

Pneumoconiosis Claim Form

Virginia Workers' Compensation Commission

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Coal Workers' Pneumoconiosis/Black Lung Disease

Jurisdiction Claim Number (JCN)

Claim Administrator Number

Injured Worker Information

Name	Primary Phone/Alternate Phone		
Address	City	State	Zip Code

Employer Information

Name of Company	County of Work (Mine) Location		
Address	City	State	Zip Code

Date of Communication	Last Date Worked	Date of X-ray
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Last employer for whom 90 shifts were worked, prior to communication

Did you work after this date of communication? Yes No If yes, please indicate employer below

I hereby file this claim to protect my right to benefits under the Virginia Workers' Compensation Act for the disease described above.
SIGNATURE (Required) PRINT DATE

Request for Benefits

This is a protective filing and NO action is requested at this time.

I need assistance obtaining the following benefits. If the benefits are denied, this form will serve as a hearing request.

- Compensation for Permanent Loss (Permanent Partial Disability)
- Payment/reimbursement for unpaid medical bills or out of pocket expenses (*attach medical records, itemized bills, or receipts*)
- Change in Condition (An award has already been received) JCN of prior award: _____
- Death benefits to dependents and/or funeral expenses.
- Other: _____

Claimant agrees to be bound by the reading of the Pulmonary Committee.

I have forwarded the x-ray film to the Bristol Regional Office. Yes No



Disease

Va. Code § 65.2-400 defines occupational disease as a “disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of employment.” When an individual has received a communication of diagnosis of occupational disease, it is important to give immediate notice to the employer. Employers are required to file a First Report of Injury (FROI) within 10 days of having knowledge of a communication of diagnosis of occupational disease.



Claim Form

If you wish to assert your rights, Part A of the Claim Form should be completed and returned. If specific benefits are being requested, or if your claim has been denied, Part A and Part B of the Claim Form should be completed and returned with supporting medical records to the Commission as soon as possible. Va. Code § 65.2-406 provides that a claim must be filed “For coal workers’ pneumoconiosis, three years after a diagnosis of the disease, as category 1/0 or greater as classified under the current International Labour Office Classification of Radiographs of the Pneumoconiosis, is first communicated to the employee or the legal representative of his estate or within five years from the date of the last injurious exposure in employment, whichever first occurs.”



Alternative Dispute Resolution (ADR)

The Commission offers mediation services free of charge. Mediation is a voluntary and confidential informal dispute resolution process where a neutral third party (mediator) facilitates communication to assist the parties in mediating an agreeable solution. The purpose of mediation is to identify issues, clarify misunderstandings, explore solutions and mediate an agreement. For further information, contact the ADR Department at 804-205-3139.



Hearing

A Deputy Commissioner will hear and determine any issues disputed by the parties. Many times the parties can stipulate or agree to the basic facts of a claim such as: **1)** the employer; **2)** the date of last injurious exposure; **3)** the date of communication; and **4)** the average weekly wage. The Deputy Commissioner will consider any stipulations and the other evidence in the case.



Pulmonary Committee

The pulmonary committee is a group of three qualified physicians certified as B readers selected by the Commission to provide an independent evaluation of the claimant’s chest x-ray. Any party may request a reading by the Pulmonary Committee. If a party agrees to be bound by the Committee’s reading, the Commission pays for the evaluation.

*Medical Records & Subpoenas

Copies of medical records may be obtained from the physician. However, if copies of medical records and/or bills cannot be obtained, a subpoena can be requested by sending the name and address of the medical provider to the Clerk of the Commission. A \$12 money order made payable to the Sheriff of the city or county where the medical provider is located must be included for each subpoena.

Benefits Covered under the Virginia Workers’ Compensation Act

- **Medical Award** - Coverage of causally related medical expenses to include medical bills, or out of pocket expenses, such as prescription and mileage/transportation. Must provide bills, receipts and/or mileage logs.
- **Permanent Partial Disability** - compensation for loss of use of a body part, including lung disease. Must be medically supported with a diagnosis of the disease, a B-reading, and an x-ray.
- **Medical Expenses** - payment/reimbursement of medical bills, or out of pocket expenses, such as prescription and mileage/transportation. Must provide bills, receipts and/or mileage logs.
- **Death Benefits** - payment/reimbursement of funeral/transportation expenses or wage loss replacement for surviving spouse, children, or certain other dependents. Death Certificate, Marriage License and/or Birth Certificate(s) must be provided.