574-8700 para más información necesaria sobre este reembolso, o escribiendo a la División de Impuestos de RI, Sección de Impuestos del Empleador: One Capital Hill, ste 36, Providence, RI 02908-5829.

### SERVICIOS DE EMPLEO Y ENTRENAMIENTO

Si necesita ayuda para buscar trabajo, el DLT ofrece servicios gratuitos relacionados con el empleo y entrenamiento.

1. Servicios de referencias y ubicación de trabajo.
2. Salones equipados con todo tipo de recursos para la búsqueda de trabajo o entrenamiento.
3. Asesoramiento sobre Carreras y exámenes que le ayudaran a medir sus aptitudes e intereses.
4. Acceso al Internet para solicitar información acerca de empleos o información para entrenamiento.
5. Talleres para ayudarlo a desarrollar sus habilidades en las entrevistas con posibles empleadores.
6. Seminarios sobre el desarrollo de su Curriculum escrita y la Carta de presentación que en ella se incluye.

Visite [www.networkri.org](http://www.networkri.org) para una ubicación cerca de usted. Puede acceder a muchos servicios en línea

en [www.employri.org](http://www.employri.org).

Visite [www.networkri.org](http://www.networkri.org)  
para encontrar un centro  
de carrera cerca de usted.

DLT-TX-6 (Rev. 1/2018)

## EL ACTA DE LA LEY DE COMPENSACIÓN DEL TRABAJADOR EN EL ESTADO DE RHODE ISLAND

Compañía de Seguros para Compensación del Trabajador: \_\_\_\_\_

Compañía Asegurada: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Fecha Efectiva de la Póliza: \_\_\_\_\_

De acuerdo con la ley general de RI §28-32-1, el empleador debe de hacer un reporte al DLT Director por cada lesión personal ocurrida a un empleado, si esta lesión incapacita al empleado de recibir sus ganancias completas por lo menos de 3 días o si necesita tratamiento médico, durante el periodo de incapacidad. Si se prueba que la lesión es fatal, el reporte debe de ser llenado en el plazo de 48 horas. De lo contrario el informe puede ser llenado en el plazo de 10 días después de la lesión.

Todo empleado lesionado sera libre de elejir el tratamiento médico desde un inicio. La primera visita a un centro de salud que el empleado haga, ya sea por contrato o acuerdo con el empleador debido a las circunstancias, no sera, considerado como la primera elección del empleado. Para más información acerca de los procedimientos y beneficios de Compensación del Trabajador, llame a la Unidad de Educación al: 401) 462-8100, opción #1. Si usted sospecha fraude llame el Fraude Prevention Unit a 462-8100 opción #7

(Rev. 1/2018)

### PROHIBIR EL BUZÓN

Conforme a la Ley General 28-6-14-1, Es ilegal para un empleador incluir en una aplicación de empleo cualquier pregunta con respecto a si un solicitante ha sido arrestado, acusado o condenado en cualquier momento. Existen excepciones limitadas para agencias del orden público y puestos relacionados.

Empleadores en violación de esta ley pueden ser multados entre \$100-\$500 por ofensa.

Visite [www.dlt.ri.gov](http://www.dlt.ri.gov) o por teléfono (401) 462-9243 para más informacion.

(Rev. 1/2018)

### DERECHO A SABER

#### Ignorar Este Aviso Puede Poner En Peligro Su Salud

Bajo la Ley de Derecho a Saber de RI, su empleador debe informarle sobre los peligros de cualquier sustancia peligrosa en su lugar de trabajo. Tienes el derecho de saber:

- Los nombres usados comercialmente para dichas sustancias, incluyendos los nombres químicos de tales;
- el nivel de peligro que por dicha exposición podría causarle, Si son conocidos los síntomas
- efectos a la exposición en sus diferentes niveles de peligro;
- la posible amenaza por inflamación, explosión y reactividad de la sustancia;
- tratamiento de emergencia apropiado;
- procedimientos precisos de seguridad para su uso y exposición de dichas sustancias peligrosas;
- equipo apropiado de seguridad para su uso;
- y procedimientos específicos para limpiar cuando dichas sustancias son derramadas, se filtran o gotean.

Su empleador debe de proporcionarle a Ud. esta información ya mencionada. Si no lo ha hecho, asegurese Ud. de solicitarla. El representante de su compañía es \_\_\_\_\_

La ley del Derecho de Saber o Conocer fue creada para protegerlo. Visite [www.dlt.ri.gov/occupsafe](http://www.dlt.ri.gov/occupsafe) o por teléfono al (401)462-8570, opción #4 para más informacion.

"Porque ignorar acerca de estas sustancias peligrosas con las cuales Ud. trabaja es lo más peligroso que puede pasarle."

DLT-L-47 Os RI Direito-À-Sabem A Lei (Rev. 1/2018)

1/2018 MDF



# Aviso a Todos OS EMPREGADOS - Informação que a Entidade Patronal Deve Afixar

## Atenção Empregados - Salário Mínimo - Rhode Island

Eficaz Janeiro 1, 2018 ESTA LEI PROPOCIONA

### Salário Mínimo Para Todos os Empregados

**EXCEPTO:** Estudantes a tempo inteiro com menos de **19** anos de idade trabalhando em lugares não lucrativos, religiosos, educacionais, bibliotecas ou organizações públicas

Menores, com **14** ou **15** anos de idade que não excedam 24 horas semanais

Empregados que recebem gorjetas (A partir de 1 de janeiro de 2017):

<b>\$ 10.10</b>
<b>\$ 9.09</b>
(90% of Salário Mínimo)
<b>\$ 7.58</b>
(75% of Salário Mínimo)
<b>\$ 3.89</b>

**Horas Extraordinárias** – pelo menos 1½ vezes o valor da taxa regular de pagamento por todas as horas que trabalhou acima das 40 horas semanais. A lei contém isenções do salário mínimo e/ou requisitos de pagamento de horas extras para determinadas profissões ou instituições.

Estudantes e trabalhadores deficientes podem ser pagos menos do que o mínimo aplicável, mas apenas os que possuem certificados emitidos a critério do director do DLT.

### Horas extras obrigatória para enfermeiras

- um hospital não pode exigir que certos enfermeiros ou assistentes de enfermeiro trabalhem horas extras, exceto em circunstâncias de emergências imprevistas.

**Horas mínimas por turno** - os funcionários solicitados ou autorizados a se apresentar ao trabalho no início do seu turno devem ser pagos 3 horas de trabalho ou 3 horas de salários. Os empregados de comércio devem ser pagos 4 horas de trabalho aos Domingos e Feriados.

**Trabalho Infantil** - Empregados devem ter pelo menos 16 anos de idade para trabalhar em empregos não-agrícolas e 18 para trabalhar em empregos não-agrícolas declarados perigosos pelo Secretário de trabalho dos EUA. Os jovens 14 e 15 podem trabalhar, com uma licença especial emitida por oficiais da escola local, em vários trabalhos fora das horas escolares e determinadas circunstâncias. Regras diferentes são aplicáveis ao emprego agrícola.

### Salário predominante para trabalhos em projetos de construção financiados pelo Estado/municipais

Os **assalariados predominantes** não devem ser pagos menos do que a taxa salarial de Davis Bacon cuja determinação salarial está afixado com este aviso. **Horas extras** esta taxa aplica-se quando trabalha mais de 8 horas por dia ou mais de 40 horas por semana. **Aprendiz** esta taxa aplica-se apenas em aprendizes devidamente registrados em programas de aprendizagem aprovados pelo Estado.

Os trabalhadores que não recebem remuneração adequada podem apresentar uma queixa no Departamento de Trabalho e Treino de RI (DLT); as alegações serão investigadas. Contate a Devisão de salários efectivos através do número (401) 462-8580, opção #7 para obter mais informações. A lei geral de RI § 37-13-17 prevê o direito privado de coletar salário e benefícios.

DLT-L-39 (01/2018)

## Rhode Island Actos de licença médica parental e familiar

Este aviso é para proporcionar informação sobre a lei em "RI acerca da ausência de trabalho por motivos de Saúde familiar ou Parental". Entidades patronais com 50 ou mais empregados têm de conceder uma ausência de trabalho sem pagamento até 13 semanas consecutivas, num espaço de 2 anos sob certas condições.

**Empregados Qualificados** - Para qualificar o empregado tem que trabalhar a tempo inteiro, uma média de 30 horas semanais ou mais e esteja empregado nessa companhia pelo menos á 12 meses.

**Propósito de ausência** - De acordo com a lei, ausência de trabalho é autorizada quando o motivo seja uma ou mais das seguintes razões.

1. Nascimento de uma criança
2. Posicionamento de uma criança com 16 anos de idade ou menos por um empregado, cujo posicionamento esteja relacionado com a adopção dessa mesma criança.
3. "Enfermidades graves" No empregado, seus pais, cônjuge, criança, sogra ou sogro. (Enfermidades graves são determinadas por uma incapacidade física, doença mental, ferimentos, debilitação, hospitalização, terceira idade, clínica de repouso hóspicio ou paciente ambulatório que necessite supervisão ou tratamento continuo por uma pessoa certificada pelo Departamento de Saúde).

**Requerer ausência de trabalho** - Em ordem de ter direito a uma ausência de trabalho, o empregado tem que submeter um pedido pelo menos 30 dias antes da data que deseja ficar fora, a, não ser que seja uma emergência médica. É possível que o empregado tenha que proporcionar um certificado médico do paciente em questão, no qual, deverá ser especificada a duração desta ausência.

**Ausência de trabalho por implicação escolar** - Todo o empregado que tenha trabalhado pelo menos 12 meses consecutivos tem o direito a 10 horas de ausência de trabalho durante um período de 12 meses para assistir a reuniões ou quaisquer outras actividades escolares para uma criança cujo empregado seja o pai ou mãe, pais adoptivos ou encarregado de educação. O pedido deverá ser proporcionado pelo empregado à entidade patronal 24 horas antes da data da ausência. Esta ausência de trabalho pode ser sem pagamento, a não ser que o empregado substitua estas horas por horas de férias ou quaisquer outras horas que tenha acumulado.

**Uso de horas de doença por pais adoptivos** - Toda a entidade patronal que permita a um empregado após o nascimento de um filho usar as horas acumuladas para motivos de doença, deverá também permitir as mesmas horas para o oposicionamento de uma criança com 16 anos de idade ou menos por um empregado, cujo posicionamento esteja relacionado com a adopção dessa mesma criança.

**Prosseguimento do Seguro** - Antes que o empregado se ausente do trabalho deverá pagar à sua entidade patronal o total do prémio do seguro médico para que este se mantenha em vigor durante a sua ausência, cuja soma deverá ser devolvida ao empregado dentro de 10 dias a partir da data do seu regresso ao trabalho.

**Regresso da ausência de trabalho** - De acordo com a lei depois de uma ausência de trabalho o empregado tem direito a regressar à mesma posição ou a uma posição equivalente à sua antiguidade com a mesma categoria e condições de benefícios, incluindo todos os benefícios adicionais a que tinha direito no início da sua ausência de trabalho.

**A lei proíbe** - De acordo com a lei é ilegal que uma intidez patronal dificulte, limite ou proíba aos seus empregados os direitos proporcionados pela lei. Qualquer descriminação ou ação disciplinar contra um empregado por exercer os seus direitos de acordo com a lei, ou opôr-se a desempenhar algo ilegal é também proibida.

**Aplicação da lei** - Reportes de violações devem ser feitos (1) através de uma ação civil declarada por um empregado, (2) Por uma queixa feita ao Director do Departamento de Trabalho e Treino do estado de Rhode Island. Estão estipuladas penalidades civis para violações contra a lei ou ordens dadas pelo Director do Departamento de Trabalho e Treino.

(Rev. 1/2018)

## FAMÍLIAS E LOCAIS DE TRABALHO SAUDÁVEIS E SEGUROS

De acordo com a Lei Geral §28-57 do RI, você tem direito a uma licença médica e segura para atender suas próprias necessidades de saúde e segurança, bem como as de sua família. Esta licença pode ou não ser paga de acordo com o tamanho de seu empregador e outros fatores conforme detalhado na lei. Visite [www.dlt.ri.gov/wrs](http://www.dlt.ri.gov/wrs) ou ligue para (401) 462-9243 para obter mais informações.

(Rev. 1/2018)

**Está protegido de acordo com a lei do Seguro de Emprego de RI  
E a lei do Seguro de Incapacidade Temporária  
BENEFÍCIOS do SEGURO DE DESEMPREGO**

Se ficar totalmente ou parcialmente desempregado:

1. Apresente ao DLT o seu pedido de benefícios dentro de sete dias após a sua demissão de trabalho.
2. Pode requerer benefícios na internet [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) ou por telefone (401) 243-9100. Visite [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) por horas de operação. Para mais informações, visite [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui) ou ligue para (401) 243-9100.
3. Segunda-feira é um dia em que os telefones estão muito ocupados; você pode requerer sua reivindicação mais tarde na semana. Você precisará de sua Número de Segurança Social e nome, endereço e números de telefone dos seus empregadores nos últimos dois anos. Se você não é um cidadão dos E.U.A., seu número de registro estrangeiro é exigido.
4. Para receber benefícios de desemprego a lei requer que:
  - a. O motivo de desemprego não seja por culpa própria.
  - b. Tenha ganho o salário mínimo obrigatório durante o tempo que trabalhou.
  - c. Esteja fisicamente apto, disponível, à procura de trabalho e
  - d. Esteja registrado no Departamento de Trabalho e Treino.

**BENEFÍCIOS de INCAPACIDADE TEMPORÁRIA**

Qualifica para benefícios do TDI - Se ficou doente ou ferido e está dentro de todos os seguintes

1. Esteve desempregado 7 dias consecutivos ou mais por motivo de doença ou ferimento e
2. Esteve sob o cuidado de um doutor licenciado no ramo de saúde, e
3. Tem um exame médico dentro do tempo apropriado: um exame físico no escritório dentro de uma semana desde o primeiro dia de desemprego devido a sua doença ou uma semana antes ou depois.
4. Ganhou dinheiro suficiente dentro do salário mínimo obrigatório para qualificar.

Elegível para benefícios temporários de seguro para cuidadores - Se está cuidando de alguém gravemente doente como: filho, esposo, pais, sogros, avôs, companheiro ou você está a tentar estabelecer laços efectivos com filhos recém-nascidos, filhos adotivos ou crianças de acolhimento, você pode qualificar para receber benefícios durante os primeiros 12 meses de parentalidade se você atender aos seguintes requisitos:

1. Está desempregado porque você está cuidando de um familiar gravemente doente ou está a tentar estabelecer laços efectivos com uma criança e
2. Fornece ao departamento a evidência médica necessária para provar que tem um membro da sua família gravemente doente a seu encargo e é você quem cuida dele ou a prova necessária de relação pai-filho para reivindicações de uma ligação efectiva e
3. Ganhou o suficiente para qualificar-se e receber benefícios.

Como Aplicar - Pode requerer benefícios preenchendo uma aplicação do TDI/TCI. Benefícios do TDI devem ser requeridos durante os primeiros 90 dias que esteja fora do trabalho por motivo de doença. O director do DLT pode estender este período para 26 semanas se o indivíduo tiver uma boa razão médica que justifique o atraso. Benefícios do TCI devem ser requeridos durante os primeiros 30 dias após o primeiro dia de férias por razões de ligação ou de cuidado. TDI/TCI aplicações podem ser adquiridas na Internet: [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi). Ou pelo telefone (401) 462-8420, opção #1. Para que a aplicação lhe seja enviada pelo correio. Para informação adicional, visite [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi) ou telefone para (401) 462-8420.

Nota: Também, é possível que tenha direito a um reembolso sobre a contribuição feita durante o ano civil do TDI se estas contribuições foram deduzidas dos seus pagamentos por mais do que uma entidade patronal. Obtenha informação à cerca deste reembolso pelo telefone (401) 574-8700 ou escreva para: RI Division of Taxation, Employer Tax Section, One Capitol Hill, Ste 36, Providence, RI 02908-5829.

**ASSISTÊNCIA de TRABALHO e TRAINO**

Se precisa de ajuda a encontrar emprego, DLT oferece serviços gratis de colocação e treino incluindo:

1. Serviços de referências e colocação de trabalho.
2. Salas com uma grande variedade de recursos de trabalho.
3. Conselhos e exames de aptidão e interesses.
4. Acesso à rede informática (Internet) para informação sobre trabalhos e treinos.
5. Aulas práticas para ajudar a desenvolver novas técnicas na procura de trabalho e entrevistas.
6. Aulas de auxílio na realização e escrita eficaz de uma carta curricular e a sua capa.

Visite [www.networkri.org](http://www.networkri.org) para um local perto de você. Você também pode acessar muitos serviços na Internet em [www.employri.org](http://www.employri.org).

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Visite [www.networkri.org](http://www.networkri.org)  
encontrar um centro de  
carreira perto de você.

**Lei de Compensação dos Trabalhadores do Rhode Island**

Companhia de Seguro da Compensação Laboral: \_\_\_\_\_

Companhia assegurada: \_\_\_\_\_

Telefone: \_\_\_\_\_ Data efectiva da apólice: \_\_\_\_\_

De acordo com a lei geral do RI § 28-32-1, os empregadores devem relatar ao director de todos os danos pessoais sofridos por um empregado se a lesão incapacitar o empregado de ganhar salários completos por pelo menos 3 dias ou requer tratamento médico, independentemente do período de incapacidade. Se a lesão se revelar fatal, o relatório deve ser efectuado dentro de 48 horas. Se não for fatal, o relatório será efectuado no prazo de 10 dias após a lesão.

Um funcionário ferido deve ter liberdade para escolher o tratamento médico inicialmente. A primeira visita do empregado a qualquer instalação contrato ou acordo com o empregador ou seguradora para prestar cuidados prioritários não será considerada a escolha inicial do empregado. Para mais informações, ligue para a unidade de educação em (401) 462-8100, pressione #1. Se suspeitar de fraude, contacte a unidade de prevenção de fraudes (401) 462-8100, prima #7.

DWC-8 (Rev. 1/2018)

**BAN-THE-BOX**

De acordo com a lei geral do RI § 28-6.14-1, é ilegal que um empregador inclua numa applicação de emprego qualquer pergunta se o candidato já foi alguma vez preso, acusado ou condenado por qualquer crime. Existem exceções limitadas para agências de reemfoco das leis e posições relacionadas. Os empregadores em violação desta lei podem ser multados entre \$100-\$ 500 por delito.

Visite [www.DLT.ri.gov/lis](http://www.DLT.ri.gov/lis) ou Call (401) 462-9243 para mais informações.

(Rev. 1/2018)

**Rhode Island DIREITO DE SABER**

**Ignorar Este Aviso Pode ser Perigoso para a Sua Saúde**

**De acordo com a lei sobre o Direito-de-Saber (Right-To-Know) de Rhode Island, a sua entidade patronal deve avisá-lo sobre qualquer substância perigosa na sua área de trabalho. Tem o direito de saber:**

- O nome comum ou comercial da substância, incluindo o nome químico;
- Se for possível, até que nível a exposição a esta substância se torna perigosa;
- Nível de perigo, consequências e sintomas desta exposição;
- A potência de inflamabilidade; Explosão e reactividade da substância;
- Tratamento apropriado em caso de emergência;
- O método prudente de usar ou estar exposto a esta substância sem causar nenhum perigo;
- O equipamento apropriado e com proteção para um uso seguro
- Métodos para limpar derramamentos ou fugas

A sua entidade patronal deve proporcionar-lhe esta informação. Caso contrario, Solicite-a você mesmo, O representante da sua entidade patronal é:

**A lei do Direito-de-Saber (Right-To-Know) foi criada para o proteger.**  
Visite [www.dlt.ri.gov/occuseafe](http://www.dlt.ri.gov/occuseafe) ou telefone (401) 462-8570, opção #4 para obter mais informações.

"O maior perigo é o desconhecimento, dos riscos que corre quando trabalha com substâncias perigosas."

DLT-L-47 The RI Right-To-Know Law (Rev. 1/2018)

STATE OF RHODE ISLAND  
DEPARTMENT OF LABOR & TRAINING



This employer is subject to the provisions of the  
**WORKERS' COMPENSATION ACT**  
of the State of Rhode Island

Workers' Compensation Insurance Company: \_\_\_\_\_

Adjusting Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

In accordance with Rhode Island General Law §28-32-1, the **employer must report** to the Director of Labor and Training **every personal injury sustained by an employee if the injury incapacitates the employee from earning full wages for at least three (3) days or requires medical treatment, regardless of the period of incapacity.** If the injury proves fatal, the report must be filed within forty-eight (48) hours. If not fatal, the report shall be made within ten (10) days of the injury.

**An injured employee shall have the freedom to choose medical treatment initially.** The employee's first visit to any facility under contract or agreement with the employer or insurer to provide priority care **shall not be considered** the employee's initial choice.

For more information about Workers' Compensation procedures and benefits, call the Education Unit at (401) 462-8100 and press option #1 or TDD (401) 462-8006. If you suspect fraud, contact the Fraud Prevention Unit at (401) 462-8100 and press option #7.

In accordance with Rhode Island General Law §28-29-13, this notice must be posted and maintained in conspicuous places where workers are employed.  
Fines may be imposed for noncompliance.

# DEPARTAMENTO DE TRABAJO Y ENTRENAMIENTO DEL ESTADO DE RHODE ISLAND



Esta empresa esta sujeta a las estipulaciones del

## ACTA DE COMPENSACION DE TRABAJADORES

del Estado de Rhode Island

Seguro de Compensación de Trabajo \_\_\_\_\_

Compañía Ajustadora: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Fecha Efectiva de Póliza: \_\_\_\_\_

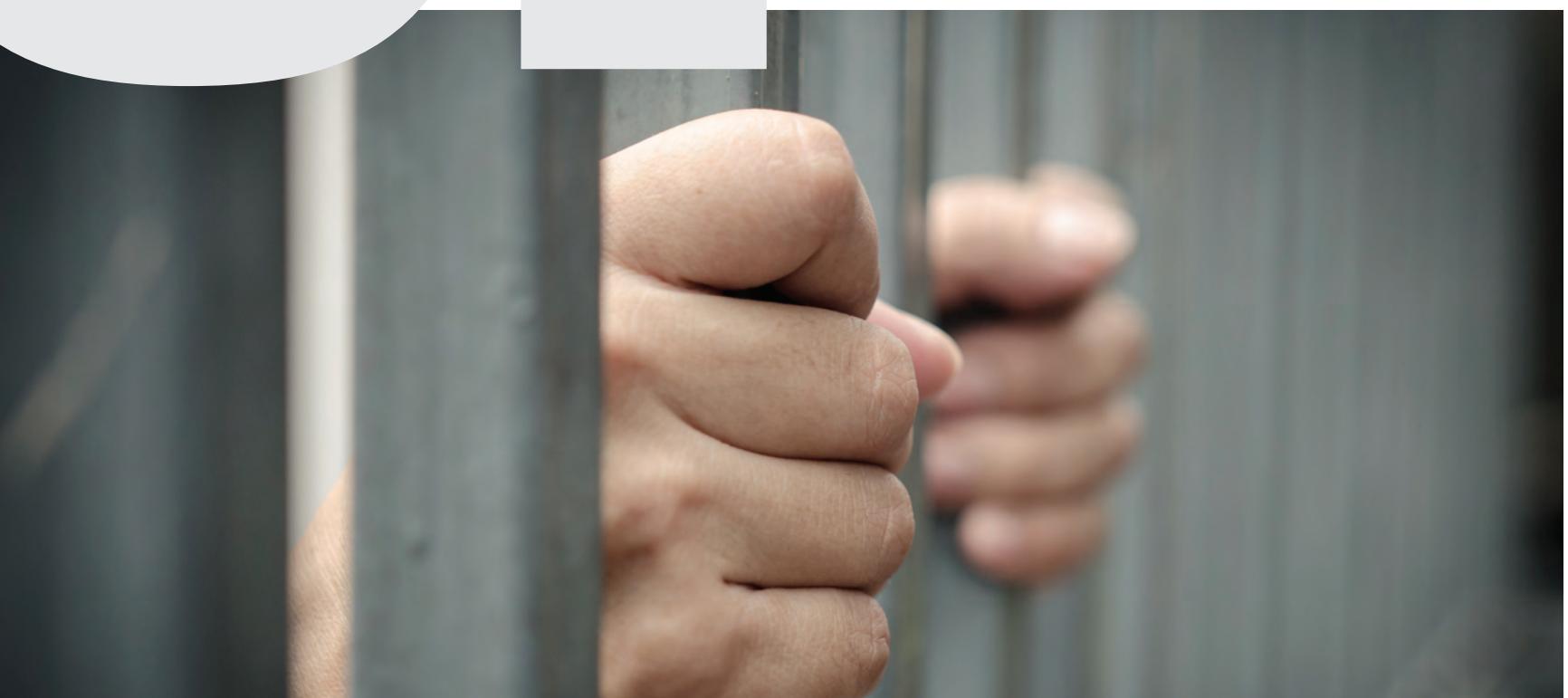
De acuerdo con las Leyes Generales de Rhode Island §28-32-1, **las empresas tienen que reportarle** al Director de Trabajo y Entrenamiento **cada lesión personal reportada por un empleado si la lesión incapacita al empleado de ganar un sueldo completo por un mínimo de tres (3) días, o requiere tratamiento médico, sin importar el período de incapacidad.** Si la lesión es fatal, el incidente debe ser reportado dentro de cuarenta y ocho (48) horas. Si no es fatal, el incidente será reportado dentro de diez (10) días de la lesión.

**Un empleado lesionado tiene la libertad de escoger al primer proveedor médico.** La primera visita del empleado a cualquier centro de atención médica contratado por la empresa o la aseguradora, con la intención de facilitar atención inmediata, **no será considerado** el primer proveedor médico.

Para más información referente a la compensación para trabajadores a causa de accidentes de trabajo, procedimientos y beneficios, llame a la Unidad Educacional al (401) 462-8100 y apriete la opción #1 o TDD (401) 462-8006. Si usted sospecha de fraude, póngase en contacto con la Unidad de Prevención de Fraude al (401) 462-8100 y apriete la opción #7.

De acuerdo con las Leyes Generales de Rhode Island §28-29-13, este aviso debe ser colocado y mantenido en lugares visibles para los trabajadores. Las empresas que no cumplan con este requerimiento pueden ser sujetas a multas.

# *One good reason to think twice about workers' compensation fraud*



EMPLOYERS® actively investigates suspected workers' compensation fraud and reports such cases to law enforcement authorities.

## **fraud costs**

Workers' compensation fraud costs \$7.2 billion annually.<sup>1</sup>

Filing a fraudulent workers' compensation claim could lead to serious civil or criminal consequences, such as fines, incarceration and/or restitution.

**If you suspect workers' compensation fraud, please contact EMPLOYERS' Fraud Investigations Department. Call the Fraud Hotline at 1-800-750-3939 or e-mail [fraudfighters@employers.com](mailto:fraudfighters@employers.com).**

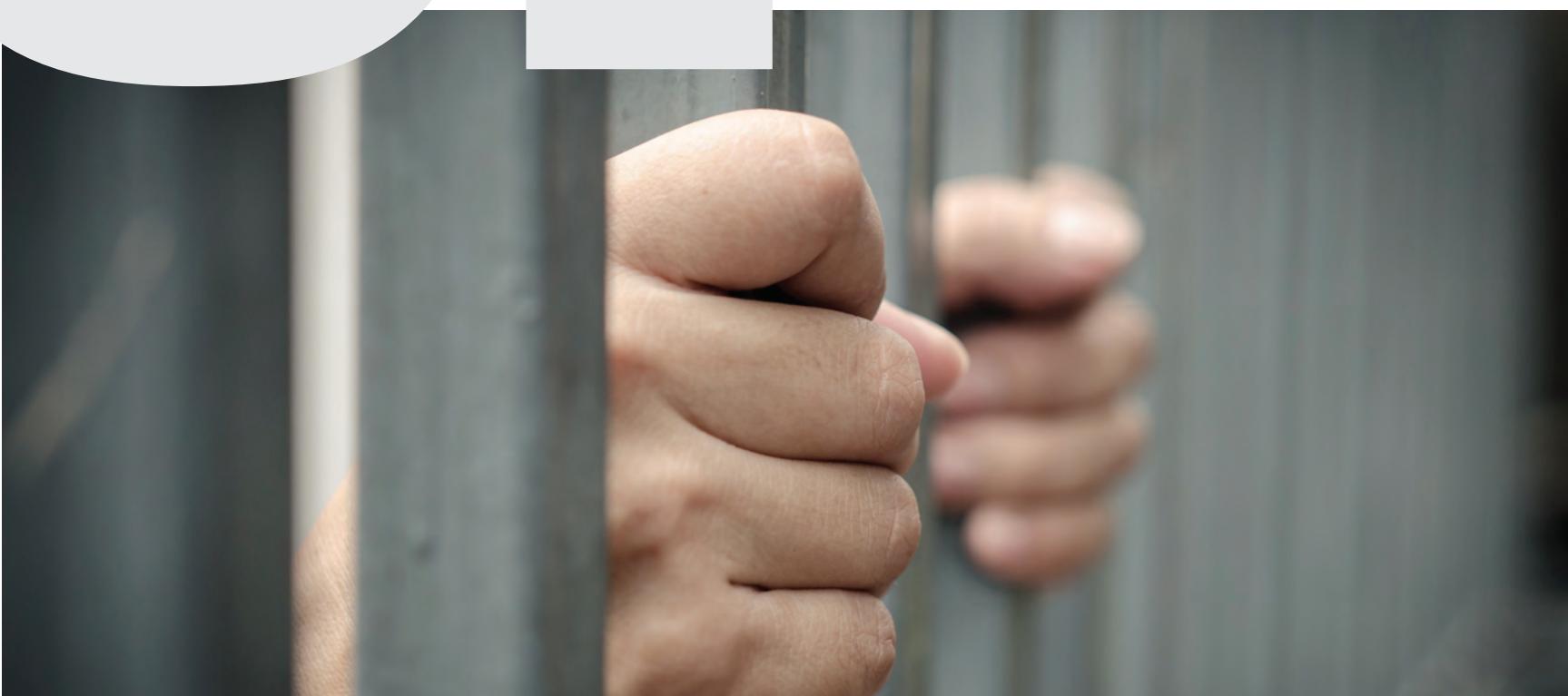
**EMPLOYERS®**

*America's small business insurance specialist®*

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<sup>1</sup> Source: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

# *Una buena razón para pensarlo dos veces antes de cometer fraude en una demanda de indemnización laboral*



EMPLOYERS® investiga de manera activa casos sospechosos de cometer fraude en una demanda de indemnización laboral y reporta dichos casos a las autoridades policiales.

## **costos del fraude**

Fraude en demandas de indemnización laboral cuesta \$7.2 mil millones al año.<sup>1</sup>

Presentar una demanda de indemnización laboral fraudulenta puede acarrear graves consecuencias civiles o penales, tales como multas, cárcel y/o indemnizaciones.

**Si sospecha que existe fraude en una demanda de indemnización laboral, póngase en contacto con el Departamento de Investigación de Fraude de EMPLOYERS. Llame a la línea directa de fraude al 1-800-750-3939 o escriba al correo electrónico [fraudfighters@employers.com](mailto:fraudfighters@employers.com).**

## **EMPLOYERS®**

*America's small business insurance specialist®*

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1 Fuente: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

**State of Rhode Island****EMPLOYER'S FIRST REPORT OF ALLEGED OCCUPATIONAL INJURY, DISEASE OR FATALITY**

Department of Labor and Training, Division of Workers' Compensation

PO Box 20190, Cranston, RI 02920-0942

Phone (401) 462-8100 TDD (401) 462-8006 FAX (401) 462-8105

 PLEASE CHECK IF CORRECTION OF PRIOR REPORT

DWC No. \_\_\_\_\_

Insurer File No.

1. EMPLOYER LOCATION:		2. EMPLOYER NAMED ON WC INSURANCE POLICY: <input type="checkbox"/> SAME AS BLOCK 1	
FEIN	FEIN	Name	Name
Name		Address	Address
Address		City, State, Zip	City, State, Zip
City, State, Zip		Phone	Ext.
Phone Ext.	Type of Business	Phone	Ext.
RI Unemployment Ins. No.	NAICS	WC Policy Number	
3. INSURANCE COMPANY NAMED ON WC POLICY:		4. CLAIM ADMINISTRATOR: <input type="checkbox"/> SAME AS BLOCK 3	
FEIN	FEIN	Name	Name
Name		Address	Address
Address		Address	Address
Address		City, State, Zip	City, State, Zip
City, State, Zip		Phone	Ext.
Phone Ext.		Phone	Ext.
5. EMPLOYEE INFORMATION:		6. MEDICAL INFORMATION:	
SSN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Facility	
Name		Address	
Address		City, State, Zip	
City, State, Zip		Phone	Ext.
Phone	Date of Birth	7. WITNESS INFORMATION:	
Occupation	Date Hired	Name	Phone
State of Hire	Preferred Language of Employee: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Portuguese <input type="radio"/> Other:		
8. INJURY INFORMATION:		What was person doing when injured?	
Injury Date			
Time injury occurred <input type="checkbox"/> AM <input type="checkbox"/> PM			
Time employee began work <input type="checkbox"/> AM <input type="checkbox"/> PM			
1. First full day lost from work <input type="checkbox"/> NONE LOST			
2. Date returned to work (if appropriate)		List injured body parts and nature of injury:(ex: Broken left finger, lower back strain)	
3. Date employer notified of injury			
If fatal - REPORT WITHIN 48 HOURS - Date of death		Complete address where accident occurred:	
Place where injury/illness occurred: <input type="checkbox"/> At employer location listed in Block 1 OR			
Was this injury previously an incident-only with no medical treatment and no time lost? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, date employer first notified of medical treatment or time lost			
Category(ies) of injury or illness: <input type="radio"/> Injury <input type="radio"/> Illness <input type="radio"/> Occupational Disease <input type="radio"/> Repetitive Trauma <input type="radio"/> Occupational Hearing Loss <input type="radio"/> Unknown			
Print Name of Report Preparer		Date Prepared	Phone & Extension
Print Name of Employer Contact Person OR <input type="checkbox"/> Same as above Phone & Extension			

DWC:	County	Time A	Time W	OCC	Nature	Part	Source	Type	
	DWC-01 (01/03)	For instructions visit our web site:			www.dlt.ri.gov/wc				

**State of Rhode Island****FULL-TIME WAGE STATEMENT**

(Hired for 20 hours or more per week)

Department of Labor and Training, Division of Workers' Compensation

PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (401) 462-8006

 PLEASE CHECK IF CORRECTION OF PRIOR REPORT

DWC No. \_\_\_\_\_

Insurer File No. \_\_\_\_\_

**1. EMPLOYEE INFORMATION:**

SSN \_\_\_\_\_

Name \_\_\_\_\_

Hired for \_\_\_\_\_ hours each week ( Approximate)Are these supplemental wages?  Yes  No

If yes, supplemental employer name: \_\_\_\_\_

Maximum no. of exemptions \_\_\_\_\_  Single  Married**2. CLAIM INFORMATION:**

Employer \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Claim Administrator \_\_\_\_\_

Injury date \_\_\_\_\_

Incapacity date \_\_\_\_\_

Hire date \_\_\_\_\_

**3. EMPLOYED LESS THAN 2 WEEKS:****If Yes:**

1. List agreed upon hourly wage \_\_\_\_\_
2. Number of hrs. per week for full-time employees \_\_\_\_\_
3. Multiply #1 by #2 for average weekly wage \_\_\_\_\_

**OR:**

Give average weekly for same or similar employment: \_\_\_\_\_

**4. EMPLOYED MORE THAN 2 WEEKS:**

On the left side of the form, list gross wages prior to employee's first full day out of work. DO NOT include their week of hire or week of injury unless a full week was paid. DO NOT SKIP WEEKS. Please calculate any overtime and/or bonus paid SEPARATELY on the right side of the form below.

**LIST 13 CONSECUTIVE WEEKS:**

Week Number	Week Ending Date	No. of standard hrs. worked	Gross Wages (No Overtime)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
Total number usable weeks:		Total earnings:	

**BONUS AND OVERTIME CALCULATION:**

Number of weeks employed (up to 52)	Block 1
Total BONUS amount paid in past 52 weeks	Block 2
Divide Block 2 by Block 1 for average bonus	Block 3

Total OVERTIME amount paid in past 52 weeks

Divide Block 4 by Block 1 for average overtime

Block 4

Block 5

**CALCULATION OF AVERAGE WEEKLY WAGE (AWW):**

1. Total earnings from 13 weeks \_\_\_\_\_
2. Total number usable weeks \_\_\_\_\_
3. Divide total earnings by number of usable weeks \_\_\_\_\_
4. Average bonus (Block 3 in BONUS AND OT) \_\_\_\_\_
5. Add 3 and 4 for AWW excluding Overtime \$ \_\_\_\_\_
6. Average overtime (Block 5 in BONUS AND OT) \_\_\_\_\_
7. Add 5 and 6 for Total Average Weekly Wage \$ \_\_\_\_\_

Print Preparer Name:

Date:

Print Adjuster Name:

Date:

**State of Rhode Island****PART-TIME WAGE STATEMENT**

(Hired for less than 20 hours per week)

Department of Labor and Training, Division of Workers' Compensation

PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (401) 462-8006

 PLEASE CHECK IF CORRECTION OF PRIOR REPORT

DWC No. \_\_\_\_\_

Insurer File No. \_\_\_\_\_

**1. EMPLOYEE INFORMATION:**

SSN \_\_\_\_\_

Name \_\_\_\_\_

Hired for \_\_\_\_\_ hours each week ( Approximate)Are these supplemental wages?  Yes  No

If yes, name of supplemental employer \_\_\_\_\_

Maximum no. of exemptions \_\_\_\_\_  Single  Married**2. CLAIM INFORMATION:**

Employer \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Claim Administrator \_\_\_\_\_

Injury date \_\_\_\_\_

Incapacity date \_\_\_\_\_

Hire date \_\_\_\_\_

**3. EMPLOYED LESS THAN 2 WEEKS:****If Yes:**

1. List agreed upon hourly wage \_\_\_\_\_
2. Number of hrs. per week for part-time employees \_\_\_\_\_
3. Multiply #1 by #2 for average weekly wage \_\_\_\_\_

**OR:**

Give average weekly for same or similar employment: \_\_\_\_\_

**4. EMPLOYED MORE THAN 2 WEEKS:**

On the left side of the form, list gross wages prior to employee's first full day out of work. DO NOT include their week of hire or week of injury *unless* a full week was paid. DO NOT SKIP WEEKS. Please calculate any overtime and/or bonus paid SEPARATELY on the right side of the form below.

**LIST 26 CONSECUTIVE WEEKS:**

Week Number	Week Ending Date	No. of standard hrs. worked	Gross Wages (No Overtime)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
Total number usable weeks:	Total earnings:		

**BONUS AND OVERTIME CALCULATION:**

Number of weeks employed (up to 52)

Block 1

Total BONUS amount paid in past 52 weeks

Block 2

Divide Block 2 by Block 1 for average bonus

Block 3

Total OVERTIME amount paid in past 52 weeks

Block 4

Divide Block 4 by Block 1 for average overtime

Block 5

**CALCULATION OF AVERAGE WEEKLY WAGE (AWW):**

1. Total earnings from 26 weeks

2. Total number usable weeks

3. Divide total earnings by number of usable weeks

4. Average bonus (Block 3 in BONUS AND OT)

5. Add 3 and 4 for AWW excluding Overtime \$

6. Average overtime (Block 5 in BONUS AND OT)

7. Add 5 and 6 for Total Average Weekly Wage \$

Print Preparer Name:

Date:

Print Adjuster Name:

Date:

**State of Rhode Island****SEASONAL WAGE STATEMENT**

(Hired for 16 weeks or less)

Department of Labor and Training, Division of Workers' Compensation

PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (401) 462-8006

 PLEASE CHECK IF CORRECTION OF PRIOR REPORT

DWC No. \_\_\_\_\_

Insurer File No. \_\_\_\_\_

**1. EMPLOYEE INFORMATION:**

SSN \_\_\_\_\_

Name \_\_\_\_\_

Maximum no. of exemptions \_\_\_\_\_

 Single Married

Wages for how many employers are listed below? \_\_\_\_\_

**2. CLAIM INFORMATION:**

Employer \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Claim Administrator \_\_\_\_\_

Injury date \_\_\_\_\_

Incapacity date \_\_\_\_\_

Hire date \_\_\_\_\_

List 52 CONSECUTIVE weeks of gross wages for *any* employment held by this person within the 52 week period.

Week Number	Week Ending Date	Gross Wages	Week Number	Week Ending Date	Gross Wages
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		
8			34		
9			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		

Total earnings: \_\_\_\_\_

Total earnings: \_\_\_\_\_

1. Combine total earnings listed \_\_\_\_\_

2. Divide total earnings by 52 \_\_\_\_\_ ÷ 52

3. Average Weekly Wage \_\_\_\_\_ \$ \_\_\_\_\_

Print Preparer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Print Adjuster Name: \_\_\_\_\_

Date: \_\_\_\_\_



America's small business insurance specialist®

## Basic Accident Report

Date of Report: \_\_\_\_\_ Report Completed By: \_\_\_\_\_

Last Name of Injured Person:	First Name:	Job Title:
Date of Accident:	Time of Accident:	Location of Accident:
Supervisor's Name & Job Title:		Name of Witnesses:
Full Description of Injuries:		
Description of accident/incident or employee's account, including sequence of events preceding the accident:		
Basic cause and contributory causes. Explain fully unsafe act, unsafe condition, personal factor, other:		
Recommended Corrective Measures:		Action By:
Names of Inspection Team Participants:		
Management Review By:	Date to be Completed By:	

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