



CALIFORNIA PUBLIC SAFETY

WORKERS' COMPENSATION GUIDEBOOK

A Step-By-Step Guide

GENERAL EDUCATION · NOT LEGAL, MEDICAL, OR TAX ADVICE



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PLEASE READ FIRST

This Guidebook explains how California's workers' compensation and CalPERS disability systems generally work. It is general education — not legal, medical, or tax advice, does not create a professional relationship, and is not a substitute for a qualified workers' compensation attorney. BCN helps with the financial and retirement side and will point you to the right professional for your specific case. See the full notice on the final page.

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What's Your Situation?

IF THIS IS YOU...	TURN TO	THE ONE THING TO KNOW FIRST
"I just got hurt."	Phase 1	Injuries are reported to a supervisor. The DWC-1 claim form asks you to list every body part affected.
"I think I'm hurt from years on the job."	Phase 1	Cumulative trauma has its own date-of-injury rule, explained in Phase 1.
"I'm worried I'll be fired for filing."	FAQ	Retaliation for filing is unlawful — your union rep can help with the details.
"I need surgery or an MRI approved."	Phase 3	Your doctor must submit an RFA , and it goes through review. If denied, the IMR appeal clock is only 30 days .
"My doctor took me off work."	Phase 4	4850 and leave differ — 4850 earns full service credit; TD earns none.
"I'm on light duty while my claim moves forward."	Phase 4	Light duty pays your regular salary with full service credit , and your 4850 clock doesn't run.
"I'm using my own leave because my claim isn't accepted yet."	Phase 4	Log every hour you use . If the claim is accepted, many agencies restore it through corrective payroll.
"My checks are late or stopped."	Phase 4	A late check owes you an automatic +10% — keep dated records.
"My 4850 is running out."	Phases 4 & 5	Know the order: TD → leave → LTD . Check whether you carry an association plan.
"I'm being sent to a QME or AME exam."	Phase 6	The medical specialty you pick can shape the entire case.
"I disagree with my doctor."	Phase 6	The QME panel is generally the member's to request — see Phase 6.
"I'm not sure I need a lawyer."	Phase 2	Consulting isn't the same as hiring — a consult is often free, and early input is almost always worth it.
"I got a permanent disability rating."	Phase 7	Watch apportionment — it's where the biggest dollars are won or lost.
"I'm being offered a settlement."	Phase 7	The retirement side (Phase 8) matters here — understand it before you sign.
"I can't go back to my job."	Phase 8	This is the on-ramp to Industrial Disability Retirement , and it's where BCN helps most. Filing early also unlocks ADPP.
"My condition may be a heart, cancer, or PTSD case."	Phase 2	The law may presume it's job-related — these are worth a consult.
"A member died on duty."	BCN	Survivor benefits come from two separate systems and deadlines are strict — contact BCN and your association immediately.
"My claim was denied."	Phase 2	A denial is usually a checkpoint, not the end — the strongest reason to consult an attorney. Deadlines are strict.
"My case feels stuck — nothing's moving."	Phase 3	Delays usually trace to the RFA — track it (Phase 3), and a stalled case is a good reason to consult (Phase 2).
"What mistakes should I avoid?"	Common Mistakes	The avoidable, expensive errors — gathered in one place.

High-Level Roadmap

PART ONE · FROM INJURY TO YOUR RATING

STEP 1 · DAY ONE

Report the injury

Tell your supervisor, get authorized care, and fill out the DWC-1 claim form.



STEP 2 · EARLY MOVE

Consult an attorney

A consult is a conversation, not a commitment to hire — and often free. Find a firm that understands **both workers' comp and retirement law** — not all attorneys are the same. BCN can provide a list of experienced workers' comp attorneys upon request.



STEP 3 · THE 90-DAY RULE

Your claim is reviewed

If it isn't denied within 90 days, it's presumed covered. **If denied:** You can dispute it — a QME can address the cause of injury.



STEP 4 · MEDICAL CARE

Treatment through the MPN

The MPN (Medical Provider Network) is your employer's approved list of doctors for work injuries. Pick a doctor in the network. Switch or get a second opinion anytime. **Approvals:** Your doctor submits an RFA; surgery and MRIs go through UR. Appeal a denial via IMR within 30 days.



STEP 5 · YOUR PAYCHECK

Wage replacement begins

4850 — full pay, tax-free, up to 1 year. **TD** — about 2/3 of wages, tax-free. Then leave banks and LTD if you carry it. **In your favor:** A late check owes you +10% automatically (up to +25%).



STEP 6 · THE MEDICAL EXAM

QME or AME evaluation

An independent doctor rates your injury. QME if you're unrepresented; AME if you have an attorney and both sides agree. **High-stakes choice:** Your medical specialty choice shapes the whole case.

High-Level Roadmap, Continued

PART TWO · FROM YOUR RATING TO RESOLUTION

STEP 7 · MAXIMUM RECOVERY

Permanent & Stationary (P&S)

You're as recovered as expected (also called MMI). An impairment percentage is assigned.



STEP 8 · WATCH THIS

Apportionment

Part of your PD may be blamed on other causes — prior injuries or non-work factors — which shrinks your award. The asserting party must prove it, and a weak opinion can be challenged. **Why it matters:** This is where the biggest dollars are won or lost.



STEP 9 · THE FORK

Can you return to your usual job?

This fork decides everything that follows.

IF YES ↓

Return to work

Settle your PD by C&R (a lump sum) or Stips (keeps future medical open).

IF NO ↓

The IDR path

You may qualify for a disability pension — the path below.

THE IDR PATH — INDUSTRIAL DISABILITY RETIREMENT

A member-originated CalPERS application (this also unlocks ADPP bridge pay)



Medical evidence establishes incapacity; your employer acts on it and sets your separation date



ADPP bridge income (at least 50% of your base salary) arrives while you wait



IDR PENSION

The first 50% of final compensation is **tax-free** · at least 50% of final comp · paid for life

Resolution: Back to work with a settlement — or an IDR pension for life.

You Just Got Hurt

PHASE 1 · The first 72 hours

1 · Get safe and get care

A medical emergency comes before paperwork — call 911 or go to the ER.

2 · Tell your supervisor — today

In writing if you can; even a text works. Prompt reporting protects your claim.

3 · Ask for the claim form (the DWC-1)

Your employer must give it to you within one working day LC 5401. List **every body part affected, even minor aches** — adding parts later is harder.

4 · Write down what happened

Date, time, witnesses — and start a claim folder: Work-status notes, RFAs, UR/IMR letters, mileage.

5 · Schedule an attorney consult — this week

A conversation, often free — not a commitment to hire. See Phase 2; BCN can share a list.

Deadlines that can cost you your claim

DEADLINE	WHAT IT IS	AUTHORITY
1 working day	Employer must give you the DWC-1 after learning of the injury	LC 5401
30 days	General period to report an injury to your employer	LC 5400
14 days	Carrier must start benefits or send a letter explaining a delay	LC 4650
90 days	If the claim isn't denied within 90 days of filing the DWC-1, it's presumed covered	LC 5402
1 year	General period to file an Application for Adjudication, measured from the date of injury	LC 5405
5 years	Window to reopen for new & further disability from the injury	LC 5410

Cumulative trauma (built up over years on the job): The "date of injury" is when the condition becomes **disabling** and you knew (or should have known) it was work-related LC 5412 — for these claims especially, consult an attorney first (Phase 2).

Two different filings: The DWC-1 opens benefits; the Application for Adjudication (WCAB, usually filed by an attorney) opens a case and protects your rights — separate steps.

Leave while you wait: If your claim hasn't been accepted yet, your department may have you use your own sick leave or vacation to stay paid while it's reviewed. Phase 4 explains what happens to those hours.

BEFORE YOU MOVE ON

☐ I told my supervisor in writing; listed every body part on the DWC-1; kept a copy
☐ I wrote down how it happened and started a claim folder

☐ I got, or scheduled, authorized medical care
☐ I know my claims contact and union rep, and scheduled a consult (Phase 2)

Consult

PHASE 2 · Consultation = Knowledge = Power

A consultation is a conversation with a workers' compensation attorney — typically free, committing you to nothing.

What one free hour buys you

DIRECTION	PITFALLS	STRATEGY
Where your case is heading, and the decision points ahead	The expensive, avoidable mistakes — spotted before you make them	Moves your situation may call for, set in motion early

How to consult



You can't make good decisions in a system you don't understand.

One free hour fixes that — and you walk out owing nothing, committed to nothing, and educated either way.

1 Prepare

BEFORE

Bring your claim form, any letters, and this question list. Note how the injury happened and any prior injuries — they'll ask, and honesty matters.



DURING

Thirty to sixty minutes. They ask about your injury, treatment, job duties, and work status. Take notes — you'll compare firms.



AFTER

You owe nothing and commit to nothing. Don't sign on the spot — a good firm won't push. Compare notes.

2 Ask — in order

You don't need to know the answers — **you're listening for how they answer**. A good firm responds specifically and without hesitation.

The workers' comp side

- 1 "Can you walk me through the workers' comp process and its major decision points?"
- 2 "What deadlines or mistakes could hurt my case?"
- 3 "What are the major medical trigger points — treating doctors, surgery, and selecting the independent medical evaluator (the QME or AME)?"
- 4 "When would you begin evaluating whether I can return to full duty?"
- 5 "What happens if my doctor gives me permanent work restrictions?"

The retirement side — where firms separate

- 6 "When would you begin preparing for a possible CalPERS disability retirement (IDR) application?"
- 7 "Do you personally handle CalPERS IDR cases — including denials and appeals?"
- 8 "What workers' comp decisions could hurt a future IDR claim?"
- 9 "How would you coordinate my workers' comp, employment, and IDR cases?"
- 10 "How are your workers' comp and IDR fees calculated?"

3 Walk away with

- ✓ A plain-language picture of where your case stands and the decisions ahead
- ✓ Direct answers to all ten questions — the retirement five included
- ✓ A clear explanation of fees on both the comp and retirement sides
- ✓ Nothing signed in the room — you compare firms on your own timeline

One consult isn't always enough: Any time the stakes jump — a denial, a settlement offer, a heart / cancer / stress claim, or any talk of retirement — go back for another conversation. This is a general guide, not a recommendation; consulting and retaining are always your call.

BEFORE YOU MOVE ON

- | | |
|---|--|
| ☐ I called BCN and scheduled consults with at least two firms | ☐ I treated consults as education, not commitment |
| ☐ I asked each firm the test questions — and listened for hesitation | ☐ I compared firms before retaining anyone |

Understanding Medical Treatment

PHASE 3 · Doctors, approvals, and your care

Who chooses my doctor?

It comes down to one question: **Did you name your own doctor in writing before the injury?**

NO — MOST MEMBERS

Your employer directs the **first visit**. After that: In an **MPN**, switch to any network doctor whenever you want; no MPN, and you can generally switch to a doctor of your choice **30 days after reporting**.

YES — PRE-DESIGNATED

Your personal physician treats you **from day one**. Pre-designation only counts **in writing, before the injury** — going to Kaiser or the ER after the fact isn't it.

MPN (Medical Provider Network) — your employer's approved list of doctors for work injuries. Inside it you pick your own doctor, switch freely, and can get second and third opinions.

Can I use Kaiser? Only if Kaiser (or your doctor) is in the MPN, or you validly pre-designated — ask your claims contact; Kaiser's occupational-medicine clinics often are.

How treatment actually gets approved

Bigger items — surgery, MRIs, extended therapy, some meds — move through the steps below, and each step is a place where care can stall.

STEP 1

Your doctor recommends treatment

An MRI, surgery, therapy, or medication for your work injury.



STEP 2 · WHERE MOST DELAYS START

Your doctor submits the RFA

The Request for Authorization (DWC Form RFA) officially asks the carrier to approve the treatment. **Nothing is reviewed — and no clock starts — until a complete RFA is submitted.**



STEP 3

Utilization Review (UR) checks the request

A reviewer checks the RFA against state treatment guidelines and approves, modifies, or denies it. [LC 4610](#)

IF APPROVED ↓

Treatment goes forward

Keep the written authorization and schedule the care.

IF DENIED ↓

Appeal through IMR — within 30 days

Independent Medical Review is an outside medical appeal of a UR denial. [LC 4610.5](#) Request it within 30 days of the denial — the deadline is short.

★ WHEN CARE STALLS, CHECK THE RFA FIRST

When treatment is delayed, the most common cause is that the doctor either never submitted the RFA or filled it out incorrectly — and everyone waits on a review that hasn't started. Track the RFA process yourself: Ask the doctor's office **when the RFA went in** — and for the fax transmittal or proof of when it was sent — and ask the adjuster **whether it was received and complete**.

★ A DENIAL IS NOT AUTOMATICALLY FINAL

A UR "no" is often a paperwork checkpoint — your doctor can request a **peer-to-peer call** with the reviewer, document failed conservative care, and re-submit. Note the IMR deadline the day the denial arrives. IMR reverses only a minority of denials, so the strongest move is a well-documented RFA the first time.

SKIP THIS SECTION UNLESS
Your care is slow, stalled, or denied

Using your own health insurance

A medical emergency always comes first — call 911; emergencies are covered. Otherwise, whether you can use Kaiser or your private insurance for a faster MRI or specialist visit depends on which of three situations you're in:

YOUR SITUATION	WHAT TO KNOW
Claim still pending — treatment not authorized	The state's own claim form says to use your own health insurance if treatment isn't authorized while the claim is decided; your health insurer then seeks reimbursement from the claims administrator. But first, ask for the up-to-\$10,000 in treatment your employer must authorize within one working day of the DWC-1.
Claim accepted — care just slow	Private care buys speed, at your own expense — reimbursement generally requires that the employer neglected or refused to provide care LC 4600 , and if they're treating you through the MPN, outside care is usually on you. An MRI is the most common (and lowest-risk) thing members buy privately: It's diagnostic, and the images help your comp doctor move the case.
Treatment denied by UR	Private care doesn't override a denial and won't be reimbursed. The appeal is IMR, within 30 days — never treat private care as an end-run around a denial.

Whatever you decide: Save every record and image and hand it all to your comp doctor — and know your health plan may seek repayment if the injury is later ruled work-related, and outside reports can carry less weight. One complete, consistent record is what protects your claim. And the most common version of this question — using private insurance for a faster MRI — is exactly the kind of one-question consult Phase 2 exists for: Ask **before** you spend your own money.

BEFORE YOU MOVE ON

- ☐ I know whether I have an MPN and who's in it
- ☐ I'm logging mileage to every appointment and the pharmacy
- ☐ I picked a treating doctor I'm comfortable with (and know I can switch)
- ☐ I'm tracking every RFA — submitted, received, and complete
- ☐ I noted the 30-day IMR deadline the moment any denial arrived

Understanding Your Paycheck

PHASE 4 · How you get paid while you heal

You'll usually have several pay sources — and real choices between them. The one that matters most for your pension: **Use 4850 before you drain leave.**

The order most members actually experience



4850 — salary continuation

- Up to one year of your full salary, tax-free, in place of temporary disability LC 4850
- Measured as up to 52 weeks of actual payments per injury — not just the calendar year after the injury
- Applies to specific safety classifications — confirm yours qualifies

Temporary Disability (TD) — the default

DETAIL	HOW IT WORKS (2026 INJURIES)
Rate	About two-thirds of your gross average weekly wage
2026 maximum	\$1,764.11 per week (set by your year of injury; adjusts each January)
2026 minimum	\$264.61 per week
Duration	Up to 104 weeks of payments, usable within 5 years of the date of injury LC 4656
Longer duration	Up to 240 weeks for certain serious conditions (some cancers, severe burns)
Taxes	Not subject to income tax

Figures are for 2026 dates of injury and change annually.

While your claim is pending

Until your claim is accepted, 4850 and TD usually haven't started. Many members stay paid in the meantime by using their **own sick leave, vacation, or CTO**. What happens to those hours depends on how the claim turns out.

WHILE THE CLAIM IS PENDING

Your own leave keeps you paid

The carrier has 14 days to start benefits or send a letter explaining the delay, and 90 days to deny the claim before it's presumed covered.



IF ACCEPTED ↓

Corrective payroll

Payroll converts qualifying weeks to 4850, and many agencies restore the leave you used. See Corrective payroll at the end of this phase.

IF DENIED ↓

The leave stays used

Hours you used generally aren't restored. A denial is a strong reason to consult an attorney (Phase 2), and some LTD plans pay during a disputed claim (Phase 5).

WHAT TO DO WHILE YOU WAIT

- Log every hour of leave you use, by pay period.
- Ask HR or payroll in writing whether your agency restores leave once a claim is accepted.
- Ask for the up to \$10,000 in treatment your employer must authorize while the claim is pending (Phase 3).
- If neither benefits nor a delay letter arrive within 14 days, note the date and tell your claims contact in writing.

Light or modified duty

Not everyone goes off work. If your doctor releases you with restrictions and your department has work within them, you'll usually stay on the job in a **light or modified assignment** while the comp process moves forward. Here is how that compares with being off work:

	LIGHT / MODIFIED DUTY	OFF WORK ON 4850	OFF WORK ON TD + LEAVE
Your pay	Your regular salary	Your full salary	About 2/3 from TD, topped up with your own leave
Taxes	Taxable, like any paycheck	Tax-free	TD is tax-free; leave pay is taxable
CalPERS service credit	Full	Full	Only the leave-paid share
Uses your 4850 year?	No — 4850 only pays for time off work	Yes — up to 52 weeks of payments	No — 4850 is used up or doesn't apply

If a modified assignment pays less than your usual job, TD can make up part of the difference. Most association LTD plans pay nothing while you're working full, light, or modified duty (Phase 5).

★ WORK ONLY WITHIN YOUR RESTRICTIONS

Work that goes beyond your written restrictions can set back your recovery and hurt your claim. And a temporary light-duty assignment is not the same as a permanent accommodation: If your restrictions become permanent, IDR is still judged against your usual duties (Phase 8).

★ DON'T ASSUME YOUR FIRST TD CHECK IS RIGHT

Your average weekly wage should include more than base pay — regularly worked overtime and certain differentials can count. If the number looks low, it may be.

Two TD rumors, corrected

THE RUMOR	THE REALITY
"TD lasts two years from the injury date."	You get up to 104 weeks of payments usable within 5 years of the date of injury — checks can stop and restart inside that window. The two-year version was the old rule for 2004–2007 injuries.
"TD is just an advance on your PD award."	Two separate pots of money — TD replaces wages while you heal; PD pays for lasting impairment ; TD never reduces your PD award. The rumor's kernel: When TD stops, the carrier must start PD money within 14 days LC 4650 — before your rating is set — and those early PD checks do subtract from your final award. The checks feel continuous; your TD is never part of that math.

Service credit

Workers' comp TD earns you no CalPERS service credit — only pay from your salary or your own leave banks does. That makes 4850 far more valuable than it looks.

OVER 12 MONTHS	ON 4850	ON TD + LEAVE TO FULL PAY
Where your pay comes from	100% salary continuation	~2/3 TD (not reportable) + ~1/3 from your leave
Service credit earned	~1.00 year (full)	~0.33 year (only the leave-paid third counts)
Your leave banks used	None	~1/3 of a year's worth — drained to get it

★ WHAT THE GAP COSTS — A SAMPLE (ILLUSTRATIVE)

Take a \$120,000 final comp and a 3% @ 50 safety formula — each year of service credit is worth \$3,600/yr of pension, for life. Twelve months on 4850 protects the full \$3,600/yr. Twelve months on TD + leave (topping up the missing third) yields only ~\$1,200/yr — a gap of roughly \$2,400/yr less pension, for life (before COLA), plus a third of a year of leave burned to get there.

SKIP THIS SECTION UNLESS

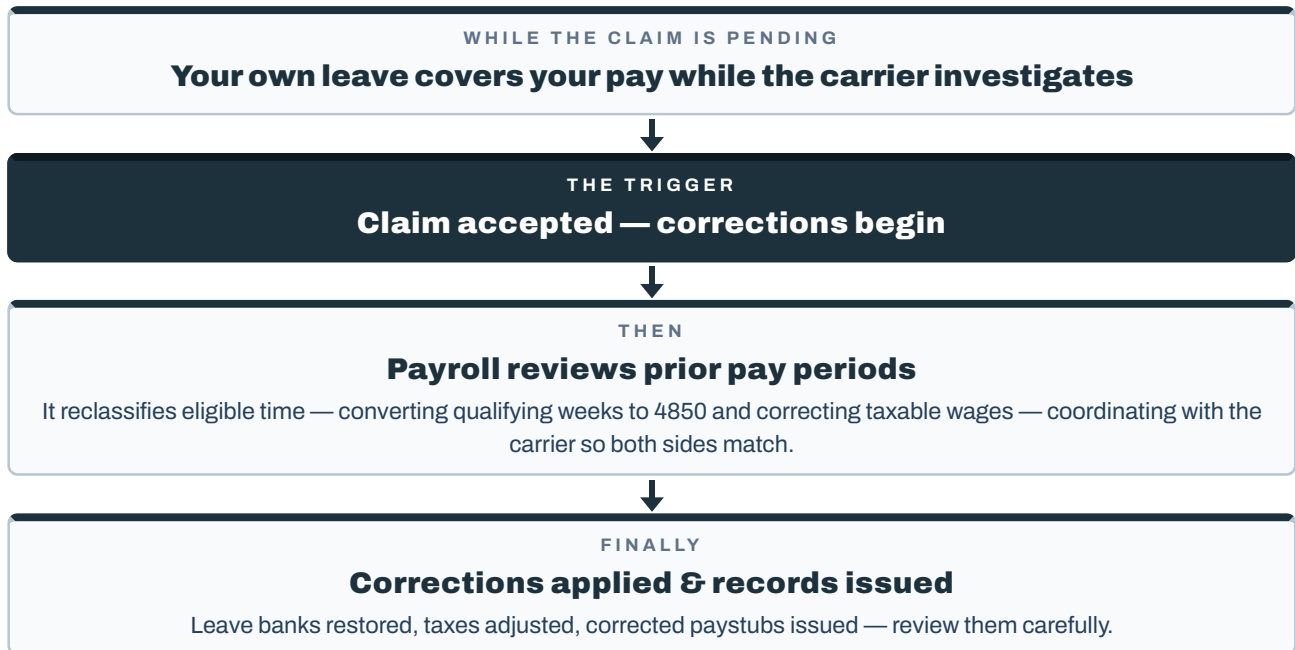
A check is late or stopped

Late-check penalties

PENALTY	TRIGGERED BY	HOW IT WORKS
Automatic 10% bump LC 4650(d)	Any late TD or PD payment	Self-imposed by the carrier — no hearing needed; added to the late payment.
Up to 25% penalty LC 5814	Unreasonable delay or refusal of benefits	Awarded by a judge (or set amounts) on the delayed benefit class.

SKIP THIS SECTION UNLESS
Your claim was approved after you used your own leave or pay

Corrective payroll



What gets corrected — and what you verify

ITEM	WHAT SHOULD HAPPEN	YOU VERIFY
Pay reclassified	Qualifying weeks convert to 4850 salary continuation; taxable wages corrected with the carrier.	4850 dates match your approval letter.
Leave banks	Sick leave, vacation, CTO, or comp time burned while pending is restored at many agencies.	Restored hours against what you actually used.
Tax withholding	4850 is tax-free — same-tax-year fixes reverse over-withholding; after year-end it gets complex (loop in a CPA).	Corrected paystubs and any amended tax documents.

One of the most common mistakes: Corrections are done by hand — don't assume payroll fixed everything. Compare each row above against your approval, and flag anything off in writing.

BEFORE YOU MOVE ON

- ☐ I'm on 4850 first if eligible — before draining leave
- ☐ I verified my TD rate includes overtime and differentials
- ☐ TD earns no service credit; 4850 does — I ran the numbers
- ☐ I'm watching the 104-week TD clock and any late checks
- ☐ I know whether I carry association LTD before 4850 ends
- ☐ If just approved: I verified corrective payroll and flagged mismatches

Long-Term Disability

PHASE 5 · Association plans, and how LTD integrates

For many public-safety members, **LTD is what carries you** once 4850, TD, and leave are exhausted. It is almost always **member-elected — you have to have signed up before you got hurt**. The single most valuable thing you can do today is find out whether you're enrolled.

★ THE MOST EXPENSIVE ASSUMPTION

You cannot buy LTD after you're already injured. If you were never enrolled, this benefit isn't available for this injury — which is exactly why members are urged to enroll while healthy. If you don't know your status, **check your paystub for an association plan deduction (CAPF, CPF, CSFA, CLEA, PORAC), or call your association today.**

Where LTD fits in the wage-replacement order



The association plans

Public-safety LTD usually comes through your **association**, not your employer. Firefighters typically look at **CAPF, CPF PYI+, or CSFA**; law enforcement at **CLEA or the PORAC (Insurance & Benefits Trust) plans**. All do the same core job — replace a large share of your wages when you can't work — but they differ in ways that matter:

WHAT VARIES PLAN TO PLAN	WHY IT MATTERS
How much, how long	Roughly two-thirds to 85% of wages by plan and cause — some run to age 65, some for life.
The waiting period	When benefits actually start, and how sick leave integrates with them.
Coverage limits	Stress / psychological and back / musculoskeletal claims are treated very differently across plans.
A disputed comp claim	Most plans can pay while your claim is disputed (repayable by outcome) — a major bridge if you're denied.

Most association plans pay nothing while you're working full, light, or modified duty. The next two pages compare the fire and law-enforcement plans; full versions are on **bcnfin.com under the Learn tab**.

★ VERIFY WITH YOUR CERTIFICATE OF COVERAGE OR SPD

The numbers above are typical ranges, not a promise about your specific coverage. Your actual benefit percentage, monthly cap, elimination period, duration, and offsets live in your Certificate of Coverage or Summary Plan Description. Pull that document — or call the plan administrator — before you count on a number.

Fire LTD Plans Compared

PHASE 5 · CAPF, CPF PYI+, and CSFA side by side

Most California firefighters who carry LTD are enrolled in one of three association plans: **CAPF**, **CPF PYI+**, or **CSFA**. The table lines them up feature by feature, in the order you would feel them after an injury. The first two groups decide your monthly income and how long it lasts. The third shows the limits on stress and musculoskeletal claims, where the plans differ the most.

FEATURE	CAPF PLAN	CPF PYI+	CSFA PLAN
WHAT IT COSTS AND WHAT IT PAYS			
Monthly Cost	\$29.50 per month (level cost) Group and Voluntary Plan No dues or fees	\$28.50 per month for CPF dues	\$29.00 per month (level cost) Voluntary Plan Plus \$7.08 per month for CSFA dues
Percentage of Wages Protected	• 80% of wages — Non-Industrial Disability • 70% of wages — Industrial Disability (75% with deductible income) • 100% of wages for Catastrophic Disabilities for up to 30 months — not to exceed maximum monthly benefit • No reductions for Workers' Comp. Permanent Disability settlements	66 2/3% of <u>base</u> salary	• 66 2/3% of wages — Non-Industrial Disabilities • 66 2/3% of wages — Industrial Disabilities
Maximum Benefit	\$11,000 per month	\$11,000 per month	\$10,000 per month
Minimum Monthly Benefit	\$1,000 per month — paid in addition to personal leave after 60 calendar days (\$500 per month if Industrial cause).	None	\$200 per month paid in addition to sick/personal leave after 60 days; \$50 per month if job-related.
WHEN IT STARTS AND HOW LONG IT LASTS			
Waiting Period	30 calendar days — earlier reduced benefits may be payable based on lack of sick/personal leave, down to zero days. \$1,000 minimum benefit after 60 days; freeze of sick/personal leave after 60 days (\$500 per month if Industrial cause). No benefits are payable if working full-time, light, or modified duty.	60 days or on No-Pay Status	Non-Industrial: 60 calendar days Industrial: 180 calendar days No benefits are payable if working full-time, light, or modified duty.
Benefit Period	Lifetime: Sickness, Accident, and Pregnancy. Industrial and Non-Industrial Disabilities — 2-year own-occupation definition; restrictions apply.	To age 65 for Sickness, Accident, and Pregnancy. ADEA Grading — 2-year own-occupation definition; restrictions apply.	To age 65 for Sickness, Accident, and Pregnancy. ADEA Grading — 2-year own-occupation definition; restrictions apply.
Benefits Payable During Challenged Workers' Comp.	After 60 calendar days — 70% of wages (repayable only if settled in your favor).	After 60 calendar days — 66 2/3% of base salary (repayable only if determined to be Industrial Disability).	After 60 days — 66 2/3% of wages or maximum benefit of \$10,000 monthly (up to 66 2/3% repayable if determined to be Industrial Disability).
CONDITIONS WITH LIMITS			
Musculoskeletal & Connective Tissue Disorders	Fully covered. Lifetime coverage — 2-year own-occupation definition; restrictions apply.	Fully covered.	24 months — lifetime limitation on the back and its surrounding soft tissue, sprains, strains of joint or muscles, and connective tissue disorders. Numerous conditions are limited to 24 months of coverage.
Stress & Psychological	Twenty (20) months lifetime benefit (5 occurrences per lifetime); four (4) months per occurrence. A Participant must return to work for one (1) year between claims.	Twenty-four (24) months.	Benefits limited to 12 months . No limit if confined to a medical facility.
SICK LEAVE AND COST OF LIVING			
Freeze of Sick Leave Option (Employer Approval)	After 60 calendar days.	None	None
Sick Leave Integration Benefit (Employer Approval)	After 60 days, you may use 50% sick/personal leave and receive a 50% benefit from the Plan, or you may use personal leave and receive a supplemental benefit from the Plan up to the Maximum Benefit (if employer approved).	None	None
Cost of Living Benefit (COLA)	3% compounded per year (years 2–7); thereafter, CPI increase to age 65, then benefits continued lifetime.	None	None

Prepared by BCN Financial, Inc. from plan-published comparison materials. Illustration only — see plan documents for specific information. CA Lic. #0L25483

Law Enforcement LTD Plans Compared

PHASE 5 · CLEA Group Plan A and PORAC Gold side by side

Peace officers typically choose between **CLEA Group Plan A** and the **PORAC Gold** plan through the Insurance & Benefits Trust, and the two are built differently. CLEA is a single long-term disability plan. PORAC Gold comes in two parts under one monthly cost: A **short-term disability (STD)** benefit for the first 12 months, then a **long-term disability (LTD)** benefit after a 365-day waiting period. Read the two PORAC columns as one plan in two stages.

FEATURE		CLEA GROUP PLAN A Long-Term Disability	PORAC GOLD — I&B TRUST GOLD PLAN	
			SHORT-TERM (STD) Covers the first 12 months	LONG-TERM (LTD) Begins after a 365-day waiting period
WHAT IT COSTS AND WHAT IT PAYS				
Monthly Cost	\$32.50 per month		\$34.00 per month (covers both the STD and LTD plans)	
Percentage of Wages Protected	• 85% of wages — Non-Industrial Disability • 70% of wages — Industrial Disability • 100% of wages for Catastrophic Disabilities, for up to 30 months • Maximum benefit of \$10,000 per month, tax-free		66 2/3% of the first \$15,000 of monthly Pre-Disability Earnings, reduced by deductible income.	66 2/3% of the first \$15,000 of monthly Pre-Disability Earnings, reduced by deductible income, during the initial 12 months of LTD benefit eligibility. • Non-Industrial Disabilities: 66 2/3% • Industrial Disabilities: 12 2/3%
Catastrophic Disabilities	100% of wages — maximum \$10,000 per month for up to 30 months. Based on inability to perform 2 or more Activities of Daily Living.		During the initial 12 months of Disability, the plan pays an additional 33 1/3% of the first \$15,000 of monthly earnings.	100% of monthly benefit for 12 months when diagnosed with a terminal illness.
Minimum Monthly Benefit	\$1,000 per month — paid in addition to personal leave after 60 calendar days (\$100 for Industrial or Disputed Workers' Compensation claims).		\$200 per month while receiving sick leave / annual leave for Non-Industrial Disabilities.	\$200 per month
WHEN IT STARTS AND HOW LONG IT LASTS				
Waiting Period	Non-Industrial and Industrial: 30 days During the first 60 days of Disability: If you have less than 60 calendar days of personal leave, you may receive 70% of wages after 30 calendar days.		Non-Industrial: 0 days , if you have been unable to work for 15 days, provided you have not had a Temporary Recovery of greater than 5 days during this period. Industrial: 0 days During the first 60 days of Disability: You are eligible to receive up to 33 1/3% of your monthly Pre-Disability Earnings for any period you are not eligible to receive personal leave pay. You are required to use any available personal leave pay you are eligible to receive from your employer.	365 days
Benefit Period	Lifetime: Sickness, Accident, and Pregnancy. Industrial and Non-Industrial Disabilities — 2-year own-occupation definition; restrictions apply.		12 months	The later of your normal retirement age as defined by Social Security.
CONDITIONS WITH LIMITS				
Musculoskeletal & Connective Tissue Disorders	Fully covered. Lifetime coverage — 2-year own-occupation definition; restrictions apply.		No limitations.	For certain conditions, benefits are limited to 12 months for each period of disability.
Stress & Psychological Conditions	Three months per occurrence; 18 months maximum aggregate lifetime benefit. Must return to work 1 year between each occurrence.		Benefits limited to 12 months lifetime.	Benefits limited to 6 months lifetime.
SICK LEAVE AND COST OF LIVING				
Personal Leave Integration Benefit (with Employer Approval)	After 60 calendar days, you may use personal leave and receive a supplemental benefit from the Plan up to the Maximum Percent (if employer approved).		Receive 100% of base pay through use of 50% leave time and 50% STD benefit, or use 100% personal leave and receive \$200 per month for Non-Industrial Disabilities.	Receive 100% of base pay through use of 50% leave time and 50% LTD benefit, or use 100% personal leave and receive \$200 per month for Non-Industrial Disabilities (\$50 per month for all other circumstances).
Cost of Living Benefit (COLA)	3% compounded per year (years 3–8); thereafter, CPI increase to age 65, then continued lifetime benefits.		None	None

Prepared by BCN Financial, Inc. from plan-published comparison materials. Illustration only — see plan documents for specific information. CA Lic. #0L25483

SKIP THIS SECTION UNLESS

You carry LTD and a settlement or IDR is on the table

How LTD coordinates with everything else

LTD doesn't stack on your other benefits — it **tops you up**: Start from your plan's percentage and subtract what else comes in.

START HERE

Your plan percentage

Roughly two-thirds to 85% of wages, depending on your plan and cause — this is the ceiling LTD fills up to.



SUBTRACT

TD, while it's paying

TD is an offset — LTD pays the gap up to your percentage, not on top of TD.



SUBTRACT

SDI, if you have it

Usually offset the same way — you won't collect both at full value for the same days.



SUBTRACT

Your IDR pension, once it starts

Commonly an offset against LTD — which makes **sequence and timing** matter (Phase 8).



THE RESULT

What's left is your LTD check

A C&R lump can be allocated against it too — coordinate **before** signing (Phase 7); sick leave may freeze or integrate.

★ OFFSETS ARE WHERE LTD GETS COMPLICATED

A poorly timed settlement or IDR election can quietly shrink your LTD. How offsets apply is set by your specific plan, so ask your plan administrator how TD, your IDR pension, and any settlement will be counted before you commit to a timing decision. BCN can explain how offsets generally work.

EXAMPLE (ILLUSTRATIVE)

A firefighter with CAPF finishes 12 months of 4850, then several months of TD topped up with leave. As leave runs low, CAPF LTD — through its elimination period by now — begins, replacing up to ~80% of pay, tax-free, and continuing while the IDR application is pending. Once the IDR pension starts, it offsets the LTD. Net effect: A continuous income floor across a two-plus-year transition.

BEFORE YOU MOVE ON

- | | |
|--|--|
| ☐ I confirmed whether I'm enrolled (paystub / called the association) | ☐ I understand my benefit percentage, monthly cap, and duration |
| ☐ I located my Certificate of Coverage or SPD | ☐ I know which income sources offset my LTD (TD, SDI, IDR) |
| ☐ I know my elimination (waiting) period and when LTD starts | ☐ I'm coordinating LTD timing with any settlement or IDR |

The Medical Exam & Your Rating

PHASE 6 · Your QME or AME — how disability is measured

One independent doctor's report drives your permanent disability **and** your retirement case. The two choices that matter most: The medical **specialty**, and whether you have help making it.

Why you get a QME or AME exam

Workers' comp resolves medical questions with benefits attached — so when the sides don't agree, an independent doctor decides. What that one report decides:

THE REPORT ANSWERS...	WHICH CONTROLS...
Is it work-related?	Whether the claim (or a disputed body part) is covered at all.
How much permanent impairment?	The number that becomes your permanent disability rating — and your money (Phase 7).
What can you still do?	Your work restrictions — which drive return-to-work and the IDR question (Phase 8).
How much is from other causes?	Apportionment — the share of your award that can be carved away.

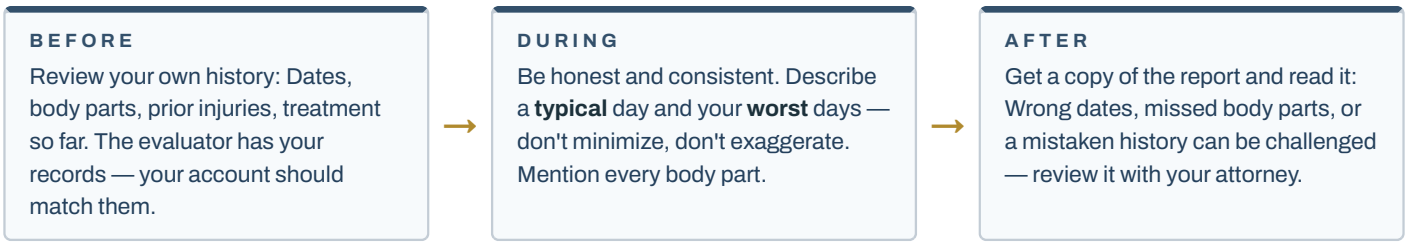
QME vs. AME

	UNREPRESENTED (NO ATTORNEY)	REPRESENTED (ATTORNEY)
Independent doctor	QME — Qualified Medical Evaluator	AME if both sides agree; otherwise a panel QME
How chosen	You request a state panel of three and pick one LC 4062.1	Agree on an AME, or use a panel of three and each side strikes one LC 4062.2
Who picks specialty	You do	Negotiated; the party who requests first can drive it

★ THE MYTH ABOUT HIRING AN ATTORNEY

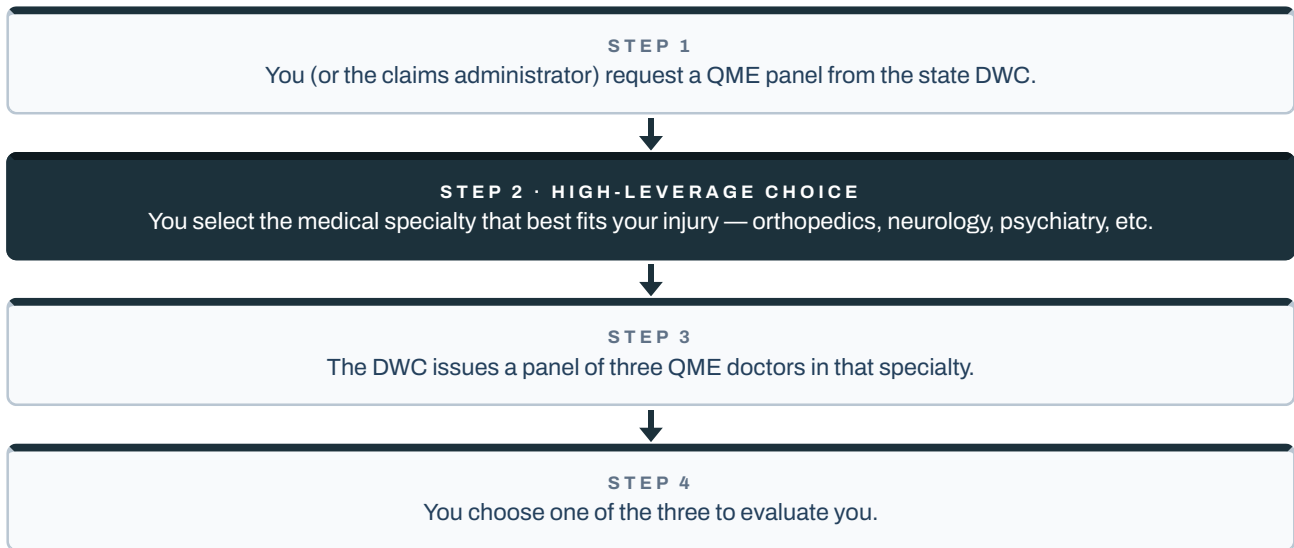
"If I hire an attorney I automatically get an AME." Not true. If the sides don't agree on an AME, represented cases use a **panel QME with striking** — so representation changes the process, not the guarantee.

Exam day — how to show up



The QME panel process (unrepresented)

If you have an attorney, they run this. Unrepresented, the panel is **yours to request** — and nothing happens until you do.



★ WHY SPECIALTY SELECTION MATTERS

Specialty is one of the highest-leverage choices in your whole case: An orthopedist, a neurologist, and a pain-medicine physician can weigh the same injury differently — and their opinion may steer both your comp result and any IDR application. Choosing the specialty and doctor is an ideal moment for a single consultation (Phase 2) — and a report you disagree with is not necessarily final.

The report from that exam usually lands at the **end of healing**. **MMI vs. P&S**: MMI (Maximum Medical Improvement) is the medical call — your condition has plateaued; P&S (Permanent & Stationary) is the workers'-comp status that triggers the next steps in your case.

P&S — the moment healing ends

WHEN YOU'RE DECLARED P&S...	WHAT IT MEANS
TD stops	Permanent & Stationary status ends temporary disability checks.
Your rating begins	Permanent disability is measured and your permanent work restrictions are set.
Settlement gets ripe	C&R or Stips discussions start from the P&S report (Phase 7).
The job question opens	The report drives "can you return to your usual job?" — the door to IDR (Phase 8).

★ WATCH OUT

Being found P&S can end TD. P&S status can be disputed where the medical evidence supports it.

BEFORE YOU MOVE ON

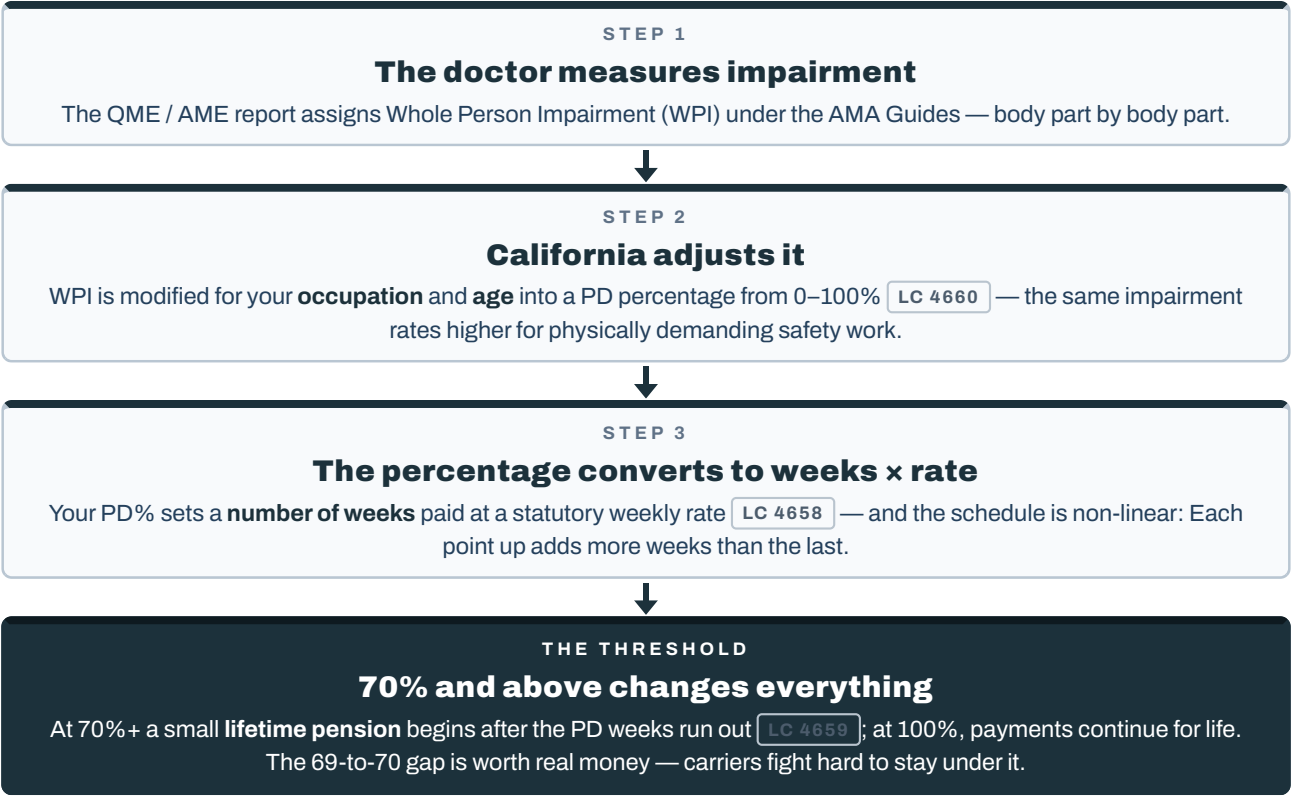
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|---|--|
| ☐ I understand whether my case uses a QME (unrepresented) or AME / panel QME (represented) | ☐ I know P&S will stop my TD and start my PD rating |
| ☐ If unrepresented, I know I must request my own QME panel — see the Forms section | ☐ I understand P&S status can be disputed |
| ☐ I got advice on the medical specialty before requesting the panel | ☐ I kept copies of the evaluation and every report |

Permanent Disability & Settlement

PHASE 7 · Ratings, apportionment, and settlement

"Permanent disability" means a **measurable, lasting impairment** — and many members with a PD rating return to full duty. Two numbers decide your money: **The rating**, and how much of it gets **apportioned** away.

How a rating becomes money



Apportionment — who pays for what

Apportionment splits your disability between this injury and everything else — and only this injury's share is paid. It's the most argued number in comp, and it's where an attorney earns their fee.

YOUR PD CAN BE CARVED BY...	WHAT THAT MEANS
Non-industrial causes LC 4663	Degeneration, genetics, prior conditions — that share isn't paid.
Prior industrial injuries & old awards LC 4664	Earlier work injuries and prior award percentages can be subtracted — industrial apportionment cuts just like non-industrial.
The burden of proof	Whoever asserts apportionment must prove it with substantial medical evidence — a stated percentage with real reasoning, not a guess.

★ WHERE THE STRATEGY LIVES — AND WHY MEMBERS CONSULT HERE

The rating and its apportionment live in the evaluator's report — and that report is not untouchable. Supplemental questions can be sent, the evaluator can be **deposed** (questioned under oath), and a weak or unexplained apportionment opinion can be challenged. Availability can add months — which interacts with TD and settlement timing. For safety members with years of wear-and-tear, this is where the biggest dollars are won or lost; some presumption injuries limit apportionment entirely. If a report is carving your award, that is exactly a Phase 2 consult.

SKIP THIS SECTION UNLESS
A settlement is on the table

Settling: C&R vs. Stips

Once the rating is set, most cases resolve one of two ways. The rating drives the value of both.

	COMPROMISE & RELEASE (C&R)	STIPULATIONS WITH REQUEST FOR AWARD (STIPS)
What it is	One lump sum that closes the case — usually including future medical, bought out for cash.	An approved award paid over time; the case stays administratively open.
Future medical	Typically closed — you self-manage care with the buyout.	Stays open with the carrier for accepted body parts.
Reopening	Done — final when the judge approves it.	Can reopen within 5 years of injury for new & further disability LC 5410 .
Members choose it when...	They're leaving the employer, want control and closure, or the medical future is stable.	They're staying on, ongoing care is likely, or the injury may worsen.
Watch for	Medicare set-aside rules if you're on or near Medicare; LTD offsets; IDR timing.	Living with the carrier's utilization review for future care.

Before you sign anything

VALUE IT

The rating — and what apportionment left of it — is the baseline every offer is measured against.



STRESS-TEST IT

Model the after-settlement picture: Future medical, IDR (Phase 8), LTD offsets (Phase 5), and Medicare where it applies.



THEN SIGN

A WCAB judge must approve any settlement as adequate — and an attorney review before that is money well spent.

A first number is not always the final one. Whether a rating or an offer can be improved is case-specific — a question for your attorney and evaluator, not a guess.

Industrial Disability Retirement

PHASE 8 · Where comp meets your pension

If your injury means you can't do your job, comp isn't the end — it's the **on-ramp to a safety pension** where the first 50% of final compensation is tax-free. **Industrial Disability Retirement (IDR)** is a CalPERS pension for a safety member who becomes substantially incapacitated from the usual duties of the job because of a work-related injury or illness. It doesn't mean you can never do anything — just not this job.

IDR at a glance

The floor for safety	At least 50% of final compensation — or your service-retirement amount if it's higher
Tax treatment	The first 50% of final compensation is tax-free; any pension amount above that is taxable
Disability standard	Expected disability of at least 12 months from your usual duties
Duration	Generally payable for life, with annual cost-of-living adjustments (COLAs) under your employer's CalPERS contract

Warning signs IDR may be coming

- Your permanent restrictions look incompatible with the **essential functions** of your classification.
- There's **no modified or alternative duty** your department can offer long-term.
- You're approaching P&S with significant, lasting limitations — not a full-duty release.
- Your treating doctor or QME/AME is using words like "permanent" and "precluded from."
- If two or three of these are true, begin the IDR conversation **now** — early filing also unlocks ADPP bridge pay.

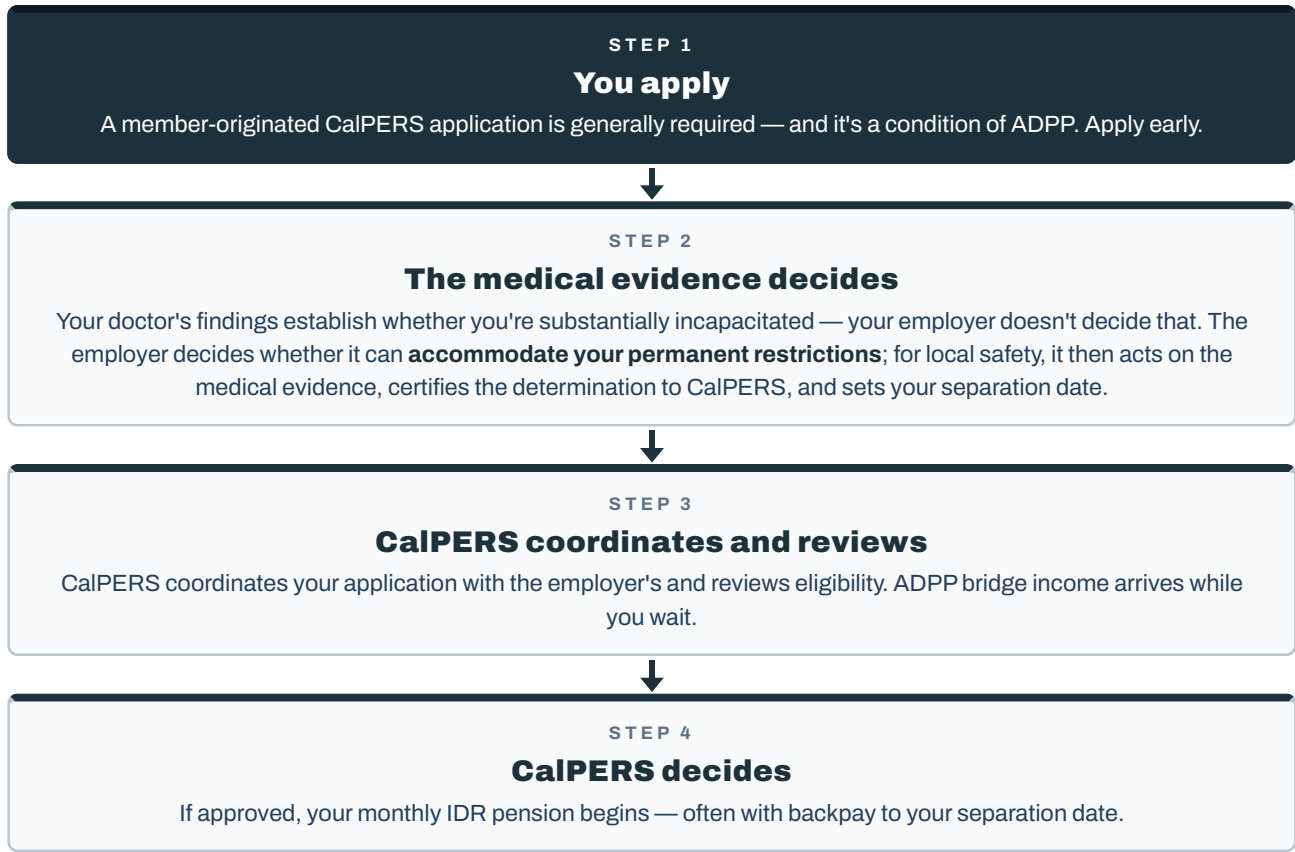
Why the tax treatment matters

- IDR is generally worth at least 50% of final compensation — or your service-retirement amount if it's higher.
- Only the first 50% of final compensation is tax-free. Any pension amount above that is taxable.
- So compare service retirement and IDR **after tax** — the tax-free 50% can make IDR the better deal even when gross numbers look similar.
- It's not frozen: An IDR pension receives annual cost-of-living adjustments (COLAs) under your employer's CalPERS contract.

★ GET HELP WITH THE IDR DECISION

The IDR decision is unforgiving — a weak physician's report, a comp settlement signed at the wrong time, or the wrong service-vs-IDR election can cost real money that's hard to claw back. BCN's role is the **financial and retirement side**: Estimating your service retirement and IDR pension, showing how each is taxed, helping you complete your application, and planning your finances through the transition. Your workers' comp attorney, ideally one who understands both comp and IDR, handles the legal filings and the comp case itself. How BCN helps is laid out in full later in this phase.

How the process unfolds



ADPP — getting paid during the gap

Advanced Disability Pension Payments bridge your income until CalPERS puts you on its payroll. Many agencies must pay at least 50% of your base salary as an advance — note that's base pay, not base plus special pays, so it can run lower than your eventual pension. It's an advance, not a bonus — if IDR is denied it may be repayable, and some employers require exhausting sick leave first.

Getting the Application Right

CRITICAL · INCOMPLETE FORMS CAUSE THE LONGEST DELAYS

The #1 delay isn't the decision — it's the paperwork, above all the **CalPERS-1010 Physician's Report**. Every section answered and every attachment included, or CalPERS returns it and the clock restarts — the difference between a check in **months** and a check in **a year**. BCN helps you complete the application and gives you guidance on tracking each piece yourself: The 1010, the Employer Information report (CalPERS-1201), and the job-duty statement.

CRITICAL · HOW YOUR RESTRICTIONS ARE WORDED

CalPERS approves IDR only for an **actual, present inability** to perform your usual duties. "Just-in-case" restrictions and vague phrases like "cannot return to full duty" don't qualify — restrictions must be **specific and tied to real job duties**. Have an attorney review the 1010's wording before it's filed; it can shape the outcome.

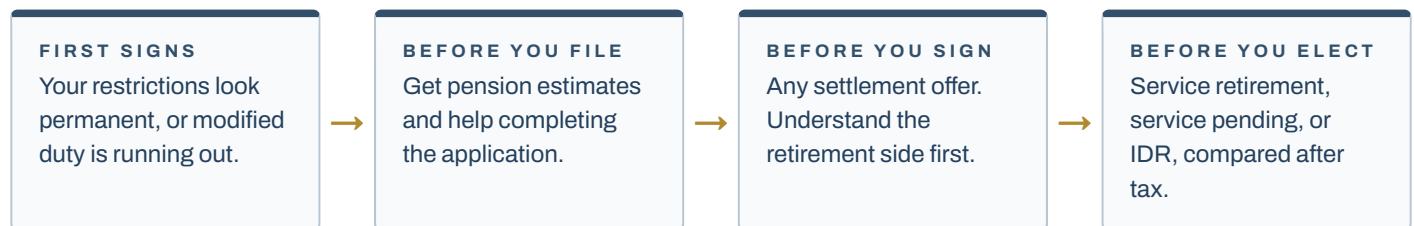
How BCN helps with IDR

IDR is where BCN spends most of its time with California public safety members. We handle the **financial and retirement side** of the decision and work alongside your workers' comp attorney, who handles the legal side. If IDR is on the table, call us early.

WHAT WE HELP WITH	WHAT THAT MEANS FOR YOU
Pension calculations	We estimate your service retirement and your IDR pension side by side, using your actual final compensation and service credit, so you can see what each is worth every month.
Taxation of your pension	We show how the first 50% of final compensation being tax-free changes your take-home pay, and compare service retirement and IDR after tax.
Your IDR application	We help you complete the CalPERS IDR application and its supporting forms: The CalPERS-1010 Physician's Report, the Employer Information report (CalPERS-1201), and your job-duty statement. We also give you guidance on tracking each piece until CalPERS has everything it needs.
Financial planning	We build a plan for the transition: Your budget through the ADPP period, your income once the pension starts, and how any settlement fits your long-term picture.

LTD benefits and offsets are set by your specific plan. BCN can explain how LTD generally works alongside a pension; your plan administrator confirms the numbers for your coverage.

When to call BCN



What to bring to your first call

- Your most recent CalPERS Annual Member Statement
- Two or three recent paystubs
- Your job-duty statement or classification description
- Your current work restrictions and work-status notes
- Any QME, AME, or P&S reports
- Any settlement offer you've received
- Your LTD Certificate of Coverage, if you're enrolled
- Your hire date and any prior public service



Contact BCN as soon as IDR comes up

Scan the code, call, or visit our website to set up a conversation about your pension and your application.

PHONE

(510) 769-1088

WEBSITE

www.bcnfin.com

You're preparing an IDR application or choosing between service retirement and IDR

How IDR coordinates with LTD and a settlement

IDR INTERACTS WITH...	WHAT TO WATCH
Your LTD (Phase 5)	Your IDR pension is commonly an offset against LTD — line up the timing so you don't lose value on either side.
A WC settlement (Phase 7)	How and when you settle can affect final comp, ADPP, and LTD. A C&R is hard to reverse; the IDR impact is worth understanding first.
Service retirement	You can go "service pending" IDR to start income sooner — but you separate from the employer, active-employee status ends, and IDR approval is not guaranteed.
Final compensation	CalPERS uses your single highest year or a 36-consecutive-month average (PEPRA = 36-month). Reportable, pensionable pay counts; overtime and some special pays may not.

★ GOING "SERVICE PENDING" — THE TRADE-OFFS

Going "service pending" can feel like a win — money sooner, none of the ADPP headache. But retiring changes your status from active employee to retiree, and some processes — accommodation, reinstatement, and settlement timing — are tied to active status. And there's no guarantee the IDR is granted: Because you've voluntarily separated, it can be harder to prove substantial incapacity if the IDR is disputed. Whether the faster check is worth that is genuinely case-by-case.

Service retirement vs. IDR

	SERVICE RETIREMENT	INDUSTRIAL DISABILITY RETIREMENT
Based on	Age + years of service + final comp	Work-related incapacity for your job
Typical floor	Your earned formula amount	At least 50% of final compensation
Taxes	Generally fully taxable	The first 50% of final compensation is tax-free
Age requirement	Yes (e.g., 50 / 52+)	None
When it wins	Long service, older age	Shorter service, or the tax-free 50% tips the scale

BEFORE YOU MOVE ON

- | | |
|--|--|
| ☐ I started the IDR conversation early — at the first warning signs | ☐ I set up ADPP bridge income and understand it's an advance |
| ☐ I filed a member-originated CalPERS application (it's a condition of ADPP) | ☐ I compared service retirement vs. IDR on an after-tax basis |
| ☐ I called BCN for help with my application, pension estimate, and tax comparison | ☐ I coordinated IDR timing with my LTD offsets and any settlement |
| ☐ I made sure my CalPERS-1010 physician's report is complete and specific | ☐ I confirmed my final-compensation period and what pay is reportable |
| ☐ I reviewed the wording of my restrictions with an attorney (actual, not prophylactic) | ☐ I know my appeal rights and deadlines if IDR is denied |

Other Benefits You May Be Owed

PHASE 9 · Vouchers, supplements, and benefits people miss

Skim this even if nothing applies today. Six months from now, one of these could be exactly what you need — and no one may think to tell you.

BENEFIT	WHAT IT IS	WHO IT'S FOR
SJDB voucher	Up to \$6,000 for retraining, school, tools, or job placement	If you can't return to your usual job and the employer makes no qualifying offer within 60 days
Return-to-Work Supplement	An added state supplement (RTWSP)	Certain workers who received an SJDB voucher
LTD (association plans)	Association long-term disability	See Phase 5 — if you enrolled before the injury
SSDI	Federal Social Security Disability Insurance	If your condition keeps you from substantial work (federal standard; waiting period) — but note that many CalPERS safety members don't have enough Social Security-covered work to qualify; check your earnings record first
Mileage	Reimbursement for injury-related travel	Everyone with authorized treatment

★ SJDB VOUCHER — EASY TO MISS

The **SJDB voucher** shows up late and quietly. If you can't return to your usual job, ask whether you're owed it; it can fund training for your next chapter.

BEFORE YOU MOVE ON

☐ I asked whether I'm owed an SJDB voucher (no qualifying offer within 60 days)
 ☐ I checked whether I have enough Social Security-covered work for SSDI before counting on it

☐ I checked the Return-to-Work Supplement if I got a voucher

☐ If my condition may be a heart, cancer, or PTSD case, I consulted an attorney (Phase 2)

Key Forms

FIELD REFERENCE · What each form does, who files it, and when

One of the biggest mistakes injured workers make is simply **not knowing a form exists**. The seven forms below appear roughly in the order they show up in a claim — what each one is, who files it, and what people get wrong. This is general information, not instructions for your case; a workers' comp attorney should guide the filings in your actual claim.

DWC-1 Claim Form OPENS YOUR CLAIM

WHAT IT IS	The one-page form that officially opens your workers' comp claim.
WHY IT EXISTS	Filing it starts the benefit clock, the 90-day acceptance rule, and up to \$10,000 in treatment authorization while the claim is pending.
WHO COMPLETES IT	You fill out the top (employee) half; the employer completes the rest and sends it to the carrier.
WHEN IT MATTERS	Day one. Your employer must give it to you within one working day of learning of the injury.
COMMON MISTAKE	Leaving off body parts. List every part affected — adding them later is harder.
TIP	Sign it, keep a dated copy, and photograph it before you hand it back.

RFA — Request for Authorization STARTS EVERY TREATMENT APPROVAL

WHAT IT IS	The DWC Form RFA your treating doctor submits to ask the carrier to approve a treatment (an MRI, surgery, therapy).
WHY IT EXISTS	Utilization Review can only review a request it has received — the UR clock runs from a complete RFA.
WHO COMPLETES IT	Your doctor's office — but you should track it.
WHEN IT MATTERS	Every time care needs approval. When treatment stalls, this form is the first thing to check.
COMMON MISTAKE	Assuming it went in. Delays are often an RFA that was never submitted — or submitted incorrectly.
TIP	Ask the doctor's office when the RFA was submitted, and ask the adjuster whether it was received and complete.

Application for Adjudication of Claim OPENS YOUR WCAB CASE

WHAT IT IS	The filing that opens an actual case number at the Workers' Compensation Appeals Board (WCAB) — the DWC-1 opens benefits; this protects your rights in a dispute.
WHO COMPLETES IT	You or your attorney file it with the WCAB (not the same step as the DWC-1).
WHEN IT MATTERS	Any time a dispute is possible, and generally within one year of the date of injury.
COMMON MISTAKE	Assuming the DWC-1 already did this. It didn't — they're separate.
TIP	If your claim is delayed, denied, or complex, this is a good moment to have a WC attorney help protect your position.

QME Panel Request FORM 106 / UNREPRESENTED PANEL REQUEST

WHAT IT IS	Your request to the state DWC for a panel of three Qualified Medical Evaluators in a chosen specialty — how an unrepresented member gets the exam that drives the case.
WHO COMPLETES IT	You do — this is the one unrepresented members must initiate themselves.
WHEN IT MATTERS	When a medical question is disputed (cause, impairment, restrictions, whether you're P&S).
COMMON MISTAKE	Not knowing it's yours to file — and picking a specialty without advice.
TIP	Get input on the medical specialty before you request the panel; it's a high-leverage choice.

Declaration of Readiness to Proceed (DOR) GETS YOU A HEARING

WHAT IT IS	The form that tells the WCAB you're ready for a hearing on a disputed issue — nothing gets scheduled until someone files a DOR.
WHO COMPLETES IT	You or your attorney file it and serve the other side.
WHEN IT MATTERS	A DOR is what places a disputed issue on the WCAB calendar.
COMMON MISTAKE	Assuming a stalled dispute will be scheduled on its own. It generally will not.
TIP	A poorly-framed DOR can be objected to and cause more delay — one reason represented members let their attorney handle it. A fast-lane variant — the Request for Expedited Hearing — exists for narrow, urgent issues like a wrongly cut-off benefit; whether yours qualifies is an attorney call.

Compromise & Release (C&R) THE LUMP-SUM SETTLEMENT

WHAT IT IS	The settlement documents that resolve your claim for a lump sum, usually closing it (often buying out future medical) — finality for both sides.
WHO COMPLETES IT	Negotiated between you (or your attorney) and the carrier; a judge must approve it.
WHEN IT MATTERS	At settlement — especially if you're leaving the employer or want to be done.
COMMON MISTAKE	Signing before checking the retirement and LTD impact (Phases 5, 7, 8).
TIP	Model the after-settlement picture first — future medical, IDR, and LTD offsets all matter.

Stipulations with Request for Award STRUCTURED SETTLEMENT

WHAT IT IS	A settlement agreeing on your PD, paid over time, that usually keeps future medical open.
WHY IT EXISTS	It lets you lock in a rating while preserving ongoing medical care for the injury.
WHO COMPLETES IT	Negotiated with the carrier; a judge issues the Award.
WHEN IT MATTERS	At settlement when you want continued medical coverage rather than a clean break.
COMMON MISTAKE	Assuming "settle" always means a lump sum — Stips are the other road.
TIP	If future care is likely, Stips' open medical can be worth more than a bigger check now.

Common Mistakes That Cost Members Money

FIELD REFERENCE · And how to avoid them

Almost every costly outcome in this system traces back to a handful of avoidable mistakes — and they cluster at the **seams**: Where 4850 hands off to TD, where comp meets your pension, where LTD offsets IDR, or where a settlement closes a door you didn't know was open. None of them require a law degree to sidestep — just knowing they exist. That's exactly where a short conversation with BCN or an attorney pays for itself.

THE MISTAKE	WHY IT HAPPENS	WHAT IT CAN COST — AND HOW TO AVOID IT
Leaving injured body parts off the DWC-1	You focus on the obvious injury under stress	The "minor" part can be the career-ender; the DWC-1 asks for every part affected .
Assuming 4850 lasts forever	It feels like full pay with no end in sight	It's ~52 weeks of payments, then TD. Know your expiration date and plan the handoff.
Assuming TD earns CalPERS service credit	It looks like a paycheck	TD earns no service credit. 4850 earns service credit; leave earns only a pro-rated share.
Not tracking the RFA	You assume the doctor's office handled it	Weeks of silent delay while nothing is under review. Confirm every RFA was submitted, correct, and complete.
Waiting too long to request a QME panel	You don't know it's yours to file	Months of delay and a weaker record. The panel request is generally the member's to file.
Burning leave without a pension plan	Topping up to full pay feels obvious	Drained leave and partial credit — the worst of both. Run the numbers first.
Not tracking mileage	It feels too small to bother	Hundreds to thousands over months of therapy. Log every trip from day one.
Missing the IMR deadline	The denial letter looks final	You lose the appeal of a treatment denial. The IMR clock runs 30 days from the denial.
Never enrolling in LTD	You assumed it was automatic	You can't buy it after you're hurt. Confirm your association LTD enrollment while healthy.
Waiting too long on IDR	You hope you'll return to duty	Lost ADPP bridge pay and momentum. Start the conversation at the first warning signs.
Assuming comp protects your pension	Two systems feel like one	Comp and CalPERS are separate. Coordinate them — especially before settling or retiring.
Not understanding permanent restrictions	The report is dense and technical	You misjudge return-to-work and IDR. Get your restrictions explained in plain English.
Returning to work too early	You want to get back to normal	Re-injury, and work that contradicts restrictions can damage your claim. Clear it medically first.

Frequently Asked Questions

FIELD REFERENCE · Yours may vary with the specifics — that's when to ask a professional

Q Can I get fired for filing a claim?

Retaliation for filing a legitimate claim is unlawful [LC 132a](#). But that's not absolute job protection — your employer must still explore reasonable accommodation (FEHA/ADA), and medical separation / IDR is a separate question — IDR is a benefit, not a punishment. Loop in your union rep if you're worried.

Q What does an attorney cost me?

Usually nothing up front. WC attorney fees are set by the WCAB judge and paid out of your award, not out of pocket.

Q Do I really have to request my own QME panel?

If you're unrepresented, yes — no one does it for you. It's the single most commonly missed step. See the Forms section.

Q My treatment request seems to have vanished — what happened?

Check the RFA first. When treatment is delayed, it's often because the doctor either never submitted the Request for Authorization or submitted it incorrectly — so nothing is actually under review. Ask the doctor's office when it went in, and ask the adjuster whether it was received and complete. See Phase 3.

Q My 4850 is ending — what's next?

Temporary Disability picks up (~2/3 pay, tax-free), you can top up with leave, and association LTD (if you enrolled before the injury) can bridge income after. See Phases 4 and 5.

Q Can I retire while on workers' comp?

Often yes — and for many who can't return, IDR is the natural next step. But coordinate the comp settlement, your LTD, and the retirement rather than treating them separately.

Q Can I work another job while injured?

Outside work and earnings during a claim carry reporting obligations and can affect benefits; the rules are strict. This is worth reviewing with a workers' compensation attorney beforehand.

Q Why is apportionment reducing my award?

Because part of your disability is being attributed to other causes — non-industrial factors like degeneration, or prior industrial injuries. Either kind reduces the award. The asserting party must prove it with substantial evidence — and a weak opinion can be challenged. This is a strong reason to consult.

Q Should I settle before I retire?

One of the most important timing questions in the process — don't sign without understanding the retirement and LTD side (Phases 5, 7, and 8).

Q What if CalPERS denies my IDR?

You generally have appeal rights, with deadlines. A denial isn't necessarily the end — act promptly.

Q How long does everything take?

It varies widely — reaching P&S can take a year or more, and IDR adds several months. The next section shows where things stall.

Glossary

TERM	PLAIN-ENGLISH MEANING
4850	Salary continuation — up to one year of full, tax-free pay for eligible safety members, in place of TD.
ADPP	Advanced Disability Pension Payments — an advance (at least 50% of base salary) paid until CalPERS starts your IDR pension.
AME	Agreed Medical Evaluator — an independent doctor both sides agree to; generally only with an attorney.
AMA Guides	The medical manual used to turn an injury into a Whole Person Impairment percentage.
Apportionment	Splitting permanent disability between this injury and other causes — including prior industrial injuries; only this injury's share is paid (LC 4663/4664).
Application for Adjudication	The filing that opens a WCAB case number and protects your rights in a dispute.
C&R	Compromise & Release — a lump-sum settlement that usually closes the claim, often buying out future medical.
CalPERS	California Public Employees' Retirement System — your pension system.
CAPF	California Association of Professional Firefighters — the largest LTD plan for CA firefighters (member-elected).
CLEA	California Law Enforcement Association — an LTD plan for peace officers.
CT	Cumulative trauma — an injury built up over time; its "date of injury" is when you knew it was work-related (LC 5412).
DOR	Declaration of Readiness to Proceed — the form that gets a disputed issue scheduled before the WCAB.
DWC	Division of Workers' Compensation — the state agency overseeing the system (issues QME panels, etc.).
DWC-1	The claim form that officially opens your workers' compensation claim.
Elimination period	The waiting period you must be disabled before LTD benefits begin (e.g., 30/60/90/180 days).
Final compensation	Your single highest year of pensionable pay, or a 36-consecutive-month average (PEPRA = 36-month), used to calculate your pension.
IDR	Industrial Disability Retirement — a safety pension for a work injury that keeps you from your job; the first 50% of final compensation is tax-free.
IMR	Independent Medical Review — the appeal of a treatment denial made through Utilization Review (30-day deadline).
LC 132a	The Labor Code section barring retaliation for filing a workers' comp claim.
LTD	Long-Term Disability — member-elected income protection through your association that outlasts 4850, TD, and leave.
MMI	Maximum Medical Improvement — your condition has stabilized; the medical twin of P&S.
MPN	Medical Provider Network — the employer's approved list of doctors for work injuries.
Offset	When one benefit reduces another (e.g., TD, SDI, IDR, or SSDI reducing an LTD payment).

P&S	Permanent & Stationary — the comp term for reaching MMI; the case shifts to measuring permanent effects.
PD	Permanent Disability — lasting impairment, expressed as a 0–100% rating that drives benefit value.
PEPRA	Public Employees' Pension Reform Act (2013) — changed formulas and final-comp rules for later hires.
PORAC	Peace Officers Research Association of California — its IBT offers member-elected STD/LTD for officers.
Pre-designation	Naming your personal physician in writing before an injury so you may treat with them instead of the MPN.
Presumption	A rule treating certain conditions (heart, cancer, etc.) as job-related unless the employer disproves it.
QME	Qualified Medical Evaluator — a state-certified independent doctor; unrepresented members pick from a panel of three.
RFA	Request for Authorization (DWC Form RFA) — the form your treating doctor submits to start Utilization Review on a treatment request; the UR clock runs from a complete RFA.
RTWSP	Return-to-Work Supplement Program — an added state supplement for certain voucher recipients.
SDI	State Disability Insurance — an EDD program that can bridge income if TD runs out (only if your employer participates).
Service pending	Taking a service retirement while your IDR application is pending — starts income sooner, but you separate, and IDR approval is not guaranteed.
SJDB	Supplemental Job Displacement Benefit — a voucher (up to \$6,000) for retraining if you can't return to your usual job.
SSDI	Social Security Disability Insurance — federal disability benefits, with its own standard and waiting period; many CalPERS safety members lack enough Social Security-covered work to qualify.
Stipulations	A settlement paying PD over time and usually keeping future medical open.
TD / TTD	Temporary (Total) Disability — ~2/3 of wages, tax-free, while you can't work; capped by year and duration.
Utilization Review (UR)	The process that checks a treatment request (submitted on an RFA) against guidelines to approve, modify, or deny it.
WCAB	Workers' Compensation Appeals Board — where disputed comp cases are litigated and decided.
WPI	Whole Person Impairment — the AMA-Guides percentage that gets adjusted into your PD rating.



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DISCLOSURES

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