



Law Office of
JEROME SALMI KOPIS
— LLC —

**MISSOURI
WORKERS' COMPENSATION
HANDBOOK**

COMPLIMENTS OF:

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INTRODUCTION

This Handbook will help serve as a basic overview to help identify the rights and obligations of employees who have experienced work-related injuries or occupational diseases. It will provide some answers to questions you may have if you are injured at work through either a sudden accident; repetitive motion injury; or if you have contracted an occupational disease.

Please note this Handbook is not intended to explain all of the benefits or conditions pertaining to specific cases. The compensability and benefits of each case are determined by applying the law to the facts of each case. As a result, this Handbook should not be considered a substitute for seeking advice from an attorney or the Division of Workers' Compensation when you are confronted with a possible workers' compensation case.

If you have sustained an injury you feel is compensable under the Law, it is important that you seek competent legal advice from an attorney who practices extensively representing injured workers in Missouri.

For more information from the State of Missouri, you can visit the web site for the Missouri Division of Workers' Compensation at www.dolir.mo.gov/wc.

For more information about the law firm of Jerome, Salmi & Kopis, LLC, you can visit our website at www.JSKlawfirm.com.

WHAT IS WORKERS' COMPENSATION?

Workers' Compensation is a system of benefits provided by law to cover most employees who were injured due to job-related accidents or diseases. Most employees who are hired, injured or whose employment is localized in Missouri are covered under the Workers' Compensation

laws.

If you sustain a work injury, you may be entitled to medical treatment, lost time benefits, and possibly a permanent disability payment. These benefits are to be paid directly by the employer or their workers' compensation insurance carrier.

WHEN DO I NEED AN ATTORNEY?

If you have sustained a work injury, the first question usually raised is, "Do I need an attorney?" While the Workers' Compensation system was originally set up for all employees to obtain benefits without an attorney, the current financial and legal trends often require the assistance of legal counsel. As a result, if your case falls into one of the categories below, you may need to seek advice from a competent attorney:

- 1) You are not comfortable dealing with the workers' compensation insurance adjuster or their attorneys and would prefer to have legal counsel advising you of your rights at the outset.
- 2) The employer or workers' compensation insurance carrier refuses to report your case to the Missouri Division of Workers' Compensation.
- 3) Your case was denied by the workers' compensation insurance carrier but you feel that your injury was due to an accident or occupational disease that occurred at work.
- 4) The workers' compensation insurance carrier has accepted your case but has not provided medical treatment or returned your telephone calls.
- 5) The workers' compensation insurance carrier has accepted

your case but has not been paying your lost time benefits; has not been paying your lost time benefits in a timely manner; or has not been paying your lost time benefits at the correct rate in spite of being taken off of work by the treating doctor.

6) The workers' compensation insurance carrier has accepted your case but has not paid the medical bills associated with your treatment.

7) The workers' compensation insurance carrier has assigned a rehabilitation nurse to monitor your case.

8) The treating doctor has released you from his care, but you still feel that you need medical care.

9) The work injury has removed you from your profession and you have questions regarding whether you will ever be able to return to work in any capacity.

10) You have sustained a disabling occupational disease such as silicosis or asbestosis that you feel is related to exposure at work.

The bottom line is that you may be able to settle your case without an attorney if your case has been accepted and all medical and lost time benefits have been paid. These settlements are subject to approval by an Administrative Law Judge (ALJ) who will require that you appear in court to complete the paperwork. However, please note that while the ALJ will review the settlement to make certain that the settlement offer is within a range of value, he/she will not spend an extended period of time reviewing your medical records to identify whether the settlement is fair based upon the unique problems associated with your case.

As a result, many injured employees do not feel comfortable negotiating a settlement without the assistance of an attorney. Many employees are concerned that they may be at the mercy of the insurance company's

adjuster or its attorneys who may be more knowledgeable of the Workers' Compensation laws. Additionally, these employees are concerned that they may mistakenly give up a potential benefit such as future medical treatment or vocational rehabilitation of which they may not have been aware.

Additionally, it should be noted that attorney's fees are contingency based, which means that it is a percentage of the final settlement. The same percentage of attorney's fees of 25% apply whether the attorney is hired at onset of the injury or at the time of settlement. As a result, many injured employees choose to obtain legal advice early in their case to make certain they have someone on their side protecting their legal rights and to make certain that they are treated fairly by the workers' compensation insurance carrier.

WHAT INJURIES ARE COVERED BY THE WORKERS' COMPENSATION ACT?

A. ACCIDENTS

Accidents are covered under the Workers' Compensation Act if they "arise out of and are in the course of employment." Injuries are considered accidental if they happen unexpectedly, without plan or design. These accidents include a multitude of scenarios such as injuries resulting from slipping and falling or from lifting objects. These accidents can also include repetitive use of a body part, strokes, heart attacks or any other physical problem caused by work.

The accident need not be the cause of the underlying problem. If the accident aggravates a pre-existing condition, benefits are still allowed. This becomes significant with employees who had degenerative arthritis in a body part but have little to no symptoms until after the work injury. In such cases, the workers' compensation insurance carrier is responsible to the degree that they aggravated the pre-existing condition. However,

it should be noted that employees must show that the work activities were “the prevailing factor” in bringing about the current symptoms as opposed to the underlying degenerative condition.

B. OCCUPATIONAL DISEASES

Occupational diseases are covered under the Workers’ Compensation Act if the disease was either caused or aggravated and rendered disabling as a result of exposure associated with employment. As with accidents, occupational diseases must still “arise out of” and be “in the course of employment” in order to be considered compensable under the Act.

Examples of occupational diseases include asbestosis, silicosis, hearing loss, lead poisoning, some chemical exposures, and some mental diseases.

Due to the complexity in establishing that an occupational disease is covered under the Workers’ Compensation Act, traditionally an attorney is needed on these cases. Additionally, the notice requirements and statute of limitations are sometimes different in occupational diseases than with accidents, depending upon the medical condition. If you feel that you have sustained a disability from an occupational disease, it is recommended that you seek immediate legal advice from a competent attorney.

ARISING OUT OF EMPLOYMENT

In order for an accident to be covered under the Workers’ Compensation Act, the employee must prove that the accident occurred as a result of the unique activities performed at work. Traditionally, this element is not difficult to establish in specific accidents that occur at work. If an employee is injured lifting an item at work or falls while performing work activities, this element is satisfied.

However, when the accident surrounds a repetitive motion injury, this

element becomes more difficult to prove. Traditionally, these cases turn on the medical experts and whether there are repetitive activities the employee performs outside of work.

IN THE COURSE OF EMPLOYMENT

In addition to performing work activities at the time of the accident, an employee must also show that the accident occurred where he/she would normally be performing his/her normal work activities. This element is usually not difficult to establish with accidents that occur while the employee is on the employer's premises. However, this element becomes more difficult when the accident occurs off of the employer's premises. Some examples of exceptions include the following:

- A. **Traveling Salesman:** Traditionally, a traveling salesman is covered during the period that he/she is performing work activities as a traveling salesman.

- B. **Going to and Coming from Work:** Injuries that occur while traveling to and from work are generally not compensable. However, there are a number of exceptions based upon whether the accident occurred on the employer's premises; whether the employer compensated the employee for travel time; whether there was something unique to the employee's job duties that put him/her at greater risk for injury during the travel when compared to the general public.

- C. **Personal Errands:** Injuries that occur while an employee is running a purely personal errand are generally not compensable. However, there may be exceptions if the employee is also performing a concurrent errand for the employer.

- D. **Parking Lot Injuries:** Injuries that occur while on the employer's parking lot while either going to or coming from work may be compensable under the Act if the employer either owned or controlled the parking lot.

PLEASE NOTE THAT THE EXAMPLES ABOVE ARE BASED ON PAST CASE LAW. THESE CASES MAY BE SUBJECT TO CHANGE AND REVIEW. THERE ARE EXCEPTIONS TO MOST RULES. AS A RESULT, IF YOU FEEL THAT YOU HAVE AN INJURY THAT SHOULD BE COVERED UNDER THE WORKERS' COMPENSATION ACT, YOU SHOULD CONSULT WITH AN ATTORNEY BEFORE GIVING UP ON YOUR CASE.

WORKERS' COMPENSATION BASICS:

WHAT TO DO WHEN YOU ARE HURT AT WORK

After you have been hurt at work, your actions following the accident are crucial to preventing your case from being denied by the workers' compensation insurance carrier. After you have suffered a work injury, you must:

- A. **Report the injury to your supervisor.**
- B. **Seek immediate medical attention.**
- C. **Forward any disability slips to your employer.**
- D. **Keep a notebook surrounding details of the accident, missed days and medical care.**
- E. **Discuss with the insurance company's adjuster but do not allow recorded statements to be taken.**
- F. **Beware of signing medical releases.**
- G. **Beware of visits from vocational rehabilitation nurses.**
- H. **Do not settle your case without verifying that your**

medical bills are paid.

- I. If you do not feel comfortable with the way your case is going or the way the adjuster is attempting to steer your case, seek immediate legal consultation from a competent attorney.**
- J. Statements made by adjusters are not the law nor are they opinions from arbitrators and therefore should not be considered the final opinion on your case.**

A. Report the Injury to Your Employer:

Under the law, with respect to any accident, an employee has to provide written notice of the time, place and nature of the injury, and the name and address of the person injured to the employer, no later than thirty (30) days after the accident. The best means to do so is often a text message to a Supervisor as it provides the employee with written proof of the notice.

There is also a notice requirement for occupational disease or repetitive trauma injuries. The employee has to provide written notice, no later than thirty (30) days after the diagnosis of the condition, unless the employee can prove that the employer was not prejudiced by failure to receive the notice. As with specific accidents, texts provide the best proof.

B. Seek immediate medical attention:

Injured employees are entitled to receive all necessary first aid, medical, surgical and hospital services reasonably required to cure and relieve the effects of the injury or disease. Where necessary, the employee may also be entitled to physical, mental and vocational rehabilitation. This is often problematic as all group health insurance policies refuse to cover work related medical care.

Keep in mind that it is the employer's obligation to provide medical treatment, and the employer that provides medical

treatment has the right to select the medical provider or physician. The employee has the right to select his/her own physician, but at their own expense. There are statutory requirements of providing notice prior to seeking medical treatment.

An exception exists if the employer refuses to provide medical care for a work injury. In such cases, the employer abandons its right to choose and direct medical care and the injured worker may seek treatment with a doctor of his/her choosing. It is strongly recommended that before you seek treatment on your own that you obtain legal advice from a competent attorney to prevent you from being held responsible from multiple medical bills.

C. Forward any disability slips to your employer:

If you are taken off of work by the treating doctor, you have an obligation to provide your employer with any disability slips. Additionally, you should advise your doctor to forward medical records and medical bills to your employer or their workers' compensation insurance carrier.

D. Keep a notebook surrounding details of the accident, missed days and medical care:

Many work injuries take months to years to reach a final resolution. Once medical treatment is completed, a final trial may be needed to determine the extent of permanent disability caused by the work injury. However, by the time the trial rolls around, the injured employee may have forgotten many of the specific details regarding the injury and the subsequent treatment. In order to help to remember the details at a later date, the injured employee should keep a notebook or calendar of important events in his/her case. These important events include the following:

1. Detailed description of the accident, including location, witnesses, and a list of the injuries.
2. Detailed listing of all the medical care facilities where you were treated, including addresses and dates of treatment.
3. Listing of any medical bills that you continued to receive or paid out of pocket.
4. Listing of specific dates you missed work as a result of being taken off of work by an authorized treating physician.

E. Discuss with the insurance company's adjuster but do not allow recorded statements to be taken:

Following your work injury, you will be contacted by an insurance adjuster representing your employer's workers' compensation carrier. He/she may seek to take a recorded statement from you regarding the facts of your work injury. We recommend that regardless of whether the workers' compensation carrier has accepted, denied or is investigating the injury, that you only answer questions specifically relating to the work injury.

Most importantly, we do NOT recommend that you give a recorded statement under any circumstance: There are absolutely no legal requirements that you provide a recorded statement prior to the workers' compensation carrier being obligated to pay your benefits. Recorded statements are only taken by the insurance company so that they can be used against you at a later trial. If a workers' compensation carrier insists that you provide a recorded statement prior to them authorizing treatment or lost time benefits, seek immediate legal counsel.

F. Beware of signing medical releases:

Following your work injury, you will be sent paperwork from the workers' compensation carrier that may include a report of injury and almost always includes a medical authorization. If you are sent a report of injury, review the report thoroughly and make any and all modifications as you see fit. Make certain to retain a copy of the report in case it is needed for subsequent litigation.

If you are sent a medical authorization, you should thoroughly read the authorization. If the authorization is limited exclusively to obtaining copies of your medical records pertaining to the present work injury, you can sign and return that document. However, if the medical authorization allows the insurance company to communicate directly with your treating doctors, delete those entries before signing the authorization. The Workers' Compensation Act allows injured employees to retain the doctor-patient privilege and the insurance carrier can only discuss the case with your treating doctor if you grant them authority. Otherwise, the workers' compensation insurance carrier is limited to the reports and disability slips generated by your doctor.

G. Beware of visits from rehabilitation nurses:

While undergoing treatment following a work injury, you may be assigned a rehabilitation nurse. Many rehabilitation nurses are helpful in expediting medical treatment and benefits. However, some rehabilitation nurses are merely investigative agents for the insurance company. Their purpose is to extensively question you to try to provide the workers' compensation insurance carrier with a possible defense to deny your case altogether.

Additionally, some rehabilitation nurses seek to meet with your treating doctor regarding your treatment without you being present or even being aware of the meeting. These

rehabilitation nurses may seek to have the doctor alter the off work slips and return you to work sooner than originally scheduled. Additionally, the rehabilitation nurse may seek to encourage the doctor to release you from his/her care sooner than the doctor may have planned.

Once a rehabilitation nurse is assigned to your case, we recommend that you seek legal counsel. If you opt to continue representation on your own, we recommend that you do not sign any medical releases with the nurse that includes language allowing him/her to have any direct conversations with your treating physicians or therapists. Additionally, we recommend that you advise him/her that any conversations with your doctor must take place in your presence. We would also recommend that you not answer questions about your medical condition with the rehabilitation nurse other than updating them on your current status following the work injury.

H. Do not settle your case without verifying that your medical bills are paid:

After your medical care is complete, you may be contacted by the workers' compensation insurance carrier regarding a potential settlement of your case. However, before considering any settlement on your case, you should verify with your healthcare providers that your medical bills have been paid by the worker's compensation carrier. If any remaining balances exist, you should either require payment of the medical expenses from the worker's compensation carrier or seek legal counsel. If you settle your claim without resolution of the medical bills, you may become responsible for the medical bills.

I. If you do not feel comfortable with the way your

case is going or the way the adjuster is attempting to steer your medical care, seek immediate legal consultation from a competent attorney:

During the course of your case, you will have conversations with adjusters and rehabilitation nurses. While the adjuster may appear amicable during these conversations, please keep in mind that his/her main loyalty remains with their client, your employer. The adjuster has extensive training in investigating work injuries to look for ways to either deny your claim outright or find ways to close your case while spending the least amount of money.

As a result, be aware that anything that you tell these individuals may be used against you as testimony at trial. If you ever feel uncomfortable with the direction that the adjuster or rehabilitation nurse is steering your case, **SEEK IMMEDIATE LEGAL COUNSEL**. In many instances, the use of legal counsel early in your case may help to prevent the workers' compensation insurance carrier from denying benefits you may otherwise be entitled under the law.

- J. Statements made by adjusters are not the law nor are they opinions from an Administrative Law Judge and, therefore, should not be considered the final opinion on your case:** Many times injured workers receive letters from adjusters indicating that their case has been investigated and found to not be compensable under the Workers' Compensation Act. These letters, while looking official, are not final determinations in your case. Instead, these letters are merely opinions from insurance company's adjusters attempting to convince you to not proceed in your case. However, the adjuster's opinion is not the same as an opinion by an Administrative Law Judge and has absolutely no

legal impact on your case. If you feel that the adjuster is wrong and that your case arose out of your employment activities, **SEEK IMMEDIATE LEGAL COUNSEL.**

WORKERS' COMPENSATION
BENEFITS PROVIDED UNDER THE
LAW

Under the Missouri Workers Compensation Act and the Occupational Disease Act, there are three basic benefits provided to injured workers. These benefits include the following:

- A. Payment of medical bills;**
- B. Payment of lost time benefits;**
- C. Payment of permanent disability benefits.**

A. Payment of Medical Bills

After you have been injured at work, your employer must pay for all of the medical bills that are necessary to cure and relieve the effects of the work injury. This medical includes all emergency room visits, doctor visits, physical therapy, testing, nursing care, medications, orthotics, splints, braces and medications. You should never be required to pay a co-pay or deductible since the full amount of the bill is your employer's obligation.

B. Payment of lost time benefits

i. Temporary Total Disability

In most circumstances, if you are off work because of a work-related injury, you are eligible to receive temporary total disability (TTD) benefits to replace your lost wages. You are eligible if you have missed more than three regularly scheduled workdays. These are regularly scheduled

workdays of your employer. If you miss more than two weeks, these first three days, referred to as the waiting period, are paid to you.

The amount you receive is based on two-thirds of your average weekly wage; also know as the compensation rate. The statutory maximum for the compensation rate under Missouri law is 105 percent of the State Average Weekly Wage. The Missouri Division of Workers' Compensation maintains charts on its website showing the maximum weekly benefit rates.

EXAMPLE: If you earn \$300.00 per week, your TTD benefits would be \$200, which is two-thirds of your average weekly wage. If you earned \$2,250.00 per week, two-thirds of your average weekly wage would be \$1,500.00, but your TTD benefit would be capped at approximately \$948.00, the maximum amount noted in the chart as determined by the date of injury.

Your average weekly wage is computed based on your gross wages over the thirteen (13) weeks prior to the date of injury. Your wages are added up for that duration and divided by thirteen (13) to calculate your average weekly wage. However, there are unique calculations if you missed days during the 13 weeks.

Temporary total disability benefits are not paid for the first three work days lost after a work injury, unless the disability continues for 14 or more calendar days. After missing 14 days, you are entitled to be paid for the first three days of lost time.

ii. Temporary Partial Disability

If you are released by your doctor to return to work for less than

a full work day, you are entitled to receive disability payments for those portions of the days that you are not entitled to work. For example, if the treating doctor limits you to 4 hours of work out of an 8 hour shift, the employer is responsible for paying you for the 4 hours worked while the workers' compensation carrier is responsible for paying you two-thirds of the remaining 4 hours.

C. Payment of Permanent Disability

i. Permanent Partial Disability

After your treatment is completed, your doctor will release you from his care indicating that you have reached a point where your condition will get no better. This condition is known as "maximum medical improvement." If you are able to return to work, you may still be entitled to a final settlement based upon the permanent loss or loss of use of a part of your body or the whole body.

Factors that are considered in determining the extent of the permanent partial disability include the physical impairment and the effect of the disability on the injured worker's life. Other factors include the pain, stiffness and limitation of motion caused by the work injury. It should be noted that not all injuries or diseases result in permanent partial disability.

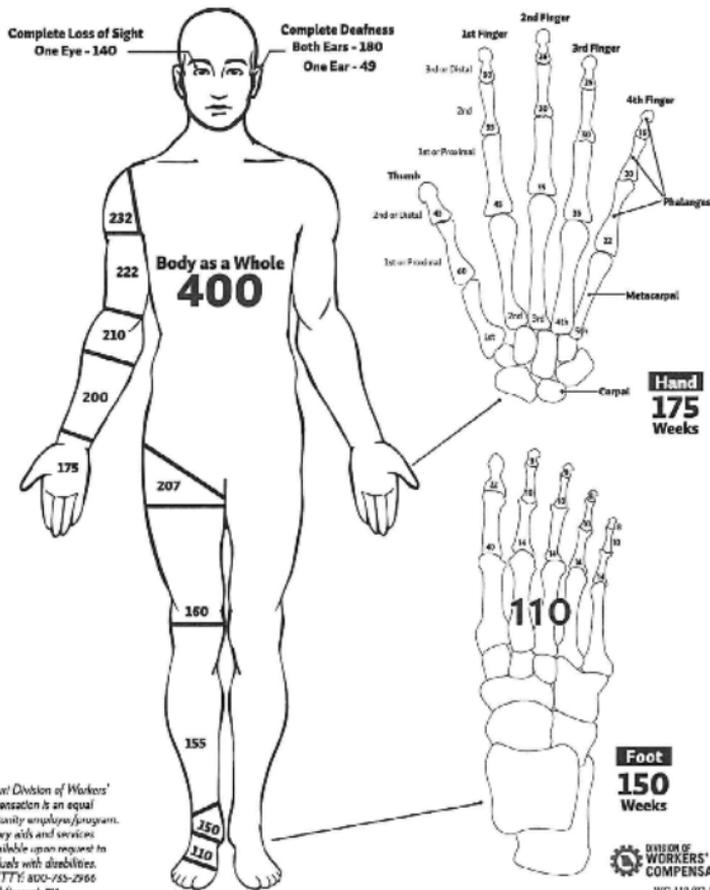
The disability benefit that is paid for any permanent residual effect of your injury is called permanent partial disability. This is a lump sum benefit that is paid to you after the injury has been treated and you have recovered to the fullest extent possible. The permanent partial disability benefit is paid to compensate you for the permanent residual effect of the injury. These payments are based on a weekly schedule for various body parts, the rating of that permanent injury and

your average weekly wage.

In order for your case to be settled, you may need to obtain a medical opinion from an independent doctor who will provide a rating of permanent partial disability for your work-related injury. The doctor's opinion of the permanent effect of the injury is usually given as a percentage of a body part such as an arm, leg or finger. Each injury begins with identifying the part of the body injured using the chart below:

CHART NUMBER 1 PERMANENT PARTIAL DISABILITY

Visual chart showing number of weeks of compensation payable for scheduled and non-scheduled permanent partial disabilities. Scheduled disabilities are governed by section 287.190.1 RSMo. Non-scheduled or "Body as a Whole" injuries are governed by section 287.190.3 RSMo.



Missouri's Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-785-2966 Relay Missouri: 717

DIVISION OF WORKERS' COMPENSATION
WC-110 (07-15) A1

EXAMPLE: The leg at the hip is rated at 207 weeks, the arm at the shoulder at 232 weeks, the index finger at the first knuckle at 45 weeks, and the body as a whole at 400 weeks.

Your compensation rate is calculated the same way as the temporary total disability benefit, which is two-thirds of your average weekly wage. However, once the body part is identified, the percentage of disability is applied to that body part and then multiplied by 66-2/3% of the injured worker's average weekly wage. The maximum rate is lower at 55 percent of the State Average Weekly Wage. As with temporary total disability benefits, the Missouri Division of Workers' Compensation maintains charts on its website showing the maximum weekly amounts payable. Below are some examples of the calculations:

EXAMPLE: Assume you have an injury to your wrist that settles for 10% disability of the wrist. The wrist begins at the 175-week level. So if the rating is 10 percent, your settlement will be based on 10 percent of 175 weeks or 17.5 weeks. Assume your average weekly wage is \$300.00. Your compensation rate (two-thirds of your average weekly wage) is \$200.00. The compensation rate of \$200.00 times the 17.5 weeks comes to \$3,500.00. The total PPD benefit would be \$3,500.
($175 \times 10\% = 17.5 \times \$200.00 = \$3,500.00$)

EXAMPLE 2: Assume that on 7/1/19 you sustained a back injury that required surgery; settles at 25%; and your average weekly wage is \$1,500.00/week. The back begins at 400 weeks and therefore 25% is 100 weeks of compensation. Although two-thirds of your AWW is \$1,000.00, you would be limited to the maximum PPD rate for the date of accident (\$514.20). This leads to a final settlement of \$51,420.00.
($400 \times 25\% = 100 \times \$514.20 = \$51,420.00$)

The Administrative Law Judge is the final decision maker on the appropriateness of the rating and the average weekly wage. However, the parties may agree on settlement amounts as well as AWW. However, unless you are represented by an attorney, you will need to appear before and Administrative Law Judge for final approval of the settlement.

WARNING:

PLEASE NOTE THAT THE ADMINISTRATIVE LAW JUDGE IS NOT ABLE TO GIVE YOU LEGAL ADVICE AND CAN ONLY INQUIRE WHETHER YOU WANT TO PROCEED WITH THE SETTLEMENT OFFER MADE BY THE INSURANCE COMPANY. BEFORE YOU ACCEPT THIS OFFER, WE STRONGLY RECOMMEND THAT YOU SEEK LEGAL ADVICE ON THE APPROPRIATENESS OF THE OFFER.

Please remember that when you settle your case, it traditionally closes out your medical benefits. So, before you discuss settling your case make certain that your medical condition has reached a point where nothing further can be done to improve your medical status.

Alternatively, if your medical condition requires ongoing medical care, you will probably need a final trial and will not be able to settle your case. As part of the final award, the Administrative Law Judge will provide a written award detailing the percentage of disability and discussing the issue of future medical care.

ii. Disfigurement

If the employee is seriously and permanently disfigured about the head, neck, hands or arms, the judge may allow additional weeks of compensation, not to exceed 40 weeks.

Disfigurement can include surgical scars but only to the body parts listed above.

iii. Permanent Total Disability

After being released by your doctor, if you are given significant work restrictions preventing your return to work at any position in the open labor market due to your work injury, you may be entitled to receive two-thirds of your average weekly wages for the remainder of your life. There are two ways that you can be found permanently and totally disabled.

First, you can be medically disabled. This occurs when your treating doctor concludes that you are medically unable to return to work in any capacity. Second, if your doctor places permanent restrictions as a result of the work injury with the effect being that you are unable to return to work, you may be vocationally permanently totally disabled.

Under the second scenario, your status of being unemployable and permanently totally disabled only occurs if a vocational specialist concludes that you are unable to compete in the open labor market. As with the medical conclusions, this vocational opinion may be challenged by the employer.

WARNING:

IF YOU BELIEVE THAT YOU ARE PERMANENTLY TOTALLY DISABLED, YOU WILL NEED IMMEDIATE LEGAL ASSISTANCE.

Almost all cases of permanent total disability require at least one trial to establish the weekly benefits. Additionally, most permanent total disability cases include issues of future medical care and/or medications which require an Administrative Law Judge's award following a trial.

If you find yourself unable to return to work in the open labor market, you will also need to consider benefits outside of the workers' compensation system. These benefits can include social security disability, short-term disability, and long-term disability. Union members should also inquire regarding disability policies at both the local and international levels.

When considering benefits outside of the workers' compensation system, you should be aware that there is a complex and complicated interplay between each of the benefits. If you seek legal counsel, make certain that they are familiar with the interplay of the various benefits and can provide you with the most favorable results from each benefit.

TIME LIMITATIONS FOR FILING WORKERS' COMPENSATION CLAIMS

Under the Missouri Workers' Compensation Law, an employee must file a Claim for Compensation with the Division, within two years from the date of injury or last payment made on account of the injury by the employer or its workers' compensation insurance carrier. The period of limitations is extended to three years if the employer/insurer does not timely file the First Report of Injury with the Division. It should be noted that merely advising the employer or completing an injury report is not enough to stop the statute of limitations from continuing to run. Failure to file a claim within the time provided by law generally results in a complete loss of benefits.

Jerome, Salmi & Kopis, LLC

JSK Law Firm is committed to protecting your rights and welfare when you have suffered a work injury. We help you and your family navigate the court system.

We understand how daunting the legal system can be and we strive to put your mind at ease by answering your questions. These questions can include common questions such as:

1. Who will pay for my medical treatment and lost time benefits while I recover from my work injury;
2. Can my employer fire me or retaliate against me due to me filing a workers' compensation claim;
3. Does it cost me anything to hire an attorney;
4. How long will it take for my case to conclude.

Together, we will work to bring about a just and fair resolution of your case. We have aggressively and successfully represented injured workers in both Missouri and Illinois. When you enter a courtroom with one of our attorneys, you enter knowing that our attorneys are highly skilled and have handled hundreds of trials. We will work hard and use our knowledge and experience to obtain the result for you.

ATTORNEY DAVID JEROME:

David has limited his practice to representing injured workers for work accidents occurring in both Missouri and Illinois. David has tried hundreds of cases throughout Missouri and Illinois.

David began the first seven years of his legal career as a defense attorney representing employers and their insurance carriers exclusively in workers' compensation matters. He now uses that knowledge and experience against the insurance carriers in aggressively representing injured workers and helping them to obtain the benefits they are allowed under the law.

David also has extensive experience representing union members and can help coordinate the union's disability benefits with the workers' compensation benefits. For seriously injured workers, David can also assist in coordinating the workers' compensation benefits with Social Security Disability and Medicare.

David graduated with a Bachelor of Science Degree (Political Science/English) from Southern Illinois University at Edwardsville, IL. He graduated St. Louis University School of Law in 1994. David is admitted to the Illinois Bar and Missouri Bar. David is also a member of the Illinois Bar Association; Missouri Bar Association; Association of Trial Lawyers of America; Missouri Association of Trial Lawyers; Illinois Trial Lawyers Association; Metropolitan Association of Trial Attorneys; Workers' Injury Law Advocacy Group; The American Association for Justice; Kids' Chance of Missouri; and Kids' Chance of Illinois.

ATTORNEY RICK SALMI:

Rick began representing injured people exclusively in 2011, concentrating on workers' compensation, social security disability and personal injury cases. He started in private practice in 1995 and has extensive trial experience.

Prior to focusing his practice exclusively on the protection of injured people, Rick worked as a defense attorney representing insurance companies throughout Missouri and Illinois for eight years. He has also handled hundreds of social security disability cases throughout the country. His trial experience has assisted him in properly preparing witnesses for trial and identifying areas that could be subject to cross-examination.

Rick graduated with a Bachelor of Science Degree (Economics) from the University of Illinois in 1991. He then went on to graduate from Marquette University Law School in 1995. Rick is a member of the Illinois Bar Association and the Missouri Bar Association. He is also a member of the Illinois Trial Lawyers Association and the Missouri Association of Trial Attorneys.

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