Overview of Workers Compensation

Presented By: Howard Ankin, Esq.

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OVERVIEW OF WORKERS COMPENSATION

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Overview of Workers Compensation

Online Presentation

Section 1
Biography

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Classroom Materials

Section 1	
Biography	

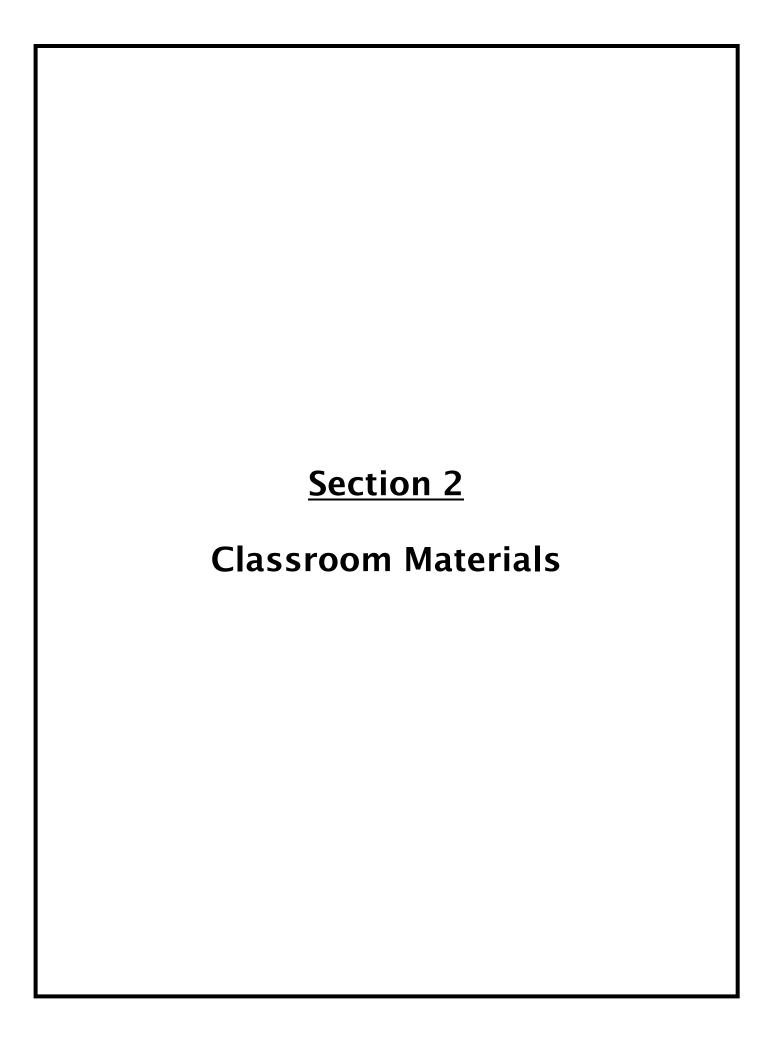
HOWARD ANKIN

A third generation lawyer, Howard Ankin has known many of his clients since he was a child. They descend from family members, friends and co-workers of his father and grandfather; many recall him as a young boy accompanying his father to court on school breaks. Deep passions for justice and the law are not just part of Howard's professional life, they have been engrained in who he is since he was born.

Today, Howard owns Ankin Law Office LLC - which has flourished since it was founded over 12 years ago - alongside his father and partner, Paul B. Ankin. With extensive experience practicing personal injury, workers compensation, wrongful death, social security disability and criminal and civil litigation, Howard has devoted his professional life to seeking justice on behalf of his clients and perpetuating the tradition of the Ankin family providing superior legal support for all of its clients.

By his third year of practice, Howard recovered \$1,000,000.00 for his client in *Latta vs. Village Green Associates*. Today, he has countless victories to his credit. But Howard's greatest professional accomplishment continues to be the stability and hope he brings his clients by securing their livelihood through legal victories.

Howard Ankin prides himself in representing his clients as their friend and attorney, providing quality referrals for legal matters outside of his practice areas. His investment in the Ankin Law Office LLC is evidenced every day as families throughout the Chicago area and Illinois return to the firm for legal guidance at all stages of their lives.



OVERVIEW OF WORKERS COMPENSATION Presented April 26, 2011 Real Estate Institute 6203 West Howard Street Niles, IL 60714-3403 By: Howard Ankin with the assistance of Joshua Rudolfi Ankin Law Office LLC 162 West Grand Avenue Chicago IL, 6054 312-346-8780 www.ankinlaw.com

Illinois Workers Compensation Act

- An Act to promote the general welfare of the people of this State by providing compensation for accidental injuries or death suffered in the course of employment...
- Workers Compensation is a statutory recovery where an employee gets certain rights and benefits as defined under the Illinois Workers Compensation Act. (820 ILCS 305)

Background

- □ Like all social legislation, the law first took effect on May 1, 1912 following a coal mining accident.
- At common law, an employee was barred from recovery in a negligence action against his employer for being 1% contributorily negligent or for a fellow servant causing injury to a coemployee.
- Designed to provide easier access to recovery for medical bills and lost wages in exchange for giving up pain and suffering and other like damages in tort

3

Continued

■ The system does not provide for individual justice, but contemplates providing 50,000 injured workers a year with "assembly line"

How do I get started?

- 4 main Workers' Compensation filing locations and regional hearing sites in Illinois.
 Chicago, Springfield, Peoria and Belleville
- - Most major counties have their own hearing call site.

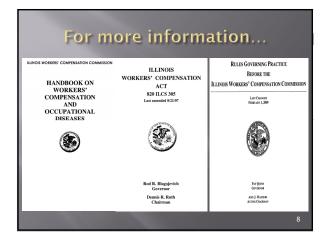
 - Meets on a regular basis.

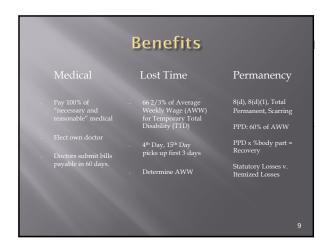
 NO PHYSICAL MEETING LOCATION EXCEPT FOR 4
 FILING LOCATIONS, WITH EXCEPTION OF
 REGULARLY SCHEDULED CALLS.

Arbitration Hearing Sites

Page 6

Ch	-	_		_	-						
		WORKER:									
HON, KATHLEEN HAGAN	CALL 4/25	TRIAL DA	TES	4			9	10	11	12	13
HON, GILBERTO GALICIA	4/26	3	4	5	6	,	10	11	12	13	16
HON. GERALD JUTILA	4/27	4	5	6	y	10	11	12	1.3	16	17
HON. GREG DOLLISON	4/28	s	6	,	10	11	12	13	16	17	18
HON. JOSEPH PRIETO	4/29	6	9	10	11	1.2	13	16	17	18	19
HON, BRIAN CRONIN	5/2	9	10	21	12	13	16	17	18	19	20
HON. ROBERT LAMMO	5/5	13	16	17	18	19	20	23	24	45	26
HON. MAUREEN PULIA	5/6	16	17	18	19	20	23	24	25	26	37
HON, MILTON BLACK	5/9	17	18	19	20	2.3	24	25	26	2.7	31
HON. ROBERT WILLIAMS	5/10	18	19	20	23	24	25	26	27	31	6/1
HON, CHARLES DE VRIENDT	5/11	19	20	2.3	24	2.5	26	27	31	6/1	6/2
HON, DAVID KANE	5/16	20	23	24	25	26	27	31	6/1	6/2	6/3
DON. RICHARD PETERSON	5/17	23	24	2.5	26	2.7	31	6/1	6/2	6/3	6/6
HON. KURT CARLSON	5/20	26	27	31	6/1	6/2	6/3	6/6	6/7	68	6/9
A Pro Se Arbitentor will be availab	A Pro Se Arbitrator will be available each day in Room \$-205 to review pro-se settlement contracts.										
Cases will be continued for 2 menths.											





Schedule					
		RTIAL DISA JLE OF BOE		ENEFITS	
	Injuries of	curring			
	Before 7/20/05	7/20/2005 - 11/15/2005	11/16/05 - _1/31/06	On or after 2/1/2006	
Disfigurement	150	162	150	162	
Thumb	70	76	70	76	
First (index) finger	40	43	40	43	
Second (middle) finger	35	38	35	38	
Third (ring) finger	25	27	25	27	
Fourth (little) finger	20	22	20	22	
Great toe	38	38	3.6	38	
Each other toe	12	13	12	13	
Hand	190	205	190	205	
Arm	235	253	235	253	
Amputation above elbow	250	270	250	270	
Amputation at shoulder joint	300	323	300	323	
Foot	155	167	155	167	
Leg	200	215	200	215	
Amputation above	225	242	225	242	
Amputation at hip joint	275	296	275	296	
Eye	150	162	150	162	
-Enucleation of eye	160	173	160	173	

200 50 150 215 54 162

Filing Procedure

200 50 150 215 54 162

- Arbitration hearing procedure
 Many practitioners are concerned with the civil procedure of a Workers' Compensation claim acting like a civil case at the court house, which it is not.
 The Act is a user used system
 If a Petitioner or Respondent chooses to use the system, the Commission is there to assist in adjudicating disputes.
 If the system is not used, the Arbitrator does not regulate the equivalent of discovery deadlines or the scheduling of trial dates.
 Accordingly, if a Petitioner files a claim and does nothing mo
- - Accordingly, if a Petitioner files a claim and does nothing more, the claim will pend on an Arbitrator's docket until it reaches the Arbitrators "redline".

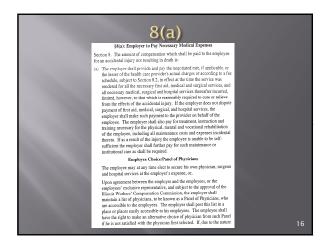
 Arbitrator will insist that the claim is tried or the claim will be dismissed with the exception of a continuance for good cause.

 Typical "redline" is 3 years from the date of filing.

Filing the Claim

- oplication for Adjustment of Claim (Application for Benefits)
 Filed at 1 of 5 Commission offices.
 Filed in triplicate. (Clerk keeps 2 copies)

ILLINOIS WORKERS	COMPENSATION COMMISSION		
APPLICATION FOR ADJUSTMENT	T OF CLAIM (APPLICATION FOR BENEFITS) Assess all questions. Wis three copies of this form.		
Workers' Compensation Act Occupational Diseases A			
	Care f		
Employee Petitówer v.	Calca # (DRSco and only)		
Employee®expendent	Location of accident		
lejond employed name States address	Cir. State. Zie oods		
Employee information: Social Sociality #	Chy, Stars, Elyvorie Mile Fernale Married Single		
# Dependents under age 18 Birthdate	Average weekly wage 8		
Date of accident 2 The emplo	oyer was notified of the accident orally in writing		
What put of the body was affected?			
What is the nature of the injury?	Return to work date ³		
Is the injured employee currently receiving temporary total d	lisability benefits† Yes No		
If a prior application was over filed for this employee, but the			
you sign this. Refer to the Commission's Handbook on Work	e all blanks are compliend correctly and you understand the statements before zero' Compressation and Occupational Diseases' for more information.		
Signature of parkineer	Date		
APPEARANCE O Please attach a copy of	F PETITIONER'S ATTORNEY the Assessy Representation Agreement.		
Signature of interney	Social address		
Alternative same and IC code F ⁻¹ (planes print)	City, Bate, Zig vede		
Fire two	Telephone number B mail address		
From Leater 2017 TSSW W. Kandangha Stoner W. 2007 Changas M. 2006 C 13255-64 Democracy Objects College of Coll	607 - Till Spin M0053 300 - Mill Sill - Web	13	
	14 (3) -		
IJ LINOIS WORK	SERS' COMPENSATION COMMISSION		
ATTORNEY	CERS' COMPENSATION COMMISSION REPRESENTATION AGREEMENT		
	Case # WC		
Deployer Telklowe V			
Engloyer Responden			
1	notain	10.00	
Occupational Diseases Act against out of and in the course of employment of	, "employer," for injuries arising		
If the client has received a written offer from the cre permanent deability caused by those injuries, the clie	player or in agent to pay a specific amount of compensation for any east has given the atterney a copy. The client and attempy each have a copy of		
In return for representation before the Commission,	the client agrees to pay the attorney a sum of money equal to:		
A. I % of any amount received in excess of received for comparation for permanent disable comparation received for permanent disability.	The writes offer, if any, or — In too to exceed 30% of the tood amount distinguishment of the condition of		
permanent doublity; or 2. 5 (not to exceed \$100) if the respec	y ules not excited the written offer, the attenty shall receive to be for related than and dispose to labelity, the proper amount in paid sincely, the client of the proper state of the proper state of the proper state of the state of the proper state of the proper state of the state of t		
unspanning of teat or more fragment to the case of teat or fraction of teat or more fragment to the case of teat or fractions of teat or more vertebra, spinous or translated or frame and	to present and the model of control of the present		
n to (not to exceed 20%) or any competer timely manner or in the proper amount, and	sation for deligiously total assumity that the employer recises to pay it is		
C% (not no exceed 20%) of all disputed in D. In addition to the above, all costs and expenses			
Workers' Compensation Commission, from the sub- unguid expenses related to advocating the claim up to	ric cutter. There will be no ounge uneso recovery to make. Y, the client will be price admired a removable feet, so determined by the resquent recovery (not to exceed the amounts lated in A-C above) plus any on the date the approximate reduct.		
This agreement is governed by the Illinois Workers' attorneys' fees in death, permanent total disability, an	Compensation Act, Section 16s, particularly in regard to the limitation of all permanent partial disability cases.		
read and understands this agreement, and has receive	psyrision of this agreement to the client. The client states that he or she has red a copy of this agreement on		
Signature of client	Signature of atomory		
Name of client (please print)	Name of atomory and IC code # (please print)		
Stores address	Name of law firm		
City, State, Zigo code: ZEO 1260) - New W. Benninghi, States AR, 2011 Change, St. 8000 F. Fillings Demonstrate (Section Collisional ASSESS ARM) - Provint 2000(C) 2019 - Sec	Party address FALLS T-Dispos BIRLSS 2005 - Web and, when bread gare	14	
	HERE	• •	
	(9(b)		
	1 Investigations as he or they		
shall deem necessary and may	ch inquiries and investigations as he or they y examine and inspect all books, papers,		
records, places, or premises re such proper evidence as the p	elating to the questions in dispute and hear		
200 - Normalis and Burgara Alexander	perce shall be hald in the vicinity where the		
injury occurred after 10 days'	notice of the time and place of such hearin of the parties or their attorneys of record.		
The Arbitrary may find that t	the disabling condition is temporary and ha		
not yet reached a permanent of	condition and may order the payment of of the hearing, which award shall be		
reviewable and enforceable in	n the same manner as other awards, and in her hearing and determination of a further		
permanent disability, but shall except the nature and extent of	Il be conclusive as to all other questions of said disability.		
The desiring of the Arbitrator	e shall be filed with the Commission which		
Commission shall immediate of such decision, together wit	th a notification of the time when it was		
of fact and conclusions of lav	e of this amendatory Act of the 94th General e Arbitrator shall set forth in writing finding w, separately stated, if requested by either eview is filed by either party within 30 days set the sever of the decision and notification		
party. Unless a petition for re after the receipt by such party	eview is filed by either party within 30 days y of the copy of the decision and notification is such party petitioning for a review shall		
within 35 days after the recei	pt by him of the copy of the decision, the		
correct transcript of evidence	Arbitrator, or if such party shall so elect a of the proceedings at such hearings, then e decision of the Commission and in the		
contain a statement of the pet decision of the arbitrator. Th	itioning party's specific exceptions to the te jurisdiction of the Commission to review shall not be limited to the exceptions stated	15	
the decision of the arbitrator	shall not be limited to the exceptions stated		



ILLINOIS WORKERS' COMPENSATION COMMISSION REQUEST FOR HEARING	ILLINOIS WORKERS' COMPENSATION COMMISSION
ATTENTION. Please give this form to the Arbitrator after you obtain a trial date.	ARBITRATION CASE INFORMATION SHEET
Case # WC	ATTOCION. Plane couples this form, have both perion sign it, and place it in the adhestor's message box next to the bearing room door or other sets designated by the adhestor. Do not interrupt the bearings. Be as qualific as possible.
Employee Proteoner Convolidated cones:	You must see the arbitrator if your case is above the red line.
Setting	
Employer Respondent	Englisyer Prisioner Arbitrator
	Case #WC
Petitioner and Respondent are prepared to try this matter to completion on, unless the Arbitrator approves other arrangements.	Today's date
Petitioner claims that, on, Petitioner and Respondent were operating under the Illinois Workers' Compensation or Occupational Diseases Act, and their relationship was one of employee	EmployerRespondent Status call date and line #
and employer.	Please check the appropriate box.
Respondent agrees disputes	Perisioner is receiving TTD.
Petitioner claims that, on the above date, he or she sustained accidental injuries or was last exposed to an occupational disease that arose out of and in the course of employment.	Petitioner is receiving 1110.
Respondent agrees disputes .	Date and nature of last treatment:
Petitioner claims Respondent was given notice of the accident within the time limits stated in the Act.	☐ Betriever is receiving varyational rehabilitation/job placement services.
Respondent agrees disputes If in dispute, Petitioner states that on	Date and nature of last service:
notice was given to, with the job title	
 Petitioner claims his or her current condition of ill-being is causally connected to this injury or exposure. 	Deposition scheduled for We expect to be ready for trial by
Respondent agrees	☐ Tentative settlement reached. We will submit contract for approval by
5. Petitioner claims his or her earnings during the year proceding the injury were \$ and the	Request for approval of Medicare set-aside was submitted on
average weekly wage, calculated pursuant to Section 10 of the Act, was \$	The case will be ready for trial by
Respondent agrees disputes and claims	The case was partially tried on Next trial date is
6. At the time of injury, Petitioner wasyears old; married single; withdependent children.	
Respondent agrees and claims	Other (explain)
7. Petitioner claims Respondent is liable for the following unpaid medical bills: Anato a list, if worstery.	
Respondent agrees disputes and claims	
Respondent claims it mid S in medical bills through its group medical plan for which	Signature of positioner's attention
credit may be allowed under Section 8(j) of the Act.	Name of politicate's attention (plants print) Name of respondent's attention print)
Petitioner agrees disputes and claims	
ET 210 100 N Randigh Street #1,200 Change, E-8000 112554-6637 Tell-free #80170-3007 Mill date www.inci.Egin Dwintale office: Cellinoide 685-865-560 Procis 2000[1-2019 Resident #15005-720] Springful 215705-7604	EVE 645 100 K. Analogis (more 64-300 Chicago, 2, 6800) 1128344611
- Charles Control of the Control of	

	TERMS OF SETTLEMENT: Attach a recent medical report of	good by the physician who examined or treated the employee.
ILLINOIS WORKERS' COMPENSATION COMMISSION SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER		
APTENTION. Please type or print. Answer all quorious. File four copies of this form. Attach a recent medical report.		
Wodger' Compensation Act Occupational Diseases Act Final case? No Yes Date of death		
Employee/Petitioner	Total amount of seriences 5	
τ.	Deduction: Attenuer's fives 5	
Series	Deduction: Medical reports, X-rays 5	
Employer Respondent	Deduction: Other (csplain) 5	
To resolve this dispute regarding the benefits due the potitioner under the Elizois Workers' Compensation or Occupational Diseases Act,	Amount employee will receive \$	
To insome the copies regarding the freetries are the potential success the throat waters Compensation or Computeral Decision Art. we offer the following statements. We understand these statements are not hadding if this context is not approved.	I have read this document, understand its terms, and sign this com- to approve this contract. I understand that I can present this settler	shir contract unders you understand all of the following statements: not voluntarily. I believe it is in my best interests for the Commission sent contract to the Commission in person. I understand that by
Employer's same Stoot address City, State, Zip code	signing this contract, I am giving up the following rights: 1. My right to a trial before an arbit 2. My right to appeal the arbitration	star; i decision to the Commission; comment, at the employee's expense, for the results of this injury;
Employer's name Steet address City, State, Zip code	4. My right to any additional benef	is if my condition women as a result of this injury.
Employer's Social Socurity # Male Fenale Married Single	Squares of perioses Name of perioser (ylor	e print) Telephone number Date
# Dependents under age 15 Neeringe workly wage \$	PETITIONER'S ATTORNEY. I after that any fee petitions on file with the TAYY have been resolved. Based on the	RESPONDENT'S ATTORNEY. I arror that any for periodes on file with the TAYL' have been resolved. The respondent
Date of socident	information enamely), analytic to me. I enumered this settlement contact be approved.	agrees to this settlement and will pay the benefits to the neckings or the politicacity aborney, according to the terms of
How did the socident occur?		this contract, premptly after receiving a copy of the approved contract.
What part of the body was affected?	Signature of atomory Date	Strature of attento or acres Date
What is the sature of the injury?	square or arcincy One	
The employer was notified of the accident only in writing Return to work date	Atomory's name and IC code # (please print)	Atomey's name and IC rade F or agent (please print)
Location of accident Did the employer return to his or her regular job? Yes No If not, explain below and describe the type of work the employee is doing, the wage canned, and the current employer's name and address.	Firm same	First same
	Street address	Street address
TEMPORARY TOTAL DESABLITY BENEFITS: Compensation was paid forweeks at the rate of \$/week. The employer was compountly satulty disabled from	City, State, Xip code	City, State, Xip code
MEDICAL EXPENSES: The employer has has not paid all medical hills. List sepaid hills in the space below.	Totalous sunter Board address	Totalous samber E-mail address
		Name of respondent's insurance or service company (please print)
PRINCE AGENDATE: Buller the petitions signed an Assemy Representation Agreemen, the expendent or its agent offered in writing up or the presented deality search by this inject. As advance or commissions of the Commission provisorly made as well on this see on presenting the commission of the Commission provisorly made as well on this see on presenting the commission of the Commission provisorly made as well on the total or the commission of the Commission provisorly made as well on the total commission of the	ORDER OF ARRETRATUR OR COMMISSIONER: Bring cantily proteined be trans of the commer, is accordance with Section 9 of the A. II, by my samp I ben'y approve the contract, refer the respondent to promable the its I have some the cold amount of accordance has its large some the cold amount of arthresis enable above, and directly the case.	
25 TOM TOP Kindad-Kovi 11-20 Chings & SHEL TUSHARDY Tallaw 86005 NEI Web six: www.hers.kgri- Jonanes officer Calmode/strikl ACO Prints 20045-3201 Analysi NEW DC Springfeld 27/17-0-786 Debises of the Internation in Commission is flow vibrately under 10TLC 37/505.	305 page 2	18

APELLS APELLS

Medical Records

Medical Records Admissible

The records, reports, and bills kept by a treating hospital, treating physician, or other treating healthcare provider that renders treatment to the employee as a result of accidental injuries in question, certified to as true and correct by the hospital, physician, or other healthcare provider or by designated agents of the hospital, physician, or other healthcare provider, showing the medical and surgical treatment given an injured employee by such hospital, physician, or other healthcare provider, shall be admissible without any further proof as evidence of the medical and surgical matters stated therein, but shall not be conclusive proof of such matters. There shall be a rebuttable presumption that any such records, reports, and bills received in response to Commission subpoena are certified to be true and correct. This paragraph does not restrict, limit, or prevent the admissibility of records, reports, or bills that are otherwise admissible. This provision does not apply to reports prepared by treating providers for use in litigation.

