

## STATE WORKERS' COMPENSATION OVERVIEW – MINNESOTA

I s s u e	R e g u l a t i o n	C o m m e n t s
Employee's Notice to Employer	Within 14 days	Notice is not required if the employer has knowledge of the injury. Notice is still acceptable within 30 days if the employer is not prejudiced by it.
Employer's Claim Filing Requirements	Within three years	Benefit claims must be filed after the employer files a report. No claims may be filed after six years.
Employer's Report of Accident	48 hours – 10 days	For serious injuries and fatalities, report must be made within 48 hours and a written report must be filed within seven days. For disabilities lasting 3 or more days, report must be made within 10 days (14 days for self-insured employers).
Waiting Period	Three calendar days	Retroactively paid if the disability exceeds 10 days.
Temporary Total Disability (TTD) Benefits	<u>Oct. 1, 2018 – Sept. 30, 2019</u> Max: \$1,098.54 per week Min: \$130 per week  <u>Oct. 1, 2017 – Sept. 30, 2018</u> Max: \$1,061.82 per week Min: \$130 per week	An employee's weekly benefit rate is two-thirds of his or her average weekly wage (AWW), subject to the limits in effect on the date of injury. New limits become effective as of Oct. 1 each year.
Permanent Partial Disability (PPD)		The total amount an employee may receive in PPD benefits is determined by multiplying the physician's whole-body impairment rating by the dollar value listed in the law. The total amount may be paid via weekly payments equal to the TTD rate or in a lump sum.
Death Benefits		Death benefits are adjusted based on the number of dependents that survive the employee's death and their ages and marital status. Employers must also cover up to \$15,000 for funeral expenses.
Coverage of Minors	Yes	
Coverage of Occupational Disease	All Diseases	Time limit to file is three years after employee's knowledge of cause of injury and disability.
Occupational Hearing Loss	Yes, if traumatic injury.	
State OSHA Program	Yes	

### ADDITIONAL INFORMATION

#### Resources:

Minnesota Department of Labor and Industry [website](#)

**Mailing Address:**

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Dept of Labor and Industry  
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