

EMPLOYMENT LAW SUMMARY

Connecticut: Workers' Compensation - Claims Process



Because You're Different

Workers' compensation is a system of no-fault insurance that provides medical and monetary benefits to employees (or their survivors) who sustain work-related injuries, diseases or death. Workers' compensation is governed by state law.

The Connecticut Workers' Compensation Act (WCA) establishes the process for handling workers' compensation claims in the state. The Connecticut Workers' Compensation Commission ([Commission](#)) administers the workers' compensation system and handles disputed claims. The processing of a claim typically begins with a notice of injury and may end up in administrative or judicial appeal.

EMPLOYEE'S REPORT OF INJURY

An employee must immediately notify his or her employer of any work-related injury. Failure to do so could result in a reduction in the employee's compensation benefits, but only to the extent that the employer can show it was prejudiced by the employee's failure to report the injury.

EMPLOYER'S REPORT OF INJURY

Employers must notify the Commission of any injury that results in an employee's incapacity from work for **one day** or longer. The notification must be submitted on an Employer's First Report of Occupational Injury or Illness [form](#) within **one week** of an employee's first report of the injury. Employers must also give the injured employee a copy of the completed form.

EMPLOYEE'S NOTICE OF CLAIM

Employees initiate workers' compensation claims by providing a written Notice of Claim for Compensation ([Form 30C](#)) to either the employer or the Commission.

A claim may proceed only if the employee provides this notice within:

- **One year** from the date of an accident; or
- **Three years** from the first manifestation of an occupational disease symptom.

If an employee dies within two years of an accident or the first manifestation of an occupational disease symptom, his or her surviving dependents may file a Dependent's Notice of Claim ([Form 30D](#)) for burial and death benefits within the later of:

- **Two years** after the accident or first occupational disease symptom manifestation; or
- **One year** from the date of death.

Defects or inaccuracies in a notice of claim are excusable unless an employer can prove that it:

- Had no knowledge of the facts concerning the claimed injury; and
- Was prejudiced by the defect or inaccuracy.

The deadlines for an employee's claim notice do not apply if, within the listed time periods:

- There has been a hearing, request for hearing or assignment for a hearing;
- A voluntary agreement has been submitted to the Commission; or
- The employee has been furnished with medical care pursuant to the WCA.

EMPLOYER'S FIRST PAYMENT OR DENIAL NOTICE

The WCA requires employers to either begin paying workers' compensation benefits or send a written Dispute Notice ([Form 43](#)) to both the Commission and the employee within **28 days** of receiving a properly drafted and served claim notice. If an employer fails to either commence payments or send a dispute notice within the first 28 days, the Commission will conclude the employer has accepted compensability of the claim.

An employer that commences payments within the first 28 days may still dispute a claim later, as long as it does so within **one year** of the employee's claim notice.

VOLUNTARY DISPUTE RESOLUTION AND AGREEMENTS

The WCA requires parties to attempt to resolve claim disputes on their own before requesting a Commission hearing. Although the WCA does not specify a method for proving the parties actually negotiated, the Commission will consider it an "impropriety" and may even assess fines if an employer requests a hearing without first discussing a possible agreement with the employee.

If there is no dispute that an employee sustained a compensable injury and that the injury caused temporary disability for more than three days, the employer must prepare a voluntary agreement and present it to the employee. If the parties accept the voluntary agreement, the employer must submit a signed copy to the Commission within **three weeks** after the employer had actual knowledge of the injury and the fact that the disability would extend beyond three days. The Commission will then issue a statement of approval, and the agreement becomes binding for all parties.

If the parties do not reach a voluntary agreement within 60 days after the date the Commission receives an employee's notice of claim, the Commission will automatically schedule a hearing for a date within 30 days after the end of the 60-day period.

COMMISSION HEARINGS

Commissioners preside over both informal and formal hearings in order to resolve any disputes in workers' compensation cases. For this purpose, as of Oct. 1, 2021, Commissioners are known as Administrative Law Judges (ALJs). Any party may request a hearing by filing a Hearing Request [form](#). The Commission will then schedule the hearing and provide at least ten days' notice to the parties.

Informal hearings are conducted as conferences, during which an ALJ acts as a mediator and makes recommendations to help the parties reach a voluntary agreement. ALJs may hold more than one informal hearing if they find it necessary to help resolve a dispute.

Formal hearings are similar to court trials, though the Commission is not bound by formal rules of evidence or procedure. During a formal hearing, the parties have an opportunity to present evidence and question witnesses, and the Commission keeps a record of the proceedings.

The WCA requires all parties that appear at informal and formal hearings to come with authorization to enter voluntary agreements and stipulations. If both the informal and formal hearing processes do not result in a voluntary agreement between the parties, the Commission will issue a written decision outlining its findings and award of benefits (if any) within 120 days after the formal hearing.

APPEALS TO COMPENSATION REVIEW BOARD

Any party dissatisfied with a Commission decision can appeal for a review by the Compensation Review Board (Board) within **20 days** of the decision. If no appeal is filed, the Commission's decision becomes final.

The Board is comprised of two ALJs and the Chairman of the Commission, and it only reviews information from the record created at a formal hearing before a single ALJ.

Parties initiate this appeal by filing an original and five copies of a Petition for Review [form](#) with the Board. Within **10 days** after filing the petition, the appealing party must file a statement of the reasons for the appeal. Unless extraordinary circumstances exist, the Commission does not accept any new evidence but instead bases its decision on the record created at the formal hearing before a single ALJ.

JUDICIAL APPEALS

Any party dissatisfied with a Board decision may appeal for review by the state's [appellate court](#) within **20 days** of the Board's decision. The appealing party is responsible for ensuring that the appellate court obtains the Commission's record for its review. The state supreme court provides the next and highest level of review in the state

MORE INFORMATION

Contact Heffernan Insurance Brokers or visit the Commission [website](#) for more information on workers' compensation laws in Connecticut.

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