



General Assembly

**Substitute Bill No. 1036**

January Session, 2007

\* SB01036LAB 031407 \*

**AN ACT CONCERNING NOTIFICATION TO INJURED EMPLOYEES OF  
THE DISCONTINUATION OR REDUCTION OF WORKERS'  
COMPENSATION BENEFITS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 31-296 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2007*):

3 (a) If an employer and an injured employee, or in case of fatal injury  
4 [his] the employee's legal representative or dependent, at a date not  
5 earlier than the expiration of the waiting period, reach an agreement in  
6 regard to compensation, such agreement shall be submitted in writing  
7 to the commissioner by the employer with a statement of the time,  
8 place and nature of the injury upon which it is based; and, if such  
9 commissioner finds such agreement to conform to the provisions of  
10 this chapter in every regard, [he] the commissioner shall so approve it.  
11 A copy of the agreement, with a statement of the commissioner's  
12 approval, [thereof,] shall be delivered to each of the parties and  
13 thereafter it shall be as binding upon both parties as an award by the  
14 commissioner. The commissioner's statement of approval shall also  
15 inform the employee or [his] the employee's dependent, as the case  
16 may be, of any rights the individual may have to an annual cost-of-  
17 living adjustment or to participate in a rehabilitation program under  
18 the provisions of this chapter. [He] The commissioner shall retain the  
19 original agreement, with [his] the commissioner's approval thereof, in  
20 [his] the commissioner's office and, if an application is made to the

21 superior court for an execution, [he] the commissioner shall, upon the  
22 request of said court, file in the court a certified copy of the agreement  
23 and [his] statement of approval. [thereof.]

24 (b) Before discontinuing or reducing payment on account of total or  
25 partial incapacity under any such agreement, the employer, if it is  
26 claimed by or on behalf of the injured [person that his] employee that  
27 such employee's incapacity still continues, shall notify the  
28 commissioner and the employee, by certified mail, of the proposed  
29 discontinuance or reduction of such payments, [ with the date of such  
30 proposed discontinuance or reduction and the reason therefor, and,  
31 such] Such notice shall specify the reason for the proposed  
32 discontinuance or reduction and the date such proposed  
33 discontinuance or reduction will commence. No discontinuance or  
34 reduction shall [not] become effective unless specifically approved in  
35 writing by the commissioner. The employee may request a hearing on  
36 any such proposed discontinuance or reduction [within ten days of]  
37 not later than twenty days after receipt of such notice. Any such  
38 request for a hearing shall be given priority over requests for hearings  
39 on other matters. The commissioner shall not approve any such  
40 discontinuance or reduction prior to the expiration of the period for  
41 requesting a hearing or the completion of such hearing, whichever is  
42 later. In any case where the commissioner finds that an employer has  
43 discontinued or reduced any payments made in accordance with this  
44 section without the approval of the commissioner, such employer shall  
45 be required to pay to the employee the total amount of all payments so  
46 discontinued or the total amount by which such payments were  
47 reduced, as the case may be, and shall be required to pay interest to the  
48 employee, at a rate of one and one-quarter per cent per month or  
49 portion [thereof] of a month, on any payments so discontinued or on  
50 the total amount by which such payments were reduced, as the case  
51 may be, plus reasonable attorney's fees incurred by the employee in  
52 relation to such discontinuance or reduction. [Such]

53 (c) The employer's or insurer's notice of intention to discontinue or  
54 reduce payments shall (1) identify the claimant, the claimant's attorney

55 or other representative, the employer, the insurer, and the injury,  
56 including the date of the injury, the city or town in which the injury  
57 occurred and the nature of the injury, (2) include medical  
58 documentation that (A) establishes the basis for the discontinuance or  
59 reduction of payments, and (B) identifies the claimant's attending  
60 physician, and (3) be in substantially the following form:

61 [WORKERS' COMPENSATION COMMISSION  
62 OF CONNECTICUT  
63 NOTICE TO COMPENSATION COMMISSIONER AND  
64 EMPLOYEE OF INTENTION TO DISCONTINUE OR REDUCE  
65 PAYMENTS.

66 To the Compensation Commissioner for the .... Congressional  
67 District and to ...., employee:

68 You are hereby notified that the undersigned employer intends on  
69 the .... day of ....., 20.., to discontinue or reduce the payments of  
70 compensation to the above-named employee for the following reason,  
71 to wit:

T1 .... Employer  
T2 by .... (Indicate Official Position), Insurer or Agent

T3 I HEREBY CERTIFY that the above named employee is able to return to  
T4 usual  
T5 light work on the .... day of ....., 20 ..  
T6 selected

T7 will  
T8 There will not be permanent loss or loss of use of .... (member)  
T9 .... Attending Surgeon

72 The following blanks are to be filled out in order that the case may be  
73 properly located in the records of the Commissioner:

- 74 Date of Injury ....
- 75 Date of Award or approval of agreement ....
- 76 Date when mailed by respondents .....

77 The employee may request a hearing by the compensation  
78 commissioner on the discontinuance or reduction set forth in this  
79 notice within ten days of receipt of this notice.]

80 IMPORTANT

81 STATE OF CONNECTICUT WORKERS' COMPENSATION COMMISSION

82 YOU ARE HEREBY NOTIFIED THAT THE EMPLOYER OR INSURER  
83 INTENDS TO REDUCE OR DISCONTINUE YOUR COMPENSATION

84 PAYMENTS ON \_\_\_\_\_ FOR THE FOLLOWING REASONS:  
85 (date)

86 If you object to the reduction or discontinuance of benefits as stated  
87 in this notice, YOU MUST REQUEST A HEARING NOT LATER  
88 THAN 20 DAYS after your receipt of this notice, or this notice will  
89 automatically be approved.

90 To request an Informal Hearing, call the Workers' Compensation  
91 Commission District Office in which your case is pending.

92 Be prepared to provide medical and other documentation to  
93 support your objection. For your protection, note the date when you  
94 received this notice.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2007	31-296

**LAB**      *Joint Favorable Subst.*