



WORKERS' COMPENSATION ADMINISTRATION
**WORK-RELATED
INJURIES AND OCCUPATIONAL ILLNESSES**

Presenters:

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ACT NO.8859

- Transferred the Government Insurance Fund from the Commissioner of the Department of Finance to the Commissioner of the Department of Labor and amended various sections of Title 24 Chapter 11 of the Virgin Islands Code.
- Signed into law August 9, 2024
- The Government Insurance Fund is now known as the Workers' Compensation Trust Fund (WCTF).
- The Workers' Compensation Administration a Division of the Department of Labor now has two units
 - The Claim Unit (File Claims for Work Related Injuries via our Online claims system)
 - The Underwriting Unit (Filing and payment of Premiums)



CHANGES IN THE CLAIMS UNIT



TIME
FOR
CHANGE

- There will be a five-day waiting period before disability benefits can be paid.
 - If an employee is found eligible for payment on the 15th day, the compensation shall be retroactive to the first full day of disability.
- There is a four (4) year Statute of Limitations on medical care.
- If there is no activity in a claim for six (6) months, that claim will be considered inactive.
 - ✓ In order for an inactive claim to be moved to an active claim, a narrative medical report must be submitted by the Injured Worker for the agency's consideration in determining if the case will return to active status
- If a contracted or temporary employee is injured, that employee is eligible only for twenty-six (26) weeks maximum temporary total disability benefits after the termination date of the employment.
 - ✓ If the injury is determined to be catastrophic, that employee will be eligible for one hundred and twenty (120) weeks of disability benefits after the termination date of employment.

CHANGES IN THE CLAIMS UNIT

- Temporary Total Disability income benefits shall be paid out for a period not to exceed one hundred and twenty (120) weeks; or upon reaching Maximum Medical Improvement (MMI); whichever occurs first.
- If an employee is terminated for just cause no disability benefits shall be issued.
- A fine of \$250.00 per failure to respond to a payroll inquiry for employers that do not respond to the agency request for payroll information within ten (10) working days.



QUESTIONS



CHANGES AT THE WORKERS' COMPENSATION TRUST FUND

Changes to the Workers' Compensation Trust Fund fall under three categories

Enforcement

Penalties and

Premium Payments and Due Dates

These changes are welcomed and falls in line with what we have heard the Commissioner say: "I will ask you kindly, but here is my badge."

1. Enforcement- Under Title 24 Chapter 11, Section 276

The time allowed by the Commissioner to pursue delinquent employers for unpaid premiums that include interest and penalties owed to the "fund" was extended from four (4) years to ten (10) years.

2. Penalties- Under Title 24 Chapter 11, Section 277

Every employer who fails to insure or who fails to file as required by the statute shall be fined up to five thousand (\$5,000.00) dollars.

3. Premium Payments and Due Dates-

Thanks to computerization and the synergies we now have by being a part of the Department of Labor, the ability to cross-check and verify information submitted becomes easier. Let me explain the process.

CHANGES AT THE WORKERS' COMPENSATION TRUST FUND

- a. File the current year's Actual (9mos) along with the upcoming year's Estimate by September 30th
- b. Once received, we complete the initial calculation and send you a bill with a payment due date of December 31st
- c. Submit the stamped copy of the 4qtr. VIESA report filed with the Department of Labor by January 31st
- d. Once received, we will do the final calculations, including an experience rating (if qualified) and send you a second bill due by June 30th

HOW TO COMPLETE THE "EMPLOYERS REPORT TO THE COMMISSIONER OF LABOR"

Go to www.vidol.gov

- a. Scroll to Workers' Compensation
- b. Scroll to Downloads and go to Underwriting Unit
 - i. There you will find the Estimate, Actual, Employer Handbook and other items.

Just a short overview to familiarize you with the documents and forms.

As we discussed earlier, there are two (2) forms that are critical in the renewal process:

1. The Estimate and the Actual- without the submission of these forms your renewal for coverage can not be completed.
2. You need to use the Department of Labor Workers' Compensation Handbook - to classify your employees and ascertain their rate.
(I have included a sample of the rates so you can familiarize yourself with the items you will be looking for while completing the "Employers Report...").

HOW TO COMPLETE THE FORMS

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES



DEPARTMENT OF LABOR WORKERS' COMPENSATION INSURANCE HANDBOOK THINK SAFETY! WORK SAFELY!

Gary Molloy
COMMISSIONER OF LABOR

GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

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DEPARTMENT OF LABOR DIVISION OF WORKERS COMPENSATION TRUST FUND

ALPHABETICAL INDEX OF THE MANUAL OF CLASSIFICATIONS AND RATES FOR WORKERS COMPENSATION INSURANCE

CLASSIFICATIONS

CODES NO.

A

ADVERTISEMENTS.....	0101
AIRCRAFT FLYING CREW.....	0102
AIRPORTS-COUNTER EMPLOYEES.....	0103
AIRPORTS-GROUND OPERATIONS.....	0104
AMUSEMENT PARKS.....	0105
ANALYTICAL CHEMIST.....	1201
APARTMENT HOUSES.....	0803
APPLIANCES.....	1501
ARCHITECTS, ENGINEERS, DRAFTSMEN, SURVEYORS.....	0106
AUDITORS, ACCOUNTANTS, & LAWYERS.....	0107
ARMORED CAR SERVICES.....	1608
AUDITORIUMS.....	2004
AUTOMOBILE BODY/MECHANIC SHOPS.....	0108
AUTO PARTS DEALERS.....	0801

B

BANKS.....	0201
BAKERIES.....	0202
BARBERSHOPS, BEAUTY PARLORS AND MANICURIST.....	0203
BARs, BEERGARDENS AND TAVERNS.....	0204
BLACKSMITHING.....	0205
BLASTING.....	0410
BLOCK MAKING.....	0315
BOAT BUILDING AND MAINTENANCE.....	0206

RATES

CODE	CLASSIFICATION	RATE	1/1/2020	1/1/2021	1/1/2022	1/1/2023	
101	ADVERTISEMENTS All employees connected with shop operation and printing inside of building, posters, signs, installations, repairs and maintenance. Includes drivers and helpers.	2.10	2.52	2.84	3.13	3.41	3.41
102	AIRCRAFT FLYING CREW All employees on scheduled or non-scheduled aircrafts flying on certified routes by the Federal Government with jurisdiction over civil aviation.	5.00	6.00	6.75	7.45	8.12	8.12
103	AIRPORTS-COUNTER EMPLOYEES Includes all ticket agents, and clerical personnel. (Management use classification 0506).	0.30	0.36	0.41	0.45	0.49	0.49
104	AIRPORTS-GROUND OPERATION All ground employees exclusively such as mechanics, radio operators, hanger employees landing ground employees and instructors. Includes drivers and helpers.	4.05	4.86	5.47	6.03	6.58	6.58
105	AMUSEMENT PARKS All employees engaged in the care and maintenance of amusement, ziplining, athletic and exhibition parks and similar areas. Includes ticket sellers, collectors, helpers and drivers.	2.70	3.24	3.65	4.02	4.38	4.38
106	ARCHITECTS, ENGINEERS, DRAFTSMEN, SURVEYORS All employees engaged in architectural services including consultation and job inspection on the field when not a part of the general contract. Includes rodmen, tape carriers and similar employees.	1.70	2.04	2.30	2.53	2.76	2.76

CHANGES IN THE UNDERWRITING UNIT FORMS

WCTF Form No. 1a (Rev.) (7-30-80)
 EMPLOYERS ARE ADVISED TO PLEASE FILE THE EMPLOYER'S REPORT FOR WORKERS' COMPENSATION INSURANCE VIA EMAIL AT workerscomptrustfund@dol.vi.gov, BY MAIL, OR AT THE CONVENIENT DROP BOX LOCATED AT THE UNDERWRITING UNIT OF WORKERS' COMPENSATION OFFICE IN EACH DISTRICT.

Policy No. _____
 Bill Nos. _____
 Refund Voucher No. _____

EIN / S.S.No. _____

EMPLOYER'S REPORT TO THE COMMISSIONER OF LABOR

for purpose of determining amount of premium for Worker's Compensation Insurance, required under Title 24 Chapter 11, Section 275, of the Virgin Islands Code



Name of Business Establishment: _____
 Employer _____ Mailing _____ Nature of Business _____
 Address _____
 Location of Employment _____ Phone No. _____

Number of Employees	CLASSIFICATION OF EMPLOYEES (use description of occupation as classified in Handbook on Worker's Compensation Insurance)	ACTUAL wages paid from wages paid to	salaries and _____	CODE (see four digit code in book)	PREMIUM RATE (see premium rate per classification)	PREMIUM AMOUNT (# of employees by wages paid by the premium rate assigned)
INDICATE IF THE EMPLOYER IS INCLUDED IN THIS REPORT		YES	NO	writing "Final Report")		

BASED ON \$8,424.00

* State "ESTIMATE" "ACTUAL"

BILLING

EXPERIENCE RATING PLAN	
Premium payments received over the past 3 calendar years _____ to _____	Estimate Premium Paid due for CY _____
Claim Payments made over the past 3 calendar years _____ to _____	Actual Premiums Paid due for CY _____
Ratio of Chargeable Claim Cost to Premium Payments _____	Premium or Credit due for CY _____
CREDIT ON PREMIUM FOR SUBSEQUENT YEAR % _____	Experience Rating Credit _____
INCREASE IN PREMIUM FOR SUBSEQUENT YEAR % _____	Experience Rating Increase _____
	Total Premium _____
	due for CY _____

Signature _____ Title _____

Print Name _____ Date _____

NOTE: Prepare this report in Duplicate. Submit original and one copy to the Underwriting Unit of Workers' Compensation, Department of Labor

ACTUAL REPORT

WCTF Form No. 1a (Rev.) (7-30-80)
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Signature _____ Title _____

Print Name _____ Date _____

QUESTIONS



thank you!

CONTACT INFORMATION

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ANTHONY SELKRIDGE, ASSISTANT DIRECTOR

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