



# Workers' Compensation

## NAC 616A.460 INFORMATIONAL POSTER TO BE DISPLAYED BY EMPLOYERS

1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS shall prominently display at his place of business a poster with the language and in the format specified in Form D-1 (revised 6/18).
2. The title of the poster must be printed in not less than 20-point bold type. The required statement concerning questions and problems relating to claims must be printed in not less than 12-point bold type. The text appearing on the remainder of the poster must be printed in not less than 10-point type. The poster shall be at least 11 inches by 17 inches in size.
3. Each self-insured employer shall:
  - (a) Display the poster as required by this section; and
  - (b) Advise his employees of the name, address and telephone number of the administrator for their claims for workers' compensation.
4. The poster must be displayed in such a manner as to be readily visible by all employees. A poster must not be displayed unless:
  - (a) It has been issued or approved by the Workers' Compensation Section (WCS); or
  - (b) If it has not been issued by the Workers' Compensation Section (WCS) or bears the Workers' Compensation Section's (WCS) indication of approval.  
(Added to NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A 8-30-91; A by Div. of Industrial Relations, 3-28-94)--Substituted in revision for NAC 616.253)

### **NAC 616A.470 Poster to be displayed by employers with employees who receive tips**

1. Each employer governed by the provisions of chapters 616A to 617, inclusive, of NRS who has employees who receive tips shall prominently display a poster with the language and in the format specified in Form D-22 (revised 7/99).
2. The poster must be at least 8 1/2 inches by 11 inches in size and posted in such a manner as to be readily visible to all employees.

(Added to the NAC by Div. of Industrial Insurance Regulation, eff. 2-22-88; A by Div. of Industrial Relations, 3-28-94)--  
Substituted in revision for NAC 616.225)

### **NAC 616A.480 Use, alteration, printing and distribution of certain posters and forms (NRS 616A.400)**

1. The following posters and forms or data must be used by each insurer in the administration of claims for workers' compensation:
  - (a) D-1, Information Poster - Displayed by Employer. The informational poster must include the language contained in Form D-2 (revised 6/18), and the name, business address, telephone number and contact person of:
    - (1) The insurer;
    - (2) The third-party administrator, if applicable;
    - (3) The organization for managed care or providers of health care with whom the insurer has contracted to provide medical and health care services; and
    - (4) The name, business address and telephone number of insurer's or third-party administrator's adjuster in this state that is located nearest to the employer's place of business.

State of Nevada  
**DEPARTMENT OF BUSINESS & INDUSTRY**  
**DIVISION OF INDUSTRIAL RELATIONS**  
*Workers' Compensation Section*

**ATTENTION**  
**Brief Description of Your Rights and Benefits**  
**If You Are Injured on the Job or have an Occupational Disease**

**Notice of Injury or Occupational Disease (Incident Report Form C-1)** If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the forms.

**Claim for Compensation (Form C-4):** If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

**Medical Treatment:** If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any medical costs related to your industrial injury or OD will be paid by your insurer.

**Temporary Total Disability (TTD):** If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

**Temporary Partial Disability (TPD):** If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

**Permanent Partial Disability (PPD):** When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

**Permanent Total Disability (PTD):** If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

**Vocational Rehabilitation Services:** You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

**Transportation and Per Diem Reimbursement:** You may be eligible for travel expenses and per diem associated with medical treatment.

**Reopening:** You may be able to reopen your claim if your condition worsens after claim closure.

**Appeal Process:** If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

**Nevada Attorney for Injured Workers (NAIW):** If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer hearing. NAIW is an independent state agency and is not affiliated with any insurer. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

**To File a Complaint with the Division:** If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 3360 W. Sahara Ave., Suite 250, Las Vegas, NV 89102, telephone (702) 486-9080.

**For Assistance with Workers' Compensation Issues:** You may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, **Toll Free** 1-888-333-1597, **Web site:** <http://govcha.state.nv.us>, **E-mail:** [cha@govcha.state.nv.us](mailto:cha@govcha.state.nv.us)

*The information in this publication is derived from Chapters 616A and 617 of the Nevada Revised Statutes and is provided for informational purposes only. If you have any questions, regarding your injury or workers' compensation claim, please call the following:*

Insurer/Administrator: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
                   City                  State                  Zip  
 MCO Health Care Provider: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
                   City                  State                  Zip

D-1 (rev. 6/15)

**BRIEF DESCRIPTION OF RIGHTS AND BENEFITS**  
 (Pursuant to NRS 616C.050)

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D-2 (rev. 06/18)

**D-1 Poster**

**Form D-2**