

Funding Source

The Subsequent Injury Trust Fund is not funded through taxpayer contributions. It is funded through:

- annual assessments against self-insured employers and workers' compensation insurance carriers.

For more information

Complete claim guidelines are available from the fund in a publication - *Subsequent Injury Trust Fund Guidelines for Claims Procedures and Evaluation*. For a free copy, write, call or visit our website: www.sitf.georgia.gov

Georgia Subsequent Injury Trust Fund
Marquis II Tower, Suite 1250
285 Peachtree Center Ave., NE
Atlanta, Georgia 30303
TEL: (404) 656-7000
TDD: (404) 656-7162
FAX: (404) 656-7100

All contact information concerning claims and other applicable fund matters should be directed to the above address.

Upon request, the *Notice of Claim Form* and *Employer Knowledge Affidavit Form* will be provided free of charge. The forms can also be downloaded from our website.

Subsequent Injury Trust Fund & ADA

Q *How does the Americans with Disabilities Act (ADA) relate to a state second injury fund?*

A The American with Disabilities Act gives certain rights to workers with disabilities and highlights the need for a second injury fund.

As more workers with disabilities enter the workplace, employers look to a state second injury fund to help them absorb the costs associated with potential subsequent on-the-job injuries.

- Effective July 26, 1994, all employers with 15 or more employees are subject to the Americans with Disabilities Act and may not discriminate against persons with disabilities. These employers may not raise questions about the presence of disabilities prior to making a conditional offer of employment.
- Employers may not discharge an employee because of disability; this requires employers to make reasonable accommodations and to return an employee to work.

The Subsequent Injury Trust Fund reimburses employers or their insurers on qualifying workers' compensation claims, regardless of whether the employer is bound by the hiring and retention mandates defined in Title I of the Americans with Disabilities Act.

GEORGIA SITF

Subsequent Injury Trust Fund

Aiding workers with disabilities and their employers



OUR MISSION

The Georgia Subsequent Injury Trust Fund provides professional and equitable evaluations, reimbursements, information and related services to public and private sector employers and their agents in those Workers' Compensation claims involving individuals with a pre-existing disability.

If you are an individual with a disability and wish to acquire this guide in an alternative format, please contact the fund at the address and telephone number listed inside.

The Georgia Subsequent Injury Trust Fund promotes the employment and retention of workers with disabilities.

The fund helps:

- **Workers with disabilities**
...by providing employers who are not subject to ADA with incentives to hire or retain qualified workers with disabilities;
- **Employers**
...by keeping workers' compensation insurance premiums under control, helping to maintain insurability, and ensuring that the employer does not face workers' compensation exposure above the deductible levels;
- **Workers' Compensation Insurance Carriers**
...by easing the burden of high payments due to job-related injuries involving workers with pre-existing disabilities.

History

The Subsequent Injury Trust Fund was passed into law by the Georgia General Assembly on July 1, 1977. The fund was established as a separate state agency independent from any other department, and is governed by a five-member board of trustees appointed by the governor. An administrator appointed by the board oversees the daily management and operation of the fund.

Basic Claim Information

The Subsequent Injury Trust Fund may be accessed when an employee is injured and the injury combines with a previous, known impairment to cause greater workers' compensation claims cost. Notification of a claim may be handled by mail, fax machine, or electronic transmission. See the *Subsequent Injury Trust Fund Guidelines for Claims Procedures and Evaluation* for full information about filing claims.

To be eligible for reimbursement:

- the employee's subsequent injury must be either directly caused by the prior impairment or combined with the prior impairment to create greater employer liability for lost time benefits and medical expenses;
- the employee must have a pre-existing impairment that the employer considers to be permanent and a hindrance to employment;
- the employer must have knowledge of the prior impairment before the subsequent injury occurs.

Where the employer can demonstrate prior knowledge of any of the following conditions, the law presumes that the employer considered the conditions to be permanent and a hindrance to employment.

- Epilepsy
- Diabetes
- Arthritis which is an obstacle or hindrance to employment or reemployment
- Amputated foot, leg, arm or hand
- Loss of sight of one or both eyes or a partial loss of uncorrected vision of more than 75 percent bilaterally
- Residual disability from poliomyelitis
- Cerebral palsy
- Multiple sclerosis
- Parkinson's disease
- Cardiovascular disorders
- Tuberculosis
- Mental retardation
- Psychoneurotic disability
- Hemophilia
- Sickle cell anemia

- Chronic osteomyelitis
- Ankylosis of major weight bearing joints
- Hyperinsulism
- Muscular dystrophy
- Total occupational loss of hearing as defined in Code Section 34-9-264
- Compressed air sequelae
- Ruptured intervertebral disc
- Any permanent condition which, prior to the occurrence of the subsequent injury, constitutes a 20 percent impairment of a foot, leg, hand, or arm, or the body as a whole.

To file a claim, the employer/insurer must submit:

- a *Notice of Claim Form* to the administrator of the fund no later than 78 calendar weeks following the injury or the payment of an amount equivalent to 78 weeks of income or death benefits, but in either case, prior to a lump-sum settlement of the employee's claim.
- an *Employer Knowledge Affidavit Form*;
- documentation supporting merger between the pre-existing condition and the subsequent injury.

Reimbursement

The fund reimburses indemnity and medical expenses exceeding the deductible levels of 104 weeks indemnity and/or \$5000 medical.

No new deductibles

The employer/insurer does not face new indemnity and medical deductibles if the employee sustains a new, compensable on-the-job injury after the fund has accepted an employer/insurer's initial claim. To qualify for the *No New Deductibles* provision, the employee must:

- return to work for the same employer;
- return to work without a break in service;
- sustain a new injury that merges with the same prior impairment that resulted in fund acceptance of the prior claim.