You return to work. You are medically capable of returning to the same kind of work you did when injured. Temporary Partial Disability (TPD) [85.33(1)] If you return to work at a lesser paying job because of the injury, you may be entitled to benefits. The benefit amount is 66 2/3 percent of the difference between your average gross weekly earnings when injured and your actual earnings while temporarily working at the lesser paying job. The three-day waiting period (explained above) also applies to temporary partial disability. Healing Period (HP) [85.34(1)] You may be entitled to HP benefits while recovering from an injury which produces a permanent impairment. No waiting period applies to HP benefits. These benefits begin on the first day of the period after the date of injury and continue until the first of the following occurs: • You return to work • You have recovered as much as anticipated from the injury • You are medically capable of returning to the same kind of work you did when injured Permanent Partial Disability (PPD) [85.34(2)] When your work injury results in a permanent impairment to your body, a permanent restriction, or an inability to earn wages similar to those earned before the injury, you may be entitled to PBD benefits. PBD benefits are in addition to healing period benefits. Scheduled Member Disabilities If your injury is to a scheduled member your PPD benefits are based on functional impairment. Appendix A gives a list of the scheduled body members (i.e. arm, leg, etc.) along with the number of weeks of benefits you would receive for the full loss of each member if your impairment is less than a full loss, the number of weeks of PPD benefits you may receive is a percentage of loss or loss of use multiplied by the full number of weeks for the member. Body As A Whole Disabilities When calculating benefits in permanent disability to a part of the body not included as a scheduled member, the disability is considered industrial and is determined by assessing the difference between what you were able to earn prior to the injury and what you are able to earn after the injury. A variety of factors influence the assessment of lost earning capacity. These include the medical condition before the injury; immediately after the injury and now; the part of the body injured; how long you needed to recover from the injury; your work experience and your qualifications intellectually, emotionally, and physically to learn to perform other work; your earnings before and after the injury; your age; education; motivation; functional impairment related to the injury, and loss of ability to do your old job; or loss of earnings because of the injury. No specific guidelines advise how any factor is to be considered in a particular case. Each industrial disability case must be decided on its merit. The waiting period for PPD benefits is 500 week basis with the percentage rating multiplied by 500 weeks. If the employer offers work at the same or greater wage, an injured employee is entitled to the functional rating until termination. Any employee who requests to reopen an open case can request a reopening and determination of industrial disability. Permanent Total Disability (PTD) [85.34(3)] If your work related injury leaves you incapable of returning to any type of wage earning employment, you may be entitled to permanent total disability benefits during that time when you cannot return to any gainful work. OTHER BENEFITS Death Benefits [85.28, 85.31, 85.42, 85.43, 85.44] If you were dependent on someone who died as a result of an on-the-job injury or illness, you may be entitled to death benefits. A surviving spouse may receive death benefits for life or until remarriage. Dependent children are entitled to death benefits until age 25 (or up to age 28 if attending school). Other factors influence the assessment of lost earning capacity. These factors may qualify for death benefits if they were actually dependent upon the deceased worker. If a surviving spouse remarries, the deceased worker has no dependent children at the time of the remarriage, the surviving spouse is entitled to a two-year lump sum payment. In addition to the weekly death benefits, the deceased worker's employer (or its insurance carrier) must pay reasonable burial expenses not to exceed ten times the statewide average weekly wage in effect at the time of the death. TYPES OF SETTLEMENTS The Workers' Compensation Commissioner must approve all settlements involving work injuries. The law allows four different types of settlements: FULL COMMUTATION [85.45, 85.47] A full commutation pays all remaining future weekly benefits in one lump sum. Because an approved full commutation ends all rights to additional weekly benefits and may end all rights to medical benefits, it must show that you have a specific need for the full lump sum payment now, such that the lump sum payment is in your best interest. PARTIAL COMMUTATION [85.45, 85.47, 85.48] A partial commutation pays all remaining future weekly benefits in a lump sum. An approved partial commutation contains you and your employer's (and its carrier's) agreement that you are entitled to disability benefits. It does not end your rights to weekly or medical benefits. AGREEMENT FOR SETTLEMENT [85.35, 86.13] An agreement for settlement is a voluntary agreement between you and your employer (and its carrier) as to the amount and type of compensation benefits you are currently due. The Workers' Compensation Commissioner's approval of the agreement does not end your future rights to additional weekly benefits or additional medical benefits. COMPROMISE SETTLEMENT [85.35] A compromise settlement is a voluntary agreement between you and your employers (and its carrier) as to your entitlement benefits. An approved compromise settlement ends all rights to future weekly benefits and may end all rights to medical benefits for the settled injury. TIME LIMITATIONS NOTICE OF INJURY [85.23] Unless your employer has notice or knowledge of your asserted injury within 90 days of its occurrence, you may be denied benefits. The 90-day period begins to run when you knew or should have known that your injurious condition related to your work. When an employee reports a work related injury, the employer must file a first report of injury if the employee loses more than three days of work, or sustains permanent injury or death on account of the injury. The employer (or its carrier) must file the first report within four days of notice or knowledge of the alleged injury with the Workers' Compensation Commissioner. TWO-YEAR STATUTE OF LIMITATION [85.26] Iowa workers' compensation benefits, or file an application for arbitration within two years of your alleged injury or benefits may be denied. THREE-YEAR STATUTE OF LIMITATION [85.26] If you have received Iowa weekly workers' compensation benefits, you have three years from the last payment of those weekly benefits to receive additional benefits voluntarily, or to file a contested case proceeding for benefits. If you do not file within these times, you may be denied additional weekly benefits. (You can file a contested case proceeding or voluntarily receive medical benefits reasonable and necessary to treat your injury throughout your lifetime.) MEDICAL INFORMATION Any party making or defending a claim for benefits shall file an Affidavit concerning the employee's physical or mental condition relative to the claim and waives any provision of the law concerning the ascertainment of the condition. The information shall be made available to any party or the party's representative upon request. (85.27)
This brochure answers questions injured workers commonly ask about workers’ compensation. You may check Iowa Code chapters 85 through 87 and 17A, as well as Iowa Administrative Code chapter 876, for detailed information. References to Iowa Code sections and Iowa Administrative Rules appear in parentheses.

WHAT IS WORKERS’ COMPENSATION?
The Iowa Workers’ Compensation law requires most employers to provide wage loss and medical benefits to employees who are injured while working. (85.61(7))

TYPES OF INJURIES COVERED:
In Iowa, an injury may include any health condition caused by work activities other than the normal building up and tearing down of body tissues. Diseases and hearing losses caused by work activities or exposures are also injuries. (85A, 85B.) Preexisting health conditions are not considered injuries unless work aggravates or worsens them.

ELIGIBILITY FOR WORKERS’ COMPENSATION BENEFITS
Most employees who are injured in Iowa while working in Iowa are eligible for benefits.

The law exempts a few types of employees, however. If you are uncertain as to whether employees in your job classification are eligible for benefits, consult with a Workers’ Compensation Compliance Administrator with the Division of Workers’ Compensation.

Proprietors (independent contractors), limited liability company members and partners are not considered employees. These individuals may be eligible for benefits if they purchase a workers’ compensation insurance policy that specifically includes them. (85.1A, 85.61(13))

CHOOSING THE MEDICAL CARE
The employer has the right to choose the medical care and must provide medical care reasonably suited to treat your injury. If you are dissatisfied with that care, you should discuss the problem with your employer (or its insurance carrier). You can request alternate care, and if your employer (or its carrier) does not allow that care, you may file a petition for alternate medical care before the Iowa Workers’ Compensation Commissioner. (85.27)

HOW ARE DISPUTES HANDLED?
When you and your employer (and its insurance carrier) work together and openly communicate, the majority of workers’ compensation claim disputes can be resolved. You have a right to know why your employer (and its carrier) has taken any action and the relevant evidence supporting the action.

When a dispute cannot be resolved among the parties, you are encouraged to contact a Workers’ Compensation Compliance Administrator in the Iowa Workers’ Compensation Commissioner’s Office to discuss the situation. If the dispute cannot then be resolved, you may file a contested case proceeding before the Iowa Workers’ Compensation Commissioner. The commissioner does not require it, most employees are represented by legal counsel in a contested case proceeding.

WHO OVERSEES DISPUTES?
The Iowa Workers’ Compensation Commissioner is the head of the Division of Workers’ Compensation which is part of Iowa Workforce Development. The commissioner is responsible for administering, regulating and enforcing the workers’ compensation laws. By law, the Division of Workers’ Compensation cannot represent the interest of any party. The Division does provide information regarding the workers’ compensation law, the rights of the parties and the procedures the parties can follow to resolve their disputes.

WHO PAYS THE BENEFITS?
Employers subject to the law must either purchase insurance through a private insurance company or qualify as a self-insurer. (85.3, 87.11)

If the employer provides coverage by purchasing an insurance policy, the insurance company (or a claim administrator) pays the injured worker the workers’ compensation benefits. If the employer is self-insured, the employer (or a claim administrator) pays the injured worker the workers’ compensation benefits.

If an employer fails to provide insurance coverage as the law provides, the employee may choose to either file a contested case proceeding before the Workers’ Compensation Commissioner or to bring a civil action for damages in the appropriate district court. (87.21)

An employer must either obtain workers’ compensation insurance coverage or obtain relief from insurance or furnish a bond before engaging in business. An employer who willfully and knowingly engages in business before doing any of these is guilty of a class “D” felony. (87.14A)

WHEN ARE THE BENEFITS TO BE PAID?
The law encourages prompt payment of weekly and medical benefits so that injured workers will not suffer undue hardship.

Most insurance carriers or self-insured employers require a written report of injury (usually from the employer) and medical evidence of the injury before beginning payments. Weekly payments of disability benefits are to begin on the eleventh day of disability. If benefits are not paid when due, you may be entitled to interest on late payments. If benefits are unreasonably delayed or denied, you may be entitled to penalty benefits. (85.3, 86.13)

Once benefits start, payments can only stop when you have returned to work or after your employer (or its carrier) has given you thirty days notice that payments are stopping. The notice must state the reasons for stopping payment. (85.30, 86.13)

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