



Public Act No. 16-112 requires municipal employees to file the Form 30C with the Town Clerk

Public Act No. 16-112:

An Act concerning the filing of Workers' Compensation claims when a municipality is the employer.



Connecticut Interlocal Risk Management Agency
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www.CIRMA.org

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Public Act No. 16-112 states that the Form 30C must be served to the Town Clerk.

Introduction

In response to the recent changes to the Workers' Compensation Act concerning the filing of a Form 30C (31-294c – Notice of Claim) with the Town Clerk's Office, CIRMA has developed this whitepaper to help raise awareness among CIRMA's municipal members, including Towns, Cities, Local Public Agencies, Boards of Educations, Regional School Districts, Taxing Districts. In addition, CIRMA is providing recommended best practices for processing these forms in a timely manner, as well as alerting member to the potential consequences for not doing so.

Background

Before discussing what a Form 30C is and what triggers one to be filed, one should first have a basic understanding of how a Workers' Compensation (WC) claim is processed. Simply put, the sequence of events is as follows:

1. An employee is injured at work.

Connecticut's Workers' Compensation system is a no fault system of benefits, both medical and lost time from work as a result of injuries arising out of and in the course of employment.

2. The employee reports the claim to their supervisor and/or the municipalities designated internal contact per their policies and procedures.

As a CIRMA recommended best practice an injured employee should report the injury to their supervisor or designated contact immediately, (if it is an emergency situation 911 should be contacted first).

3. Once the injured employee's supervisor or designee receives notification of injury, the claim is then reported to CIRMA.

As a recommended best practice, claims reported to CIRMA should be done online at www.CIRMAclaim.org. This helps ensure timely reporting and accurate information. Claims should be reported to CIRMA immediately but in no case later than 24 hours of the injury occurring. This initial notification will serve as the First Report of Injury (FROI).

4. CIRMA receives the First Report of Injury (FROI).

Once a claim is received by CIRMA, a claims adjuster or other CIRMA personnel are assigned to the injured employee's claim. Additionally, all WC claims that are reported to CIRMA are electronically transmitted on a daily basis to the State of Connecticut Workers' Compensation Commission.

5. The State of Connecticut Workers' Compensation Commission receives notification from CIRMA.

Once received by the State, the employee is forwarded an "INFORMATION PACKET" by the State of Connecticut Workers' Compensation Commission. Contained within this packet is information regarding the rights and benefits an injured employee may have afforded to them. Also included is a blank Form 30C.

6. Form 30C.

The Form 30C is an optional form and is not required to be completed to perfect a WC claim being pursued (or made) by an injured employee. If,

however, an injured municipal employee does complete the Form 30C to file a WC claim against the municipality, the new legislation promulgated by Public Act No. 16-112 (CGS 31-294c) states that the form **must be served upon the Town Clerk**. The Form 30C must be hand delivered or sent via registered or certified mail. The Form 30C has been amended with this new requirement outlined at the bottom of the form.

What is a Form 30C?

Again, a Form 30C is a formal notice of a claim in accordance with CT General Statute (CGS) 31-294c. The submittal of this form to an employer is strictly optional. A sample Form 30C is in the back of this whitepaper. In addition to this form, an employee or their attorney may submit a signed letter containing the required information which can also act as a formal notice of claim. A sample of such letter is also provided in the back of this whitepaper. The process and requirements for service are the same.

Critical Timing

One of the most critical components of a Form 30C or its equivalent is the response time once the form is submitted to the Town Clerk. Statutorily this form requires acceptance or denial of the injured worker's claim **within 28 days** of receipt **by the Town Clerk**.

Due to the critical timing of a Form 30C, CIRMA recommends the Town Clerk immediately forward the form directly to:

- CIRMA (Fax to 203-773-8134)
- The employer's designated internal Workers' Compensation contact

For non-CIRMA members, please follow your insurance carrier's instructions.

Failure to respond within the statutory 28 days may have adverse consequences, including:

- Inability to defend compensability.
- Inability to defend extent of disability.
- Inability to manage lost time, return to work and medical treatment.
- Increased litigation and administrative cost to both the municipality and their insurer.

Who could be delivering Form 30Cs to the Town Clerk?

An injured municipal employee who files a Form 30C is required to do so with the Town Clerk. However, the definition of a "municipality" is not specifically defined within the statute. CIRMA insures only municipalities within the State of Connecticut and CIRMA's definition of a municipality includes:

- Boards of Education
- Parking Authorities
- Animal Control Districts
- Taxing Districts
- Water Districts
- Fire Districts (Paid/Volunteer)

For additional information on this topic, please contact your CIRMA Risk Management Consultant.

- Health Districts
- Ambulance Associations
- Regional Councils
- Regional School Districts
- Towns/Cities

Any employee of these entities could be considered an injured municipal employee and therefore if a Form 30C is filed, it must be served on the Town Clerk. **Regional Districts and Associations may have a different insurance carrier than the Town. Therefore, CIRMA is recommending as a best practice, if the Town Clerk is unaware of the proper carrier, the Form 30C should be forwarded to all Workers' Compensation insurance carriers for the above entities.**

If you receive a Form 30C and are unsure how to proceed, please immediately contact your CIRMA representative at (203) 946-3700.

Appendix

- A. Form 30C
- B. Checklist for Forwarding Form 30Cs
- C. Sample Notification of Claim Letter

APPENDIX

A. Form 30C - Notice of Claim for Compensation

<p style="text-align: center;">State of Connecticut Workers' Compensation Commission</p> <p style="text-align: center;"><i>This form prepared by the WCC is proper for ordinary use and is recommended, but any other notice complying with Section 31-294c shall be deemed sufficient.</i></p> <p style="text-align: center;">Notice of Claim for Compensation (Employee to Administrative Law Judge and to Employer)</p> <p>Notice is hereby given that the injured worker, while in the employ of the employer, sustained injuries arising out of and in the course of his/her employment as follows, and makes claim for compensation benefits.</p> <p>Please TYPE or PRINT IN INK</p>		<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">Rev. 06-01-2022</div> <div style="font-size: 2em; font-weight: bold; margin-left: 10px;">30C</div> </div> <hr/> <p style="text-align: center; font-weight: bold; font-size: small;">WCC File #</p> <hr/> <p style="text-align: center; font-weight: bold; font-size: small;">Date filed in District</p> <hr/> <p style="text-align: center; font-size: x-small;">(for WCC use only)</p>
<p>INJURED WORKER</p> <p>Name _____ (first) (middle) (last)</p> <p>D.O.B. (required) _____</p> <p>Check, if a Minor <input type="checkbox"/> (under 18 yrs. of age)</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p>	<p>INJURY</p> <p>Date of Injury _____</p> <p>Town of Injury _____</p> <p>Body Part(s) _____</p> <p>Describe Injury, including how it happened:</p> <p><input type="checkbox"/> Check, if Occupational Disease / Repetitive Trauma</p> <p><input type="checkbox"/> Check, if Post-Traumatic Stress Injury pursuant to C.G.S. Section 31-294k</p> <p><input type="checkbox"/> Check, if Cancer Diagnosis of a Firefighter</p> <p><input type="checkbox"/> Check, if MORE THAN ONE Employer</p>	
<p>EMPLOYER</p> <p>Employer _____</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p> <p>Was Injury ON Premises of Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, where? _____</p> <p>Address _____</p> <p>Town _____</p> <p>Zip Code _____ Tel.# _____</p>	<p>SIGNATURE OF INJURED WORKER OR REPRESENTATIVE</p> <p>Signature _____</p> <p>Date _____</p> <p><i>Print name & address below, if other than injured worker:</i></p> <p>Name _____</p> <p>Name of Firm _____</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p>	

This notice must be served upon the Administrative Law Judge and *Employer by personal presentation or by registered or certified mail. For the protection of both parties, the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date it was served.

- * Persons employed by the State of Connecticut must serve the employer by serving this notice upon the Commissioner of Administrative Services, 450 Columbus Boulevard, Hartford, CT 06103.
- * Persons employed by a municipality must serve the employer by serving this notice upon the town clerk of the municipality in which he or she is employed.
- * If your employer pursuant to statute has posted the location where this notice is to be filed, it is your obligation to file it at that location, using certified mail.

WARNING: If an employer does not file a notice contesting liability (e.g. Form 43) for this claim OR begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, COMPENSABILITY SHALL BE PRESUMED and cannot thereafter be contested. If an employer chooses to begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice contesting liability for this claim within one year from receipt of this claim [See Sec. 31-294c(b)] OR, in the case of a claim for PTSD pursuant to P.A. 19-17, within 180 days.

B. Checklist for Forwarding Form 30Cs

RECEIPT OF NOTICES REGARDING WORKERS' COMPENSATION CLAIMS

Please be sure to attach the letter or Form 30C.

1. When was the Form 30C and/or letter received?

Date Received: _____

2. Was the Form 30C and/or letter hand delivered or mailed?

Check one: Hand Delivered Mailed

3. If received by mail, was the Form 30C sent certified?

Check one: Yes No

4. Does CIRMA insure the injured employee's department?

Check one: Yes No Unsure

5. Has the Form 30C been sent to any other carrier?

Check one: Yes No

If yes, who? _____

6. Has the Form 30C been forwarded to any other department or agent?

Check all that apply:

Town Attorney Risk Manager Insurance Agent

Other: _____

7. Would you like somebody to contact you regarding the Form 30C?

Check one: Yes No

If you receive a written correspondence that purports to notify the Town/City of an injury, even if you are unsure if the correspondence has the effect of a Form 30C, please forward same to the appropriate carrier.

C. Sample Notification of Claim Letter

Dewey & Howe, LLC

123 Money Street
Nowhereville, CT 00000
(203) 123-4567

August 19, 2022

Workers' Compensation Commission
Seventh District
111 High Ridge Road, #3
Stamford, CT 06905

NOTICE OF REPRESENTATION & CLAIM

CLAIMANT: Samuel Smith, 987 Main Street, Nowhereville, CT 00000
EMPLOYER: Town of Nowhereville BOE, 123 Main Street, Nowhereville, CT 00000
INSURER/ADMIN: CIRMA, 545 Long Wharf Drive, 8th Floor, New Haven, CT 06511, RE: Claim No. 1234567
DATE OF INJURY: 06/01/16; back, legs

Please be advised that the undersigned has been retained by the Claimant, Samuel Smith, in lieu of any/all prior appearances, regarding injuries sustained during the course of employment for the Respondent, Town of Nowhereville BOE, main job facility ABC School, Nowhereville, Connecticut. Mr. Smith is a 53 year old (dob 01/01/63) male who has worked as a custodian for the Respondent. The Claimant has a compensation rate of circa \$742.87. The Claimant tripped over an obstacle which is mounted to the floor injuring his back and felt immediate pain in his back bilaterally with intermittent numbness and tingling in his lower extremities. The Claimant initially treated at Primed and his PCP, Dr. James Jones, and thereafter at Orthopaedic Specialty Group with Dr. Robert V. Dawe, a local orthopedist who prescribed pain medications, physical therapy and ultimately surgical intervention. The Claimant has returned to work with restrictions.

We would request that the failure of the Respondent(s) to follow procedures pursuant to C.G.S. § 31-294c(b) result in preclusion. We also request the Respondent notify this office regarding applicability of C.G.S. § 31-279 approved preferred provider organization within ten dates of receipt of this notice. Please direct all future communications in this matter to my attention at:

Dewey & Howe, LLC
123 Money Street
Nowhereville, CT 00000
(203) 123-4567

Thank you for your attention and cooperation in this matter.

Yours truly,

Colette S. Griffin

WARNING: If an employer does not file a notice contesting liability of this claim within 28 calendar days from the time this claim is received by registered or certified mail, compensability shall be presumed and cannot thereafter be contested as per C.G.S. § 31-294c(b). If an employer chooses to begin making compensation payments "without prejudice" within 28 days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice to contest liability within one year from receipt of this claim (C.G.S. § 31-294c(b)).

The Connecticut Interlocal Risk Management Agency, CIRMA, is Connecticut's leading provider of municipal risk financing and risk management services. A member-owned and governed agency, CIRMA provides high quality insurance for municipalities, school districts, and local public agencies. CIRMA operates two risk pools, the Workers' Compensation and the Liability-Auto-Property pool. It also provides Heart & Hypertension claims services and claims administration and risk management services to self-insured municipalities. CIRMA's financial strength enables it to provide assured rate stability, open availability, and expert risk management and claims services.

Public Act No. 16-112: An Act Concerning the Filing of Workers' Compensation Claims When a Municipality is the Employer.

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This publication is intended for general purposes only and is not intended to provide legal advice. If you have questions about particular legal issues or about the application of the law to specific factual situations, CIRMA strongly recommends that you consult your attorney.

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