INTRODUCTION
The Occupational Injuries and Disease Act, 1993, provides for compensation of employees for occupational injuries sustained, or diseases contracted in the course of their work.

The philosophy of the Compensation Commissioner is that every effort should be made to restore an employee’s health as soon as possible. Doctors are urged to call for specialist and consultant support when indicated.

Except for MRI investigations, the Commissioner does not require pre-authorisations of services. It is accepted that doctors will use their clinical judgement with the best interest of the patient and the Fund in mind.

The Commissioner regards the nature and extent of treatment rendered as doctors’ prerogative and is prepared to pay the reasonable costs for reasonable treatment.

WHO MUST REGISTER? (EMPLOYER)
All persons who employ one or more employees in connection with their business or farming activities, are requirement and to pay annual assessment to the Compensation Fund. These amounts may not be reimbursed from employees. A separate registration is necessary for each separate branch of a business unless an arrangement for a combined registration has been made.

WHO IS AN EMPLOYEE?
It is any person who has entered into a contract of service with an employer. This also includes temporary staff.
THE REVENUE OF THE COMPENSATION FUND

The revenue of this fund consists mainly of annual assessments paid by the registered employers on a basis of a percentage or fixed rate of the annual earnings paid to their employees. The Act makes provision for a minimum assessment to ensure that the assessment is not less than the administration costs. At the end of January each year, forms are sent to all the registered employers. These forms must be completed and returned not later than 31 March. The financial year of the Compensation Fund runs from March to the end of February of the next year. This fund is also protected by provisions, which permit the imposition of penalties on employees who fail to pay assessments, or render returns at a rate of 10% of the assessment.

WHAT IS REGARDED AS EARNINGS?

For the purpose of assessment, earnings means before deductions, any payments made to an employee, which arise out of his employment and include:

1. Salaries/wages
2. Commission
3. Cost of Living Allowance
4. The Value of food and quarters supplied free of charge
5. Incentive Bonuses
6. Bonuses of a regular nature to which an employee is, in terms of his service contract, entitled, i.e. thirteenth cheque; and
7. Overtime of a regular nature

RATES AN METHODS OF RATING

The assessment rate, at which an employer is assessed, depends on the nature of an employer’s business operations. For rating purposes, employers are divided into different classes and subclasses according to the nature of their activities. The assessment rates are fixed on the principle that each industry should carry the costs of its own accidents and are reviewed annually. Any adjustment is therefore in accordance with the accident experience. Employers are notified annually of the rate applicable on their business/farming operations.
BENEFITS FOR YOU AS AN EMPLOYER

The act makes provision for compensation to your employees sustaining an injury on duty. The employer is protected against all civil claims, which may be instituted against him in the event of an injury on duty, even in the event of alleged negligence. An employee who is injured on duty is entitled to the payment of compensation in respect of temporary total disablement, permanent disablement (according to the degree of disablement) and death. Reasonable medical aid expenses arising out of an injury on duty are payable for a period of two years, or longer if further medical treatment may reduce the extent of disablement. For further information regarding the reporting of claims, please refer to the WC1 pamphlet.

PAYMENT OF MERIT REBATES

To adjust the position of employers who pay substantial amounts in assessments, which are out of proportion to their accident costs, the system of awarding merit rebates, every three years was introduced. The rebate percentage is determined by the ratio between an employer’s claim costs and the amount of his assessments.

An employer’s rate may also be increased or reduced depending on whether his accident cost experience is favourable or unfavourable.

TIPS TO EASE ADMINISTRATION

After 20 treatments, further treatment can only be given once a Doctor has signed a motivation form for further treatment.

Keep the prescribed forms in stock. Relevant forms are:
- W.CI 4 – First medical report
- W.CI 5 – Progress of Final medical report
- W.CI 11 – Medical Account
- W.CI 20 – Inquiry regarding unpaid medical/chemist account

Check that the forms have been completed correctly and submit these as soon as possible to expedite the processing of claims.
Make sure your name is on the 1st medical report and that the referring doctor chose the referred for physiotherapy **NO** **YES**

Only hand in one final account after your treatment sessions have finished and mark it **FINAL ACCOUNT**.

With long term patients, start a new account for each month and mark with example **FEB** account 1 or 2 (Date Range)

Personally sign the forms submitted by you as the attending doctor.

Give your full address, including postal code, on all forms and correspondence to the Commissioner.

The Commissioner’s address is:

- PO Box 955
- Pretoria
- 0001
- Tel: 012 319 9111
- Fax: 012 323 8627 or

[www.labour.gov.za](http://www.labour.gov.za)

**NOTE:** The Federated Employer’s Mutual Assurance Co. Ltd. Has a separate form for employees whose employers are insured with it (most master builders and employers in the building industry).

**THE PROGRESS OR FINAL REPORT – FORM W.CI.5**

Use form W.CI.5 either for progress reports or as the final report, whatever the case. Only complete the last item when the injury or disease has reached its final stage. Record the chance of a residual disability of a permanent nature, if present, after having allowed reasonable time and the necessary medical treatment for recovery.
CLAIMING FOR SERVICES RENDERED – FORM W.CI.11

The Commissioner prefers that doctors use Form W.CI.11 as the standard claim format, but will accept claims by way of personalised accounts. Form W.CI.4 can also be used for this purpose.

Make sure that claims always include details, such as the name of the employee, employer and the relevant dates including the date of the accident.

Always send your first account and the medical report(s) to the employer who must submit it to the Commissioner. Some employers (provincial Governments and certain Local Governments) are individually liable for the payment of medical accounts.

ACCOUNT QUERIES – FORM W.CI.20

The Commissioner's office handles more than one million payments annually. In case of a problem with the payment of your account, please query this by way of Form W.CI.20.

Include a full set of duplicate records, including Part B of W.CI.2. This could help the Commissioner to consider liability and payment.

A telephonic enquiry service is provided by the Commissioner, which should be used for urgent enquiries and not for routine queries. This way the Commissioner is able to utilise experienced staff for the payment of accounts rather than answering telephone calls.

REOPENING OF CLAIMS

The Act allows for the reopening of cases if the employee successfully motivates that further treatment will reduce his/her disability, or that his/her condition has deteriorated to the extent that further active treatment is essential.

Patients must pay for such further medical reports themselves, but the cost will be refunded at the prescribed rate if the motivation is accepted. The report must clearly state:

- The patient's present condition
- The patient's present condition is relation to the original condition
The nature and extent of treatment proposed to improve the condition.

A Comprehensive Guide: Compensation for Occupational Injuries and Disease Act, 1993 (As Amended): General Information for Doctors and Dentists
Is available from the Commissioner.