**Subsequent Injury Fund**

**Workers' Compensation Regulation Bureau**

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**SUBSEQUENT INJURY FUND OVERVIEW 39-71-905 et. seq. MCA**

The Legislature established the Subsequent Injury Fund in 1973 to assist persons with disabilities become employed by offering a financial incentive to employers who hire certified workers. The Fund is generated through an annual assessment of all Montana insurers (Plans 1, 2 and 3). The assessment is allocated among insurers based on their compensation and medical payments for the previous calendar year.

**WHAT IS THE DEFINITION OF A PERSON WITH A DISABILITY?** The law defines a person with a disability as a person who has a medically certifiable permanent impairment which is a substantial obstacle to obtaining employment or ... reemployment ... considering the person's age, education, training, experience and employment rejection.

**AS A WORKER, HOW WILL I BENEFIT FROM BEING CERTIFIED?** Being certified means you are more likely to be hired because there is a limit on the employer's workers' compensation liability if you become injured or reinjured on the job. When the limit is reached, the Subsequent Injury Fund assumes liability. If you are injured on the job, you are entitled to all benefits due under the Workers' Compensation Act. Certification is not body part specific. The certification applies to any new injury.

**HOW DO I BECOME CERTIFIED?** If you think you have a medically certifiable permanent impairment (as defined by the American Medical Association's Guide to the Evaluation of Permanent Impairment), and a physician has given you permanent restrictions because of a permanent impairment, you may apply to the department for certification under the Subsequent Injury Fund. Contact Jennifer Hirth at [jhirth@mt.gov](mailto:jhirth@mt.gov) and ask for a Subsequent Injury Fund application form for certification.

Complete the form in its entirety and have your physician complete the Medical Evidence of Impairment portion. You may substitute other medical information if it contains equivalent information to that requested on the form. You may write the explanation yourself or ask your rehabilitation counselor or another party familiar with your situation and qualifications to write the explanation for you. Send the completed form to Shanna Swigert at the address listed at the top of this page.

Department personnel will review the information and determine whether you meet the requirements for certification set forth in the law. Department staff will notify you of their decision when they complete the review. If approved, you will receive a card identifying you as certified by the Subsequent Injury fund. Present this card to prospective employers as proof of your eligibility for Subsequent Injury Fund benefits. Once certified, you are certified for life.

**HOW DO I FILE A CLAIM WITH THE SUBSEQUENT INJURY FUND?** You must follow the standard procedure for filing a Workers' Compensation claim to be eligible for benefits under the provisions of the Workers' Compensation Act in force on the date

of injury.

**AS AN EMPLOYER, HOW WILL I BENEFIT FROM HIRING A CERTIFIED WORKER?** By hiring a person who has been certified by the department, you are hiring an experienced, skilled worker while limiting your workers' compensation liability. If the certified worker is injured or reinjured while in your employ, you will (through your insurer) be liable for the first 104 weeks of benefits. After 104 weeks of benefits have been paid, the Fund assumes all remaining liability on the claim.

**WHAT DO I DO IF A CERTIFIED WORKER IS INJURED ON THE JOB?** Notify your insurer that the injured worker is certified by the Subsequent Injury Fund.

**AS AN INSURER WHAT DO I DO WHEN NOTIFIED OF AN INJURY TO A CERTIFIED WORKER?** When a certified

worker is injured while in the employ of one of your insureds, you must notify the Fund of its potential liability not less than 90 days or more than 150 days before the expiration of 104 weeks after the date of injury. If you do not meet this deadline, the Fund will accept liability 90 days after notification. The Fund will not accept retroactive liability in these cases. If the Fund does not notify the insurer of its intent to dispute payment of benefits beyond 104 weeks, the insurer will continue to make payments as required under the Workers' Compensation Act, which will be reimbursed by the fund every six (6) months.

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