
Workers' Compensation Agency

2013 Annual Report



*An evening skyline of Detroit, Michigan's largest city.
Detroit is a vital city of proud people; a city of hope and a city destined to be restored to prominence and greatness.*

Rick Snyder, Governor
State of Michigan

Steve Arwood, Director
Department of Licensing and Regulatory Affairs

Kevin Elsenheimer, Director
Workers' Compensation Agency

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Overview

Last year, 2012, marked the 100th anniversary of workers' compensation law in Michigan.

Prior to the initial enactment in 1912, a worker who was injured in the course of his or her employment could sue his or her employer in a civil or "tort" action. This was the same remedy available to any person injured under other circumstances. The tort remedy, however, has certain problems. It requires the worker

prove that the injury occurred because the employer was negligent. The employer could then assert one or more of three important defenses: (1) that the worker was also negligent, (2) that the worker knew of the dangers involved and "assumed the risk," or (3) that the injury occurred because of the negligence of a "fellow employee." Under this system it was very difficult for workers to recover against their employers. If they did win, however, they could receive damages similar to other civil actions.



In 1912 Michigan, along with most other states, adopted a Workmen's Compensation Act. The new remedy was essentially a "no-fault" system under which a worker no longer had to prove negligence on the part of the employer, and the employer's three indicated defenses were eliminated. The intent of the new law was to require an employer to compensate a worker for any injury suffered on the job, regardless of the existence of any fault or whose it might be.

Workers' compensation law became Michigan's first "tort reform" legislation. In exchange for the simplified burden of proof and elimination of the common law tort defenses indicated above, injured workers are now entitled only to (1) certain wage loss benefits, (2) medical treatment subject to cost containment rules, and (3) limited vocational rehabilitation services. Recovery under workers' compensation is limited to these three areas, no matter how serious the injury. There is no pain and suffering compensation. There are no jury trials. The cases are adjudicated before an appointed Board of Magistrates and the first level of appeal is to another appointed body, the Appellate Commission. Appeals to the Court of Appeals and Supreme Court are only by leave granted. Employers are protected from most other injury claims by employees since the benefits under the Workers' Disability Compensation Act are deemed to be the employee's "exclusive remedy."

Nearly all employers in Michigan are covered by workers' compensation. This includes both public and private employers. In fact, when talking about workers' compensation, it is easier to discuss the exceptions. There are a few classes of workers who are covered by federal laws and are not covered by the Workers' Disability Compensation Act of Michigan. Employees of the federal government (such as postal workers, employees at a veteran's administration hospital, or members of the armed forces) are covered by federal laws. People who work on interstate railroads are covered by the Federal Employers Liability Act. Seamen on navigable waters are covered by the Merchant Marine Act of 1920, and people loading and unloading vessels are covered by the Longshoremen's and Harbor Workers' Compensation Act. Virtually all other workers and employers are subject to Michigan's law.

Certain very small employers are exempt. If a private employer has three or more employees at any one time, or employs one or more workers for 35 or more hours per week for 13 or more weeks, the employer is subject to the Workers' Disability Compensation Act (Section 115).

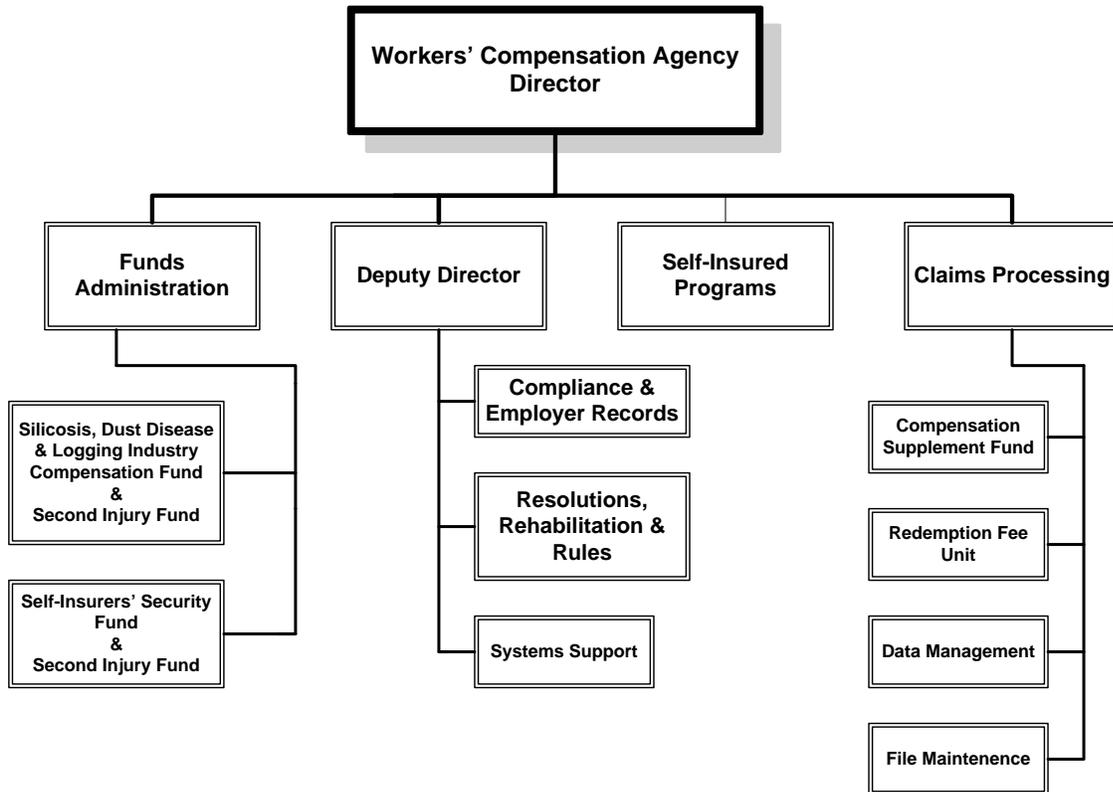
2013 Highlights

- ◆ The agency continued to meet with consultants and experts designing a new data system replacing the outdated WORCS. The new system will be referred to as HAWCS (Highly Advanced Workers' Compensation System).
- ◆ Created electronic image filing system for agency Form 400 (Notice of Issuance of Policy) and Form 401 (Notice of Termination of Policy).
- ◆ Expanded digital imaging system OCR (Optical Character Recognition) capabilities allowing enhanced indexing of imaged documents.

What to look for in 2014

- ◆ Completion of business analysis of existing process for new system development. Creation of new system requirements. Commencing design phase of new system.
- ◆ Continue efforts to increase participation in EDI filing of Proofs of Coverage (WC-400) and Termination of Coverage (WC-401) through existing data system and design new system to transition existing coverage information and increase participation in electronic filings.
- ◆ The Funds Administration is working to implement an online indemnity reporting system which will allow all carriers and their service companies to report their previous calendar year losses. In addition, the Funds Administration is working to develop an electronic payment option for our stakeholders that are interested in making their assessment payments via ACH Credit.
- ◆ Health Care Services will continue to monitor significant changes that could impact the Rules and Fee Schedule over the coming year, including implementation of ICD-10, Opioid medication usage in workers' compensation claims, and compounding of medications

Organization Chart



How to Contact Us

The agency is located at:

Michigan Dept. of Licensing and Regulatory Affairs
Workers' Compensation Agency
7150 Harris Drive
P.O. Box 30016
Lansing, Michigan 48909

Telephone (toll free): 888-396-5041

Website address: www.michigan.gov/wca

Administration

The mission of the Workers' Compensation Agency is to efficiently administer the Workers' Disability Compensation Act of Michigan, which includes carrier and employer compliance, timely benefit payments and the prompt transfer of contested claims involving Michigan's injured workers to the Michigan Administrative Hearings System (MAHS).

Goals:

- ◆ Ensure that employees that have suffered a work-related injury or occupational disease are provided correct wage loss replacement, medical and vocational rehabilitation services during periods of incapacity, and that these benefits are paid timely and accurately.
- ◆ Provide leadership to ensure more efficient regulation and delivery of workers' compensation benefits.
- ◆ Coordinate with MAHS in the transfer contested matters to their informal and formal dispute resolution process for employers, insurance carriers, injured workers, and health care providers.
- ◆ Monitor compliance with the agency's Health Care Services Rules (cost containment fees) to ensure that the cost of providing health care services remains reasonable and that injured workers have access to quality health care statewide.
- ◆ Monitor the financial position of all individual and group self-insureds to ensure their ability to meet future payment of benefits on a timely basis.
- ◆ Maintain a historical insurance coverage record system for the more than 243,000 employers subject to the Workers' Disability Compensation Act.
- ◆ Monitor and enforce employers' compliance with the requirements for insurance coverage.
- ◆ Maintain agency records in accord with statutory requirements and in compliance with state general archive requirements.

The Workers' Compensation Agency website contains a variety of information, forms, documents and statistics regarding the agency and its functions. The address is www.michigan.gov/wca.

Claims Processing

The Claims Processing Division maintains a current and historical claims/case records system. Its objective is to ensure that employees that have suffered work related injuries are provided correct wage loss replacement and that both voluntary claims and litigated cases are processed in a timely manner.

This division performs a variety of functions relating to workers' compensation claims. The program is broken down into three major sections:

- ◆ ***Compensation Supplement Fund.*** The Compensation Supplement Fund was established to provide a cost-of-living adjustment to workers who were injured between 9/1/65 and 12/31/79. The staff reviews and processes all applications for reimbursement submitted by insurers and self-insurers on a quarterly basis. In 2013, the Compensation Supplement Fund reimbursed insurers and self-insurers \$2,456,220.07 for supplemental benefits paid on 1,443 claims. The section is also responsible for collecting and auditing all redemption fees. In 2013, \$1,274,500 in Redemption Fees was collected.
- ◆ ***Data Management.*** The Data Management section is responsible for reviewing, evaluating and data entering all claims forms required by the statute. The staff also manually audits all opinions, orders and voluntary pay agreements as well as certain forms that cannot be audited by the system. In 2013, the staff data entered 113,703 claims forms.
- ◆ ***File Maintenance.*** The File Maintenance staff prepares all agency mail for scanning or digital imaging (which includes automatic date stamping). The preparation includes opening, sorting, screening, and matching agency forms and correspondence. In addition, this section is responsible for scanning all agency mail. In 2013, the section processed 535,774 forms and correspondence relating to claim, case and insurance records. This section is also responsible for housing and maintaining workers' compensation cases that are in open payment status. In addition, the staff prepares closed files for Records Center and recalls them when necessary. In 2012, approximately 13,939 claims/cases were retired.

Compliance and Employer Records

The Compliance and Employer Records Division works to ensure that all employers subject to the Michigan Workers' Disability Compensation Act have complied with the requirements by securing workers' compensation coverage either through a policy of insurance or through approved self-insured authority.

The division maintains the current and historical record system for over 243,000 employers. This includes coverage records on self-insurers, employers with insurance, and employers who have excluded themselves from the Act. In addition, this division has the responsibility to enforce employers' compliance with insurance requirements of the statute.

The major objectives of this program are:

- ◆ To keep an accurate insurance coverage record;
- ◆ To identify the responsible insurance carriers for employers listed on applications for mediation or hearing;
- ◆ To communicate with those employers who fail to maintain insurance coverage, using the civil process to enforce such compliance if the employer fails to comply even after being advised of the requirements of the statute by division staff.

Since 1983, workers' compensation insurance premiums in Michigan have been set in the marketplace. This means that different insurance companies charge different premiums. Research done by the insurance commissioner suggests that employers should "shop around" for the best deal on insurance. All workers' compensation insurance policies provide the same coverage. However, some cost more than others and some companies provide more services than others. Employers should shop for the best price and the most service from their workers' compensation insurance company.

In addition, the agency has been penalizing employers when they allow their workers' compensation coverage to lapse. To date, the agency has collected \$4.1 million in fines as a result of these lapses in coverage.

Self-Insured Programs

The Workers' Disability Compensation Act permits employers to request authority to self-insure and assume responsibility for direct payment of benefits to injured workers. The Act also permits providers of claims adjusting, underwriting and loss control services to apply and be approved by the agency to provide these services to approved self-insurers.

Two types of self-insured authority are permitted by the Act. Individual employers may be approved as self-insurers or, two or more employers in the same industry may apply for group self-insured authority. Statutory requirements, administrative rules and agency policy require annual renewal applications and various monitoring and approval tasks throughout the year.

Self-Insured Programs conducts initial regulatory reviews on employer self-insured applications and in the formation of group self-insured programs; provides guidance through the approval, formation, and review process; and issues decisions that detail the required security and exposure limiting devices based on statutory authority and the agency's established policy. Initial and annual regulatory reviews are also conducted on service company applications. The staff works to resolve all issues and disputes generated by self-insured employers by telephone, informal meetings and through the formal hearing process. The division also provides information to the public relevant to self-insured concepts and notifies self-insured employers and other interested parties of changes in the statute, administrative rules, and departmental policy.

This division also provides final approval for distributions of surplus funds not needed to pay claims or administrative expenses to members of approved group self-insured programs. This process requires the review and assessment of documents provided in support of the specific request made by the group programs. Surplus return authorizations range between \$50,000,000 and \$60,000,000 on average annually. These are funds returned to the members of the various groups, pursuant to the bylaws and operating procedures, reducing the cost of their workers' compensation program in Michigan and therefore reducing their overall business costs.

Resolutions, Rehabilitation and Rules (R3)

The R3 Division performs a wide variety of functions mandated in sections 418.315 and 418.319 of the Workers' Disability Compensation Act of 1969, as amended. These sections are essential to keeping injury-related medical care costs in Michigan among the lowest in the country, and regulating the application of vocational rehabilitation services to Michigan's injured workers.

Health Care Services functions include; (1) Rule Development, Review and Revision, (2) Evaluation, and (3) Information and Education. Here is a brief summary of each category:

- ◆ *Rule Development, Review and Revision.* The Act and the Workers' Compensation Health Care Services Rules identify policies for coverage and reimbursement to health care providers. Health care trends and policies are researched and developed by staff and Health Care Services (HCS) Advisory Committee members in accordance with nationally recognized standards of practice and reimbursement methodologies. Practitioner reimbursement is based upon resource based relative value units (RBRVS).
- ◆ *Evaluation.* The evaluation process consists of compiling carrier data and analyzing charges, payments, health care procedures and medical diagnosis. The results of the data analysis are used to decide reimbursement levels, utilization parameters, and level of care diagnosis. Provider and carrier compliance is also monitored through the case samples and other reports provided by carriers.
- ◆ *Carrier's Review Certification & Data Reporting.* Health Care Services has enhanced the internet automated Certification of a Carrier's Professional Health Care Review and Annual Form 406 Annual Medical Payment Report program so insurance carriers, self-insured's and insured groups can go online and submit required information. The system e-mails an annual filing reminder to the carriers and service companies. It has significantly decreased both staff and customer hours used for filing and processing resulting in significant improvement in the efficiency and reduced costs. A carrier's professional review process is certified by staff to assure that appropriate medical review criteria are utilized according to Rule requirements. Carriers must also attest that professional review staff are licensed and certified as required by Workers' Compensation Health Care Services Rules.
- ◆ *Information and Education.* Staff responds to numerous telephone and written inquiries for information and clarification of the rules, assists in resolving differences between a carrier and a provider. Staff also meets with provider, carrier and employee organizations, professional review companies, attorneys, mediators, magistrates and legislators. Staff also provides educational seminars for providers, carriers and professional

review agencies regarding the application of the rules, billing procedures, carrier and provider responsibilities and rights outlined in the rules. Staff also participates on panels and programs on workers' compensation health care.

The R3 team provides Alternative Dispute Resolution services on specified statutory, vocational, and health care cases in an effort to resolve issues between the parties prior to scheduling on the trial docket with MAHS.

Vocational rehabilitation encompasses the oversight of rehabilitation services for employers and employees alike, as well as approval of vocational rehabilitation service providers, regulation of ethical service delivery, and dispute resolution. The formal agency mediation process, §223 in prior versions of the act, was eliminated by the 12/2011 amendments.

The Agency Director will continue to handle initial level determinations with respect to vocational rehabilitation hearings. Informal Alternative Dispute Resolution techniques will be employed in most cases. If this is not successful, the parties can request a formal determination with the Director.

- ◆ *Vocational Rehabilitation Director Hearings.* Disputes concerning the proper course of vocational rehabilitation are first submitted to the agency director. The director then refers the dispute to one of his representatives to conduct a vocational rehabilitation hearing. The goal of this initial level, informal vocational rehabilitation hearing is to facilitate a voluntary agreement between the parties regarding the appropriate course of vocational rehabilitation for the injured worker. If the parties cannot reach an agreement, the Director will hold a formal hearing, and a record will be made.

Finally, the R3 division manages the rule promulgation process for all Agency divisions. As part of this process over the past year, we have engaged in an effort to identify rules which are obsolete and unnecessary, and rescind such rules wherever possible. LARA has set a goal of rescinding a minimum of 2,000 rules, and we will continue to do our part to help reach this goal into 2014.

Funds Administration

The Funds Administration Division consists of the Second Injury Fund; the Silicosis, Dust Disease and Logging Industry Compensation Fund; and the Self-Insurers' Security Fund. The Funds, created in Chapter 5 of the Workers' Disability Compensation Act, are managed by a board of trustees. The board is made up of two trustees that are appointed by the Governor with the advice and consent of the Senate. The first represents employers authorized to act as self-insurers in Michigan and the second represents the insurance industry. The third trustee is the director of the Workers' Compensation Agency.

The Funds Administration is 100% funded by insurers who write workers' compensation policies in the state of Michigan, and employers who self-insure their workers' compensation risk. These assessments cover all benefits paid and all administrative costs incurred by the Funds Administration.

During 2013 the Funds Administration handled over 2,600 cases. We ended the calendar year with 2,025 open files. Our total expenditures in 2013 equaled \$20,460,043.62; reimbursements to carriers and benefit payments to injured workers totaled \$15,230,446.03, with administrative costs including litigation expenses equaling \$5,229,597.59.

Complete fiscal and calendar year accounting may be obtained from the Funds Administration office. Detailed information regarding the Funds Administration can be found in the Funds Administration Overview located on the Workers' Compensation Agency's web site at www.michigan.gov/wca.

The Medical Benefit Reimbursement Fund [MCL 418.862(2); R 408.32a] is also administered by the Funds Administration. The funds for this provision, however, come through the State of Michigan General Fund.

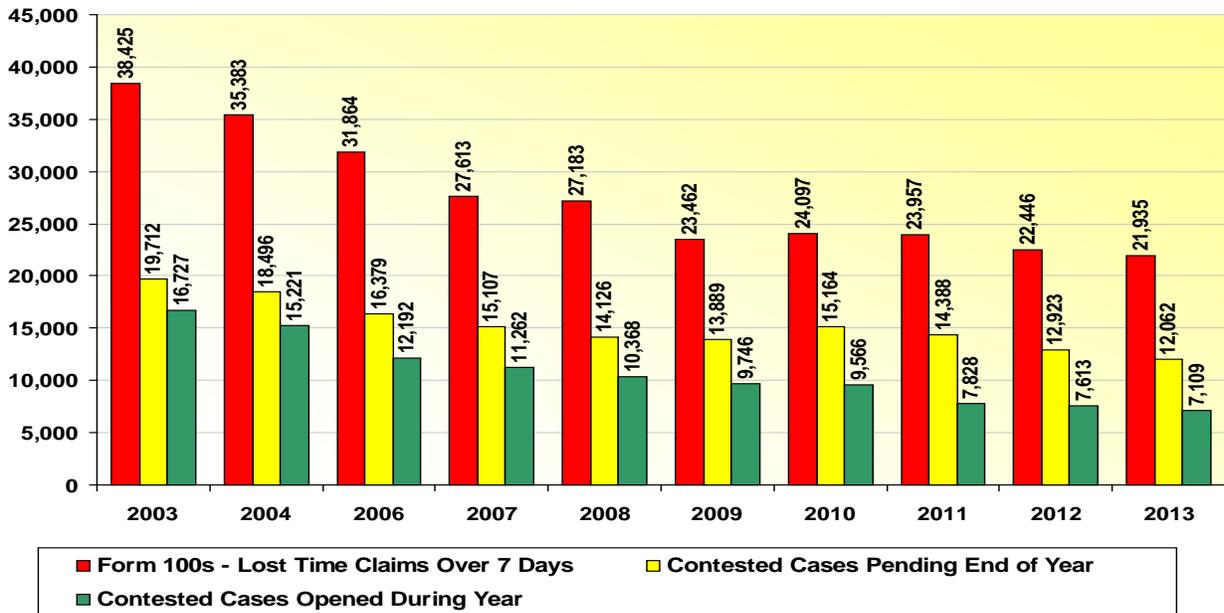
Statistics
&
Charts

State Average Weekly Wage Chart

Year	SAWW	90% of SAWW (Maximum)	2/3 of SAWW*	50% of SAWW (Minimum Benefit for Death Cases)	25% of SAWW (Minimum Benefit for Specific Loss and T&P)
2014	\$893.44	\$805.00	\$595.63	\$446.72	\$223.36
2013	\$886.56	\$798.00	\$591.04	\$443.28	\$221.64
2012	\$860.34	\$775.00	\$573.56	\$430.17	\$215.09
2011	\$823.35	\$742.00	\$548.90	\$411.68	\$205.84
2010	\$828.73	\$746.00	\$552.49	\$414.37	\$207.18
2009	\$834.79	\$752.00	\$556.53	\$417.40	\$208.70
2008	\$820.04	\$739.00	\$546.69	\$410.02	\$205.01
2007	\$803.17	\$723.00	\$535.45	\$401.59	\$200.79
2006	\$784.31	\$706.00	\$522.87	\$392.16	\$196.08
2005	\$765.12	\$689.00	\$510.08	\$382.56	\$191.28
2004	\$744.49	\$671.00	\$496.33	\$372.25	\$186.12
2003	\$724.96	\$653.00	\$483.31	\$362.48	\$181.24
2002	\$715.11	\$644.00	\$476.74	\$357.56	\$178.78
2001	\$714.46	\$644.00	\$476.31	\$357.23	\$178.62
2000	\$678.23	\$611.00	\$452.15	\$339.12	\$169.56
1999	\$644.06	\$580.00	\$429.37	\$322.03	\$161.02
1998	\$614.10	\$553.00	\$409.40	\$307.05	\$153.53
1997	\$591.18	\$533.00	\$394.12	\$295.59	\$147.80
1996	\$581.39	\$524.00	\$387.59	\$290.70	\$145.35
1995	\$554.22	\$499.00	\$369.48	\$277.11	\$138.56
1994	\$527.29	\$475.00	\$351.53	\$263.65	\$131.82
1993	\$506.80	\$457.00	\$337.87	\$253.40	\$126.70
1992	\$489.01	\$441.00	\$326.01	\$244.51	\$122.25
1991	\$477.40	\$430.00	\$318.27	\$238.70	\$119.35
1990	\$474.22	\$427.00	\$316.15	\$237.11	\$118.56
1989	\$454.15	\$409.00	\$302.77	\$227.08	\$113.54
1988	\$440.77	\$397.00	\$293.85	\$220.39	\$110.19
1987	\$433.91	\$391.00	\$289.27	\$216.96	\$108.48
1986	\$414.70	\$374.00	\$276.47	\$207.35	\$103.68
1985	\$397.48	\$358.00	\$264.99	\$198.74	\$99.37
1984	\$370.65	\$334.00	\$247.10	\$185.33	\$92.66
1983	\$358.89	\$324.00	\$239.26	\$179.45	\$89.72
1982	\$340.45	\$307.00	\$226.97	\$170.23	\$85.11

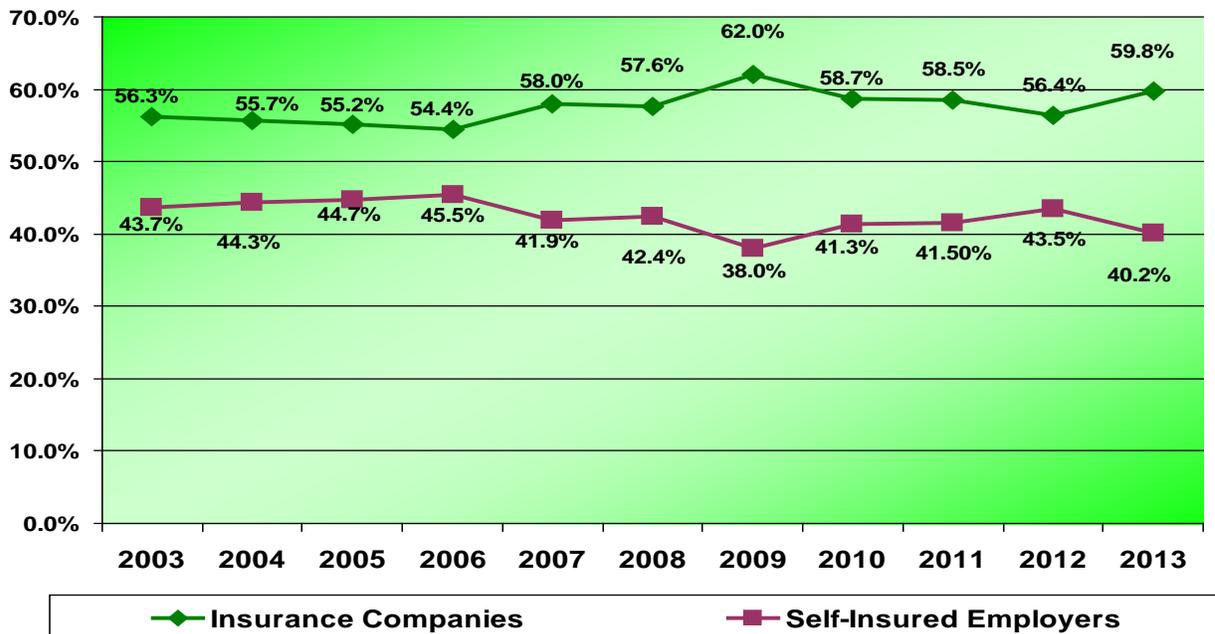
*Discontinued fringe benefits may not be used to raise the weekly benefits above this amount. Attorney fees may not be based on a benefit rate higher than this amount.

Claim/Case Trends

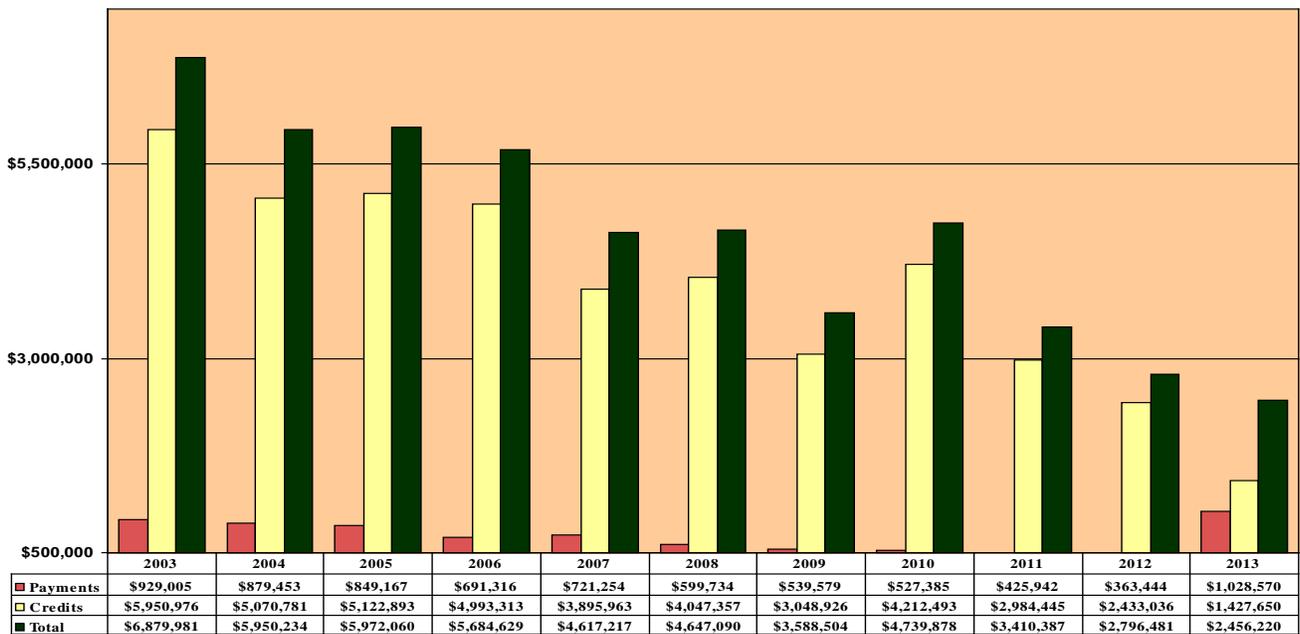


NOTE: 2005 figures not available due to system "crash."

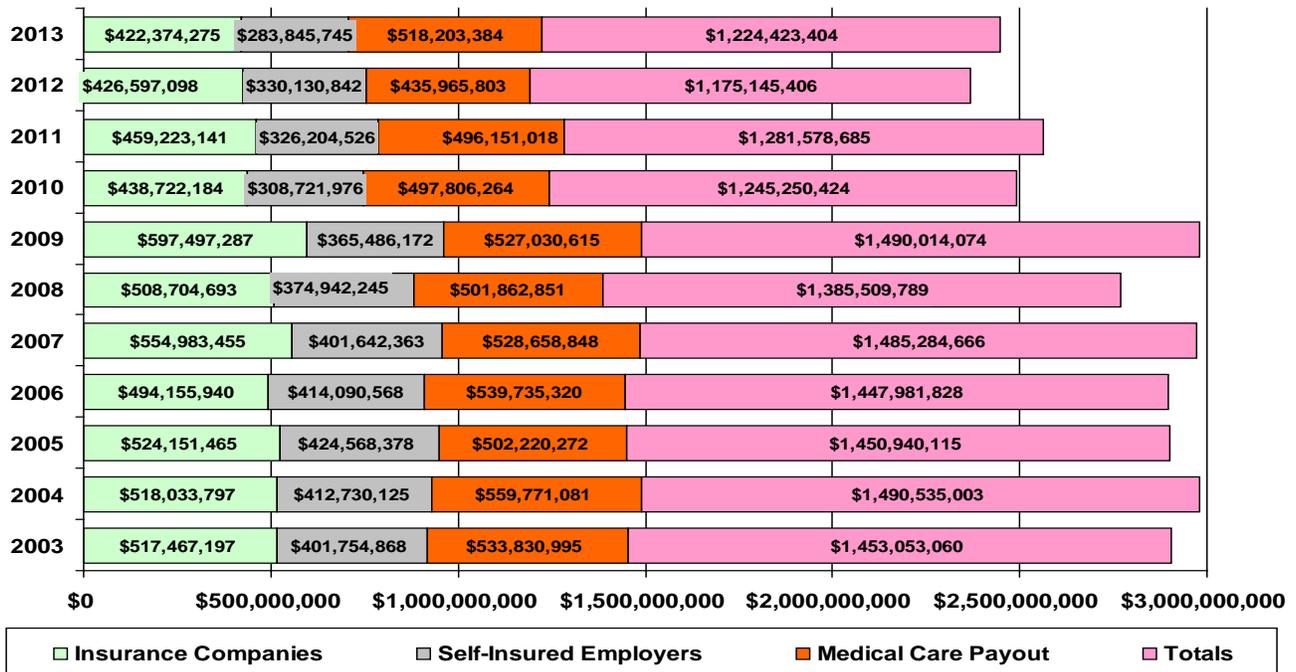
Indemnity Payments



Compensation Supplement Fund Reimbursements



Payout in Workers' Compensation Benefits and Medical Care



Magistrate Case Disposition Chart

	2003	2004	2005*	2006	2007	2008	2009	2010	2011	2012	2013
Redemptions	10,803	11,425	9,486	8,845	8,889	8,123	7,347	6,237	6,816	7,446	6,786
Opinions	769	792	702	473	453	335	310	286	248	209	169
Other Dispositions	5,707	6,103	4,405	4,297	3,866	3,308	2,817	2,137	2,142	2,403	2,018
Total Dispositions	17,279	18,320	14,593	13,615	13,208	11,766	10,474	8,660	9,206	10,058	8,973

*2005 statistics are based on a manual count corresponding to the order mailed date and may be subject to revision. The numbers should not be compared to our system-generated reports from previous and/or future years because those are based on file received dates rather than mailed dates.

Magistrate Aged Case Disposition Chart

	2003	2004*	2006	2007	2008	2009	2010*	2011*	2012*	2013
0 -12 Months	12,742	11,425	9,295	8,755	7,991	7,735	7,923	6,383	6,325	5,899
13 – 18 Months	3,370	3,151	2,786	2,604	2,455	2,210	2,539	2,337	1,952	2,054
19 – 24 Months	1,462	1,272	1,513	1,273	1,250	1,351	1,517	2,300	1,212	1,204
Over 24 Months	418	701	1,338	1,253	1,284	1,385	1,981	2,355	2,732	2,316
Total Docket Load	17,942	16,576	14,932	13,885	12,980	12,681	13,960	13,375	12,221	11,473

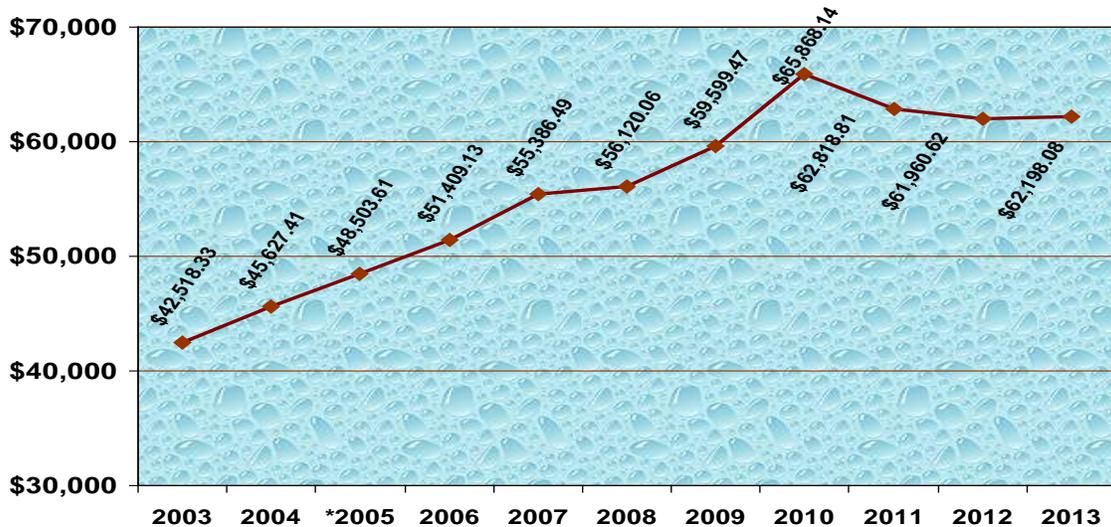
NOTE: 2005 figures not available due to system "crash."

*Figures revised from previous year's reports because they did not include the cases awaiting external resolution (e.g. Medicare, Friend of the Court, pension, etc.)

Workers' Compensation Trends



Average Redemption Amounts

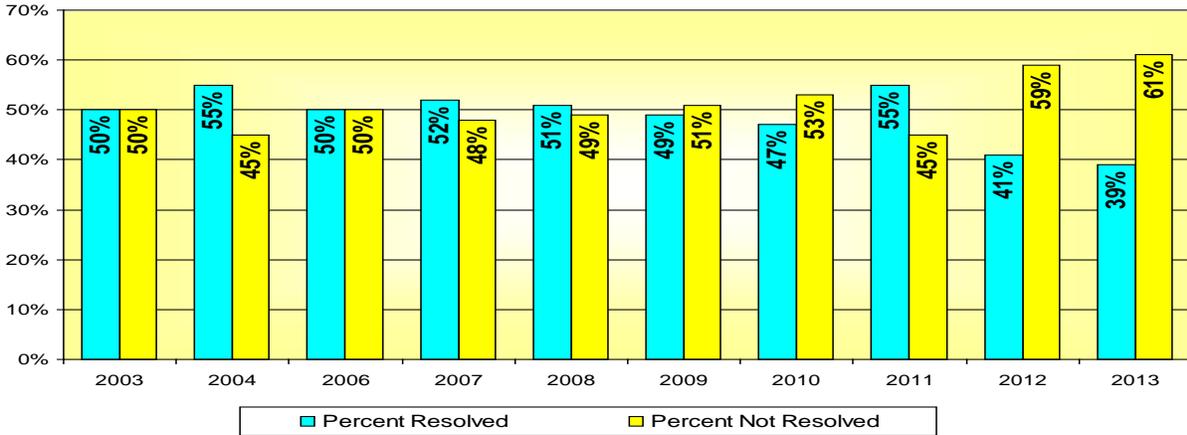


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Dispute Resolution Dispositions

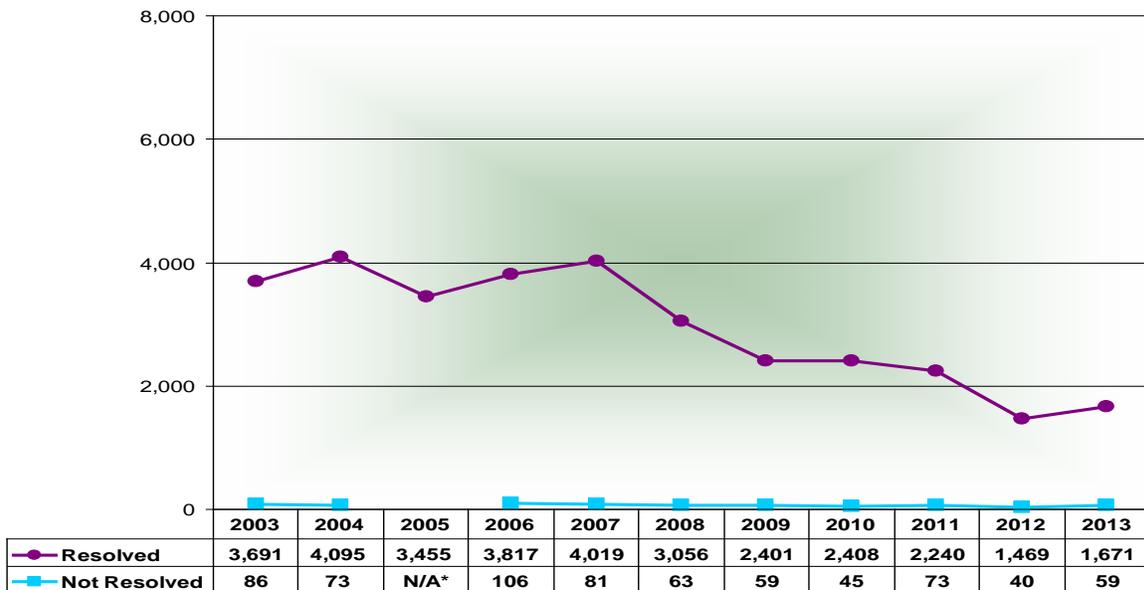
(Not including VR & Health Care Rule Hearings)

	2003	2004	2006	2007	2008	2009	2010	2011	2012	2013
Resolved	1,628	1,579	1,498	1,453	1,433	1,259	1,165	1,324	704	447
Not Resolved	1,635	1,294	1,478	1,325	1,372	1,297	1,289	1,089	1,006	690



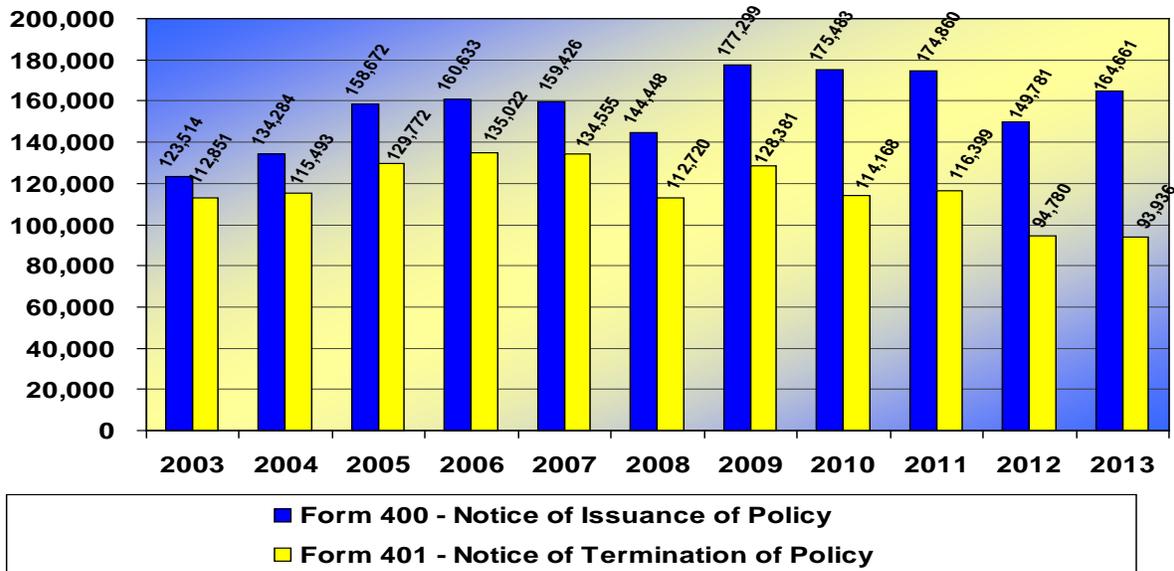
NOTE: 2005 figures not available due to system "crash."

Health Care Hearing Dispositions

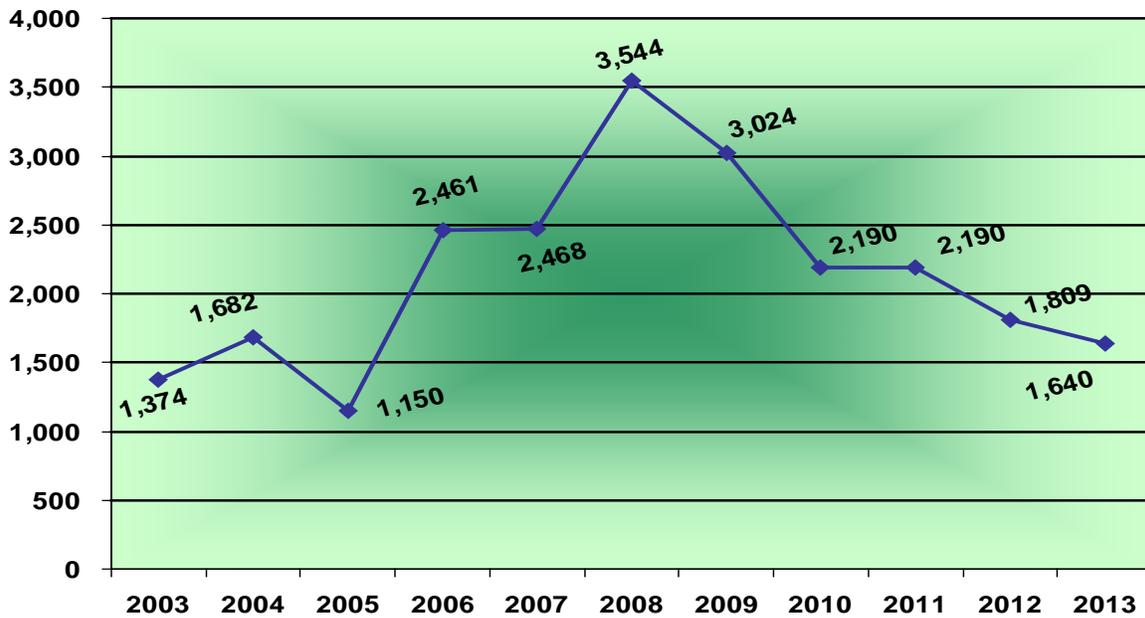


* Figure not available due to system "crash."

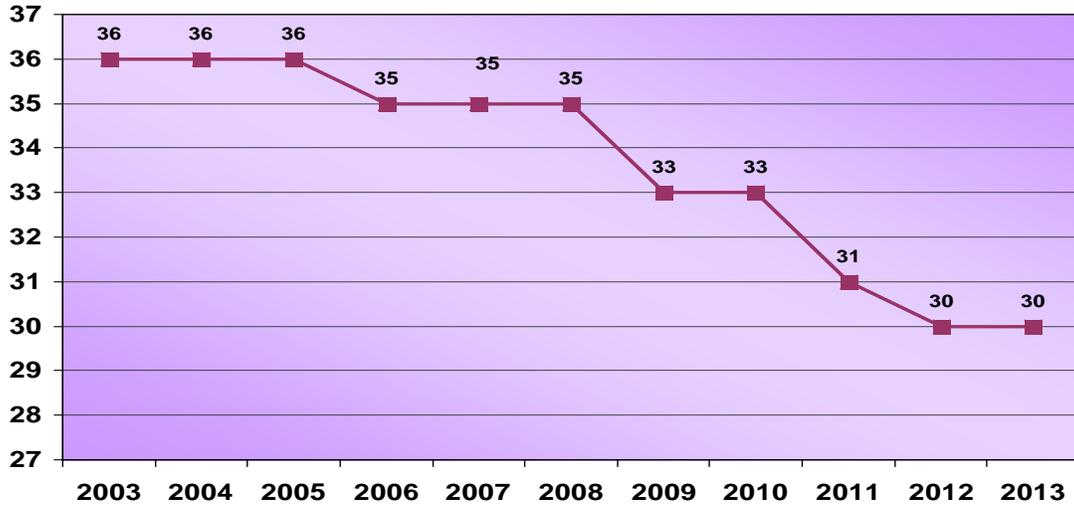
Forms 400 & 401 Received



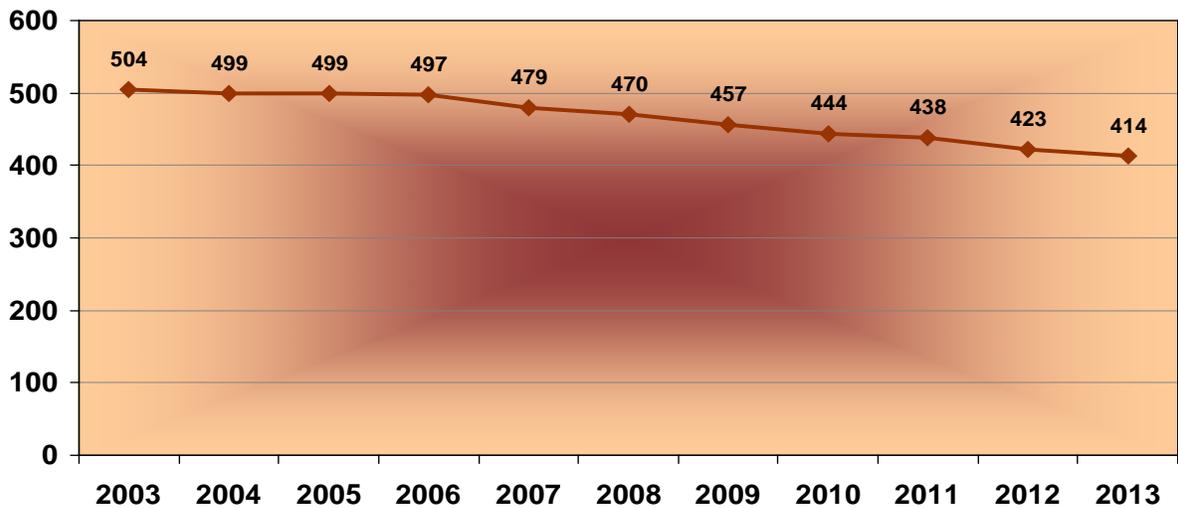
Exclusion Forms Processed



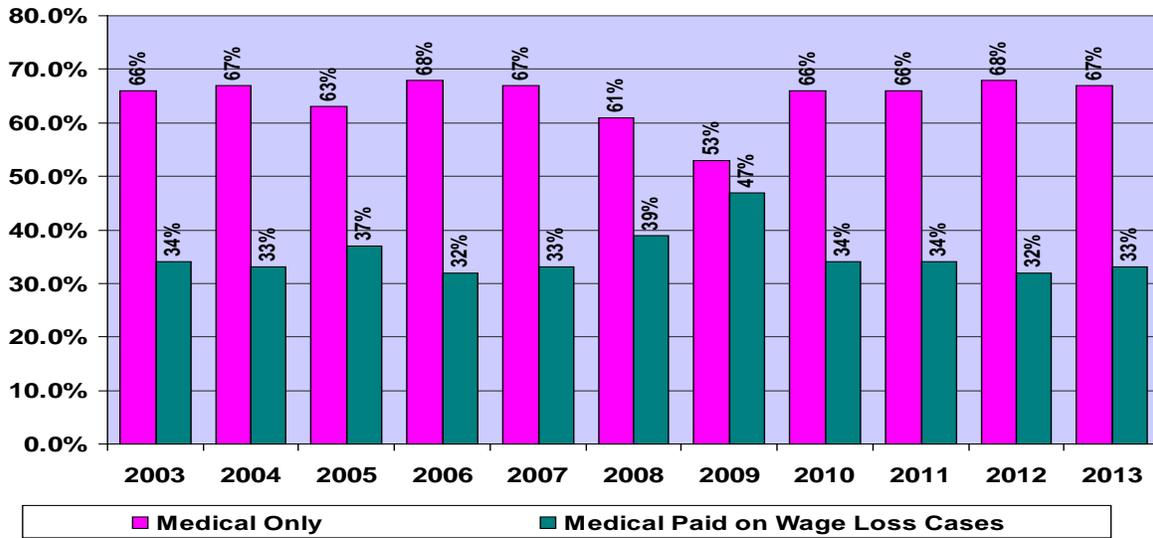
Number of Approved Self-Insured Groups



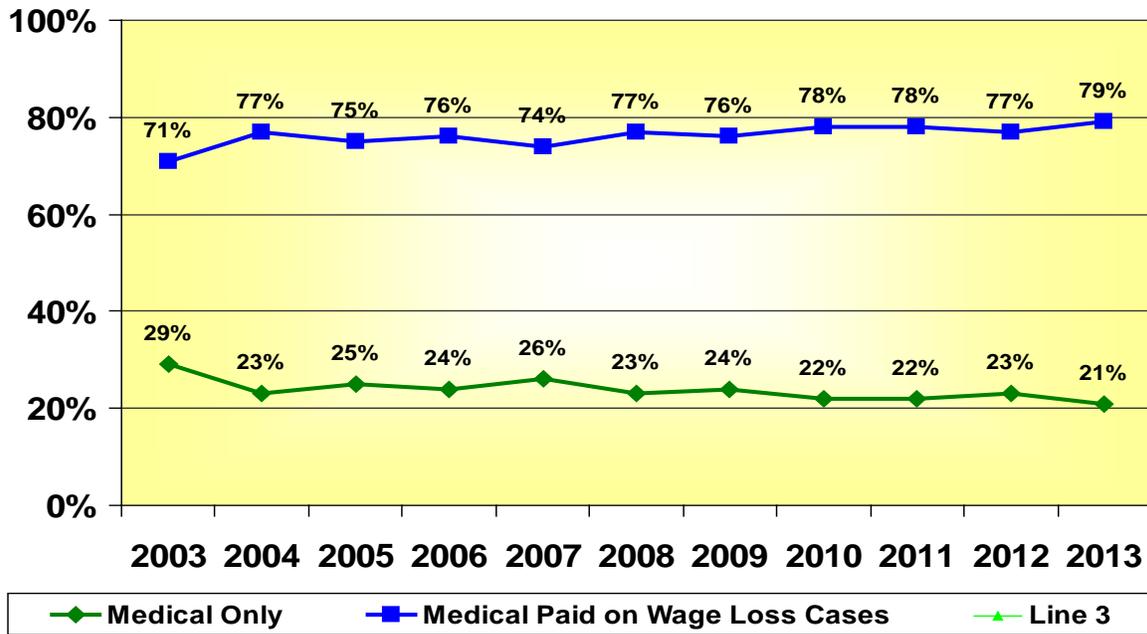
Number of Approved Individual Self-Insured Employers



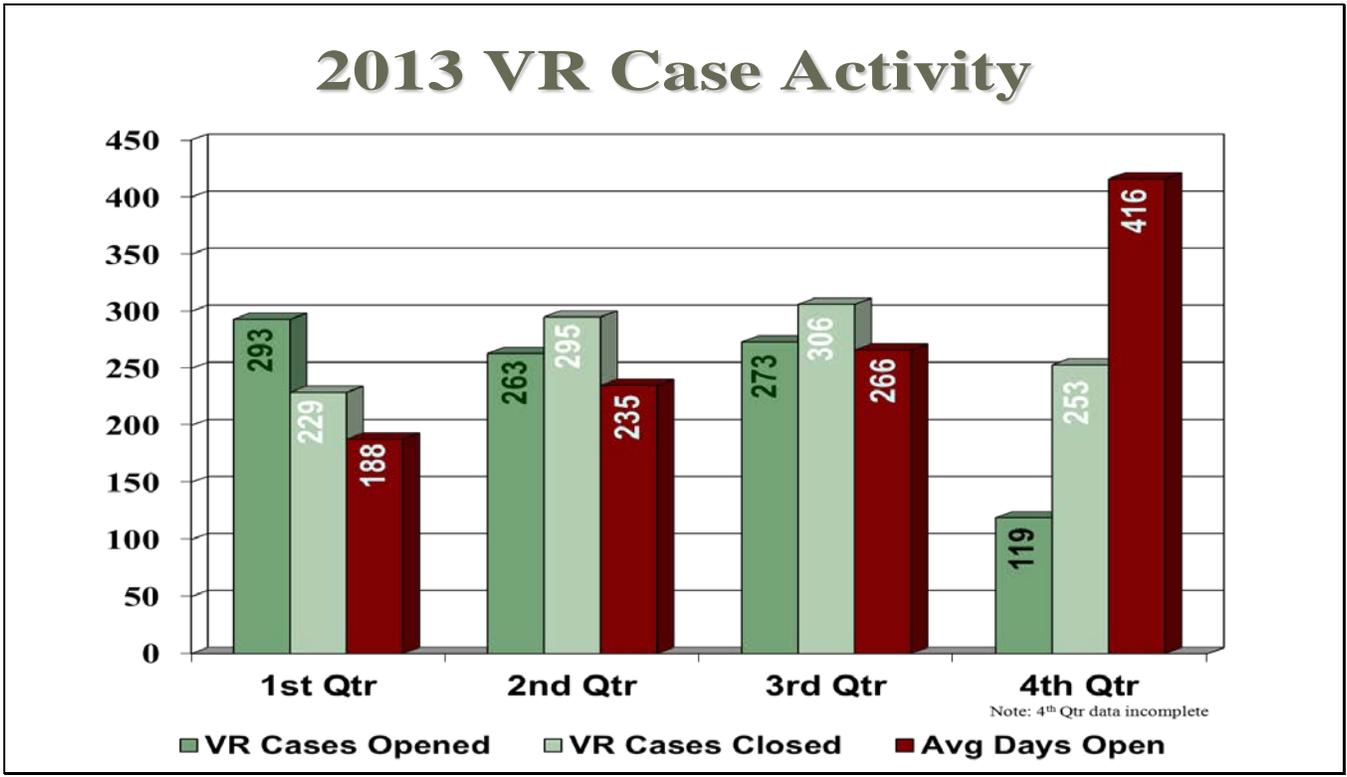
Workers' Comp Cases - By Case Type



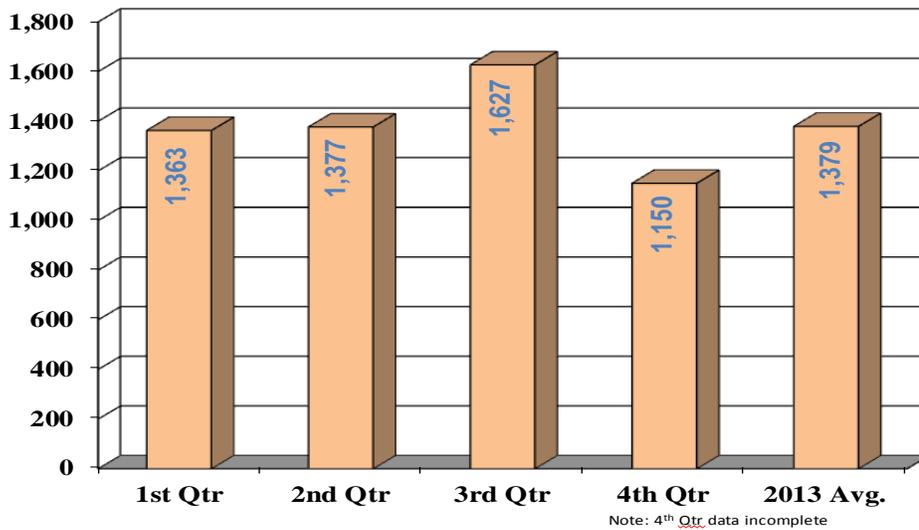
Health Care Costs - Percent Paid by Case Type



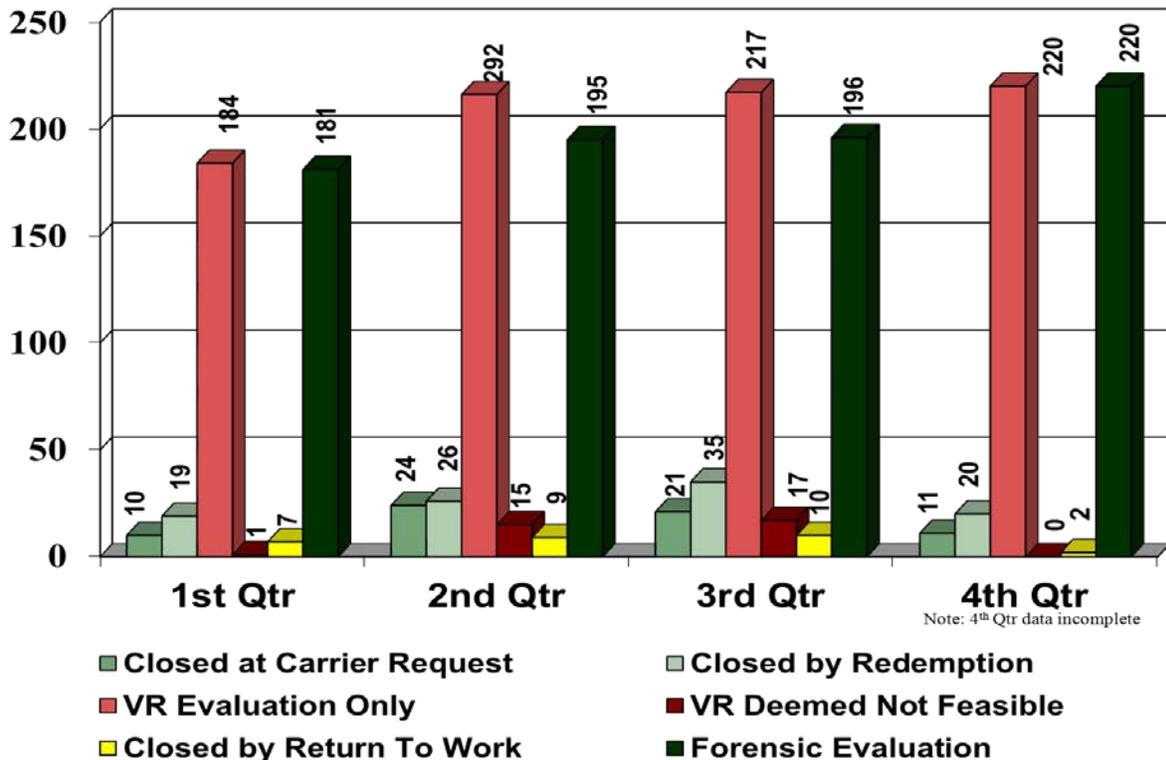
WORKERS' COMPENSATION AGENCY ANNUAL HEALTH CARE COSTS 2004-2013										
	JAN - DEC									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
MEDICAL ONLY										
Number of Cases	230,198	229,711	202,826	184,652	190,704	155,629	141,381	142,326	117,511	140,579
Amount Paid	\$129,441,688	\$124,461,364	\$132,170,897	\$136,657,539	\$116,932,799	\$123,918,088	\$109,709,617	\$110,022,307	\$99,961,450	\$106,347,745
Cost/Case	\$562	\$542	\$652	\$740	\$613	\$796	\$776	\$773	\$851	\$756
% of Total Cases	67%	63%	68%	67%	61%	53%	66%	66%	68%	67%
% of Total Cost	23%	25%	24%	26%	23%	24%	22%	22%	23%	21%
MEDICAL PAID ON WAGE LOSS CASES										
Number of Cases	113,913	135,748	94,403	90,205	121,664	140,527	71,983	71,879	56,453	70,119
Amount Paid	\$430,329,393	\$377,758,909	\$407,564,424	\$392,001,309	\$384,930,052	\$403,112,527	\$388,096,647	\$386,128,711	\$336,004,353	\$411,855,639
Cost/Case	\$3,778	\$2,783	\$4,317	\$4,346	\$3,164	\$2,869	\$5,392	\$5,372	\$5,952	\$5,874
% of Total Cases	33%	37%	32%	33%	39%	47%	34%	34%	32%	33%
% of Total Cost	77%	75%	76%	74%	77%	76%	78%	78%	77%	79%
TOTAL										
Number of Cases	344,111	365,459	297,229	274,857	312,368	296,156	213,364	214,205	173,964	210,698
Amount Paid	\$559,771,081	\$502,220,273	\$539,735,321	\$528,658,848	\$501,862,851	\$527,030,615	\$497,806,264	\$496,151,018	\$435,965,803	\$518,203,384
Cost/Case	\$1,627	\$1,374	\$1,816	\$1,923	\$1,607	\$1,780	\$2,333	\$2,316	\$2,506	\$2,459
Average Medical Only per company reporting >\$0:									\$151,917	\$152,866
Average Medical on Wage Loss Cases per company reporting >\$0:									\$483,460	\$558,276
FIGURES REPRESENT PAYMENTS MADE IN ANY GIVEN ANNUAL REPORT PERIOD										
2013 numbers represent 94% of carriers reporting.										



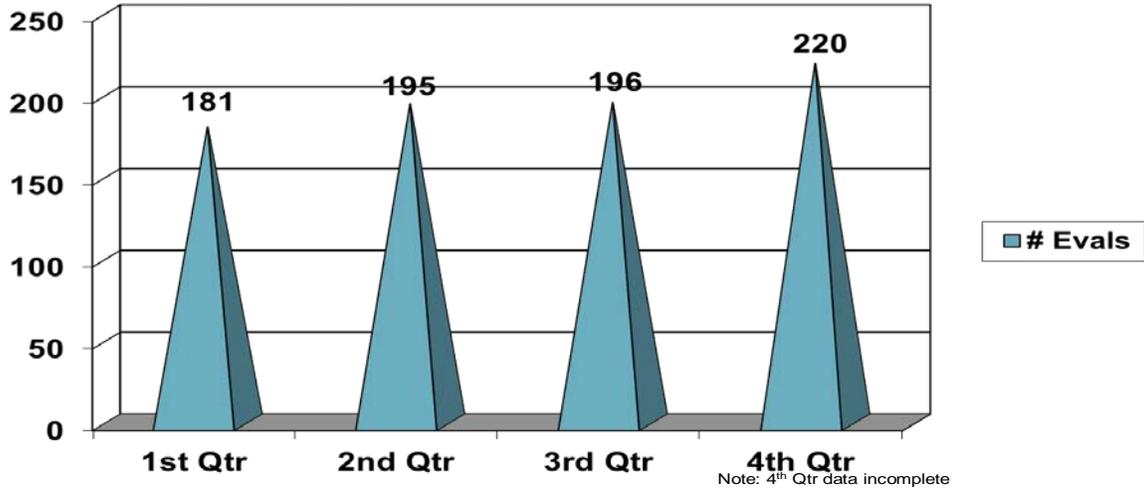
Avg. Number of Days from Injury to Referral for VR Services 2013



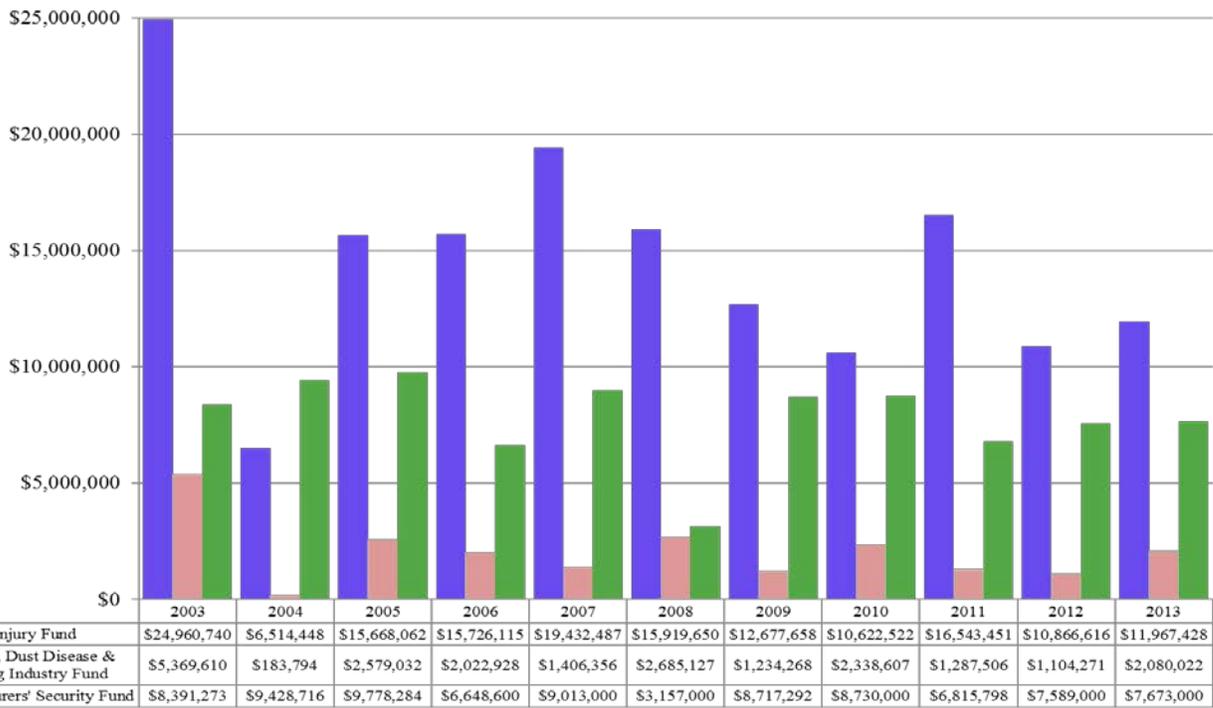
2013 Vocational Case Closures



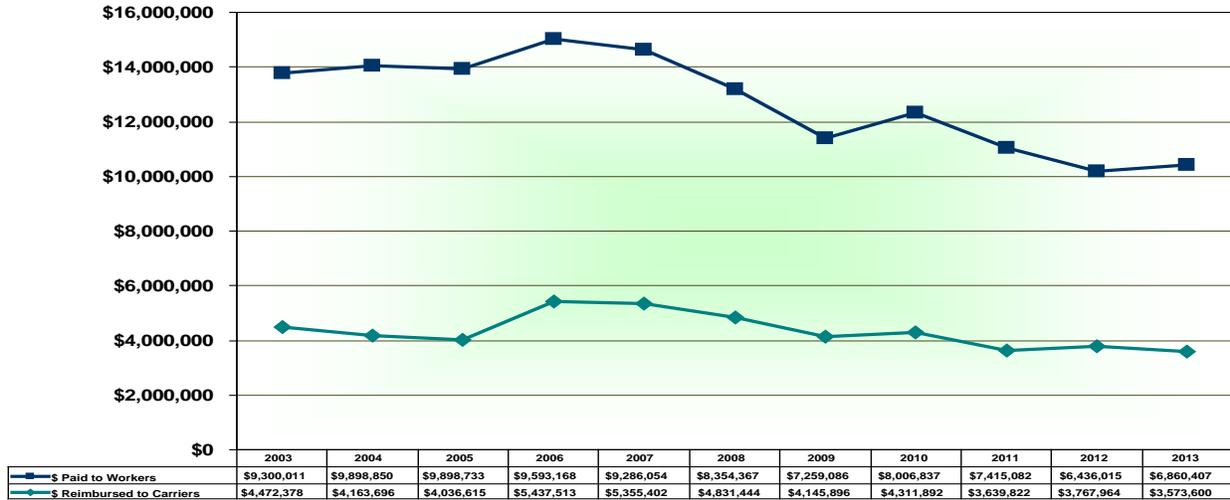
2013 Forensic (Wage Earning Capacity) Evaluation Activity



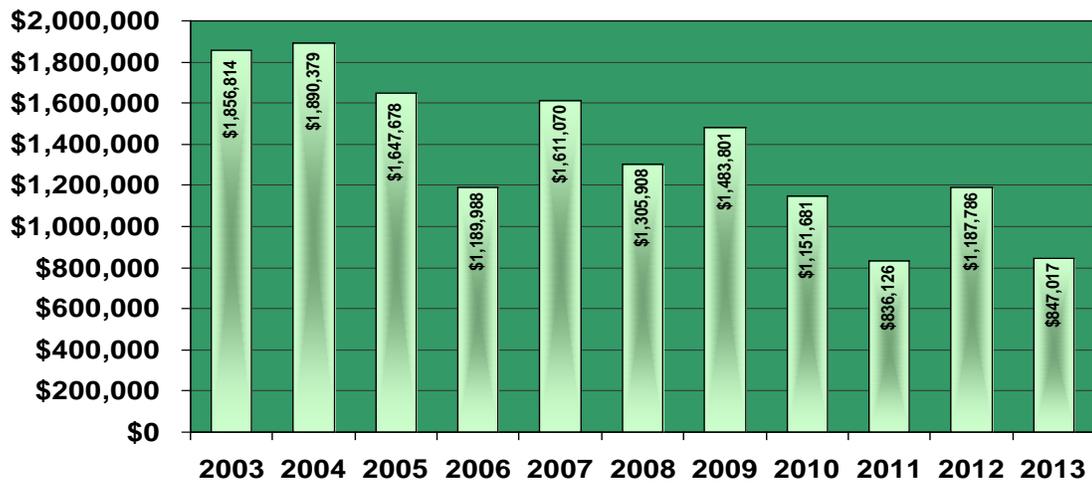
Funds Administration Assessments



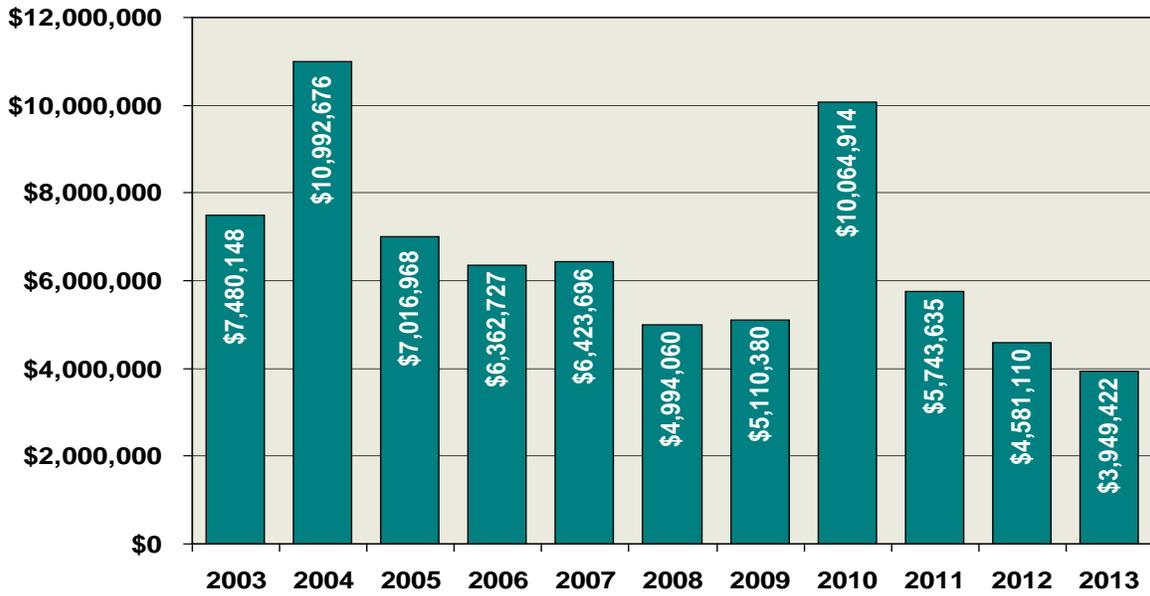
Benefits Paid Out by Second Injury Fund



Benefits Reimbursed to Carriers and Redemptions by the Silicosis, Dust Disease and Logging Industry Compensation Fund



Benefits Paid to Workers by the Self-Insurers' Security Fund



INFORMATION/PUBLICATIONS AVAILABLE ON OUR WEBSITE

Most Frequently Requested

- Calculation Program
- Michigan Workers' Compensation Forms (Most Forms)
- Weekly Benefit Rate Books (2005 – 2014)
- Workers' Disability Compensation Act & Administrative Rules
(Printed copies available from Institute of Continuing Legal Education at www.icle.org)

General Information/Publications

- Annual Reports (1997 – 2013)
- Coverage Questions for Subcontractors, General Contractors, and Independent Contractors (Booklet)
- Funds Administration Overview
- Summary of Your Rights and Responsibilities Under Workers' Disability Compensation (Pamphlet)
- Vocational Rehabilitation for Injured Workers (Pamphlet)

Associated Workers' Compensation Listings

- Approved Vocational Rehabilitation Facilities
- Individual Self-Insured Employer List
- Self-Insured Group List
- Service Company List

Litigation Information

- Board of Magistrates Opinions
- Workers' Compensation Appellate Commission Opinions

Website address: www.michigan.gov/wca
Request forms at: 888-396-5041