

Appendix A

CFIB Manitoba small business owners' views/ comments

Please describe the claims/appeal experience from your perspective (the business owner).

Years ago we had an issue where the WCB employee was incompetent and arrogant, which cost me a lot of money. After fighting for a few years a new rep came on the scene who was intelligent and the problem was solved almost instantly. However we could not get back the previous overcharges. Since then I have not trusted many employees of WCB. I also disagree with the preferential claim service given to some unions such as firefighters.

The former employee was taking advantage of Workers Comp. There was nothing we could do about it. Until we decide that yes we will have modified work available, he never showed up for work so his claim was dismissed but we had paid for almost a year. We know now that we will have modified duties for employees because we pay for workers comp and then get penalized the minute it gets used. There should be a record kept from day one that a company starts paying into WCB. We have paid more than we will ever use.

Injured workers received benefits and were back to work in reasonable time.

When we were aware of an ex-employee attempting to abuse the system by claiming injury when they were not employed with us on the day they claimed, the auditor realized the inconsistencies with his statements and did not rule in their favor.

*I have kept a running tally of premiums paid to WCB over the last 30 years. They have paid out roughly 20% on my company premiums paid over the years. **I had one employee who attempted to defraud Worker's Compensation. They paid all his expenses to travel to Winnipeg and see medical professionals. In the end it was proven there was nothing wrong with him but a deliberate attempt to defraud my company and WCB. To the best of my knowledge there was never any action taken to collect back the expenses.** But at the end of the day this is government and this is the way they perform.*

We had an individual employed by us for approximately one and one half years. This was about twelve years ago. He claimed for carpal tunnel which may already have been present prior to be employed by us. He has consistently been on our work experience since then. He was getting approximately \$1250.00 every two weeks. Why should this person then make any effort to return to any manner of work when he is drawing these kinds of funds? He went through retraining but to no avail. It has been common knowledge that this person was doing hunter guiding on the side. This information was forwarded to WCB but nothing came of that either. So here we are MANY years later paying on our

premiums for this person who is most certainly ABUSING the system and there is NOT A THING WE CAN DO ABOUT IT. HOW FAIR IS THAT? That is the Workers Comp system: all for the employee and NOTHING for the employer.

I shouldn't have had to enter the appeal process, however the original claim was turned down verbally the minute we spoke to the person responsible for the claim and all discussion or documentation was geared/slanted to reflect the opinions expressed. We had trouble getting the initial claim started. It took 4 months. WCB denied having received documentation. Wouldn't pay for all time lost. Paid on the basis of total amount of coverage divided by 52 weeks times the number of whole weeks not worked. Wouldn't acknowledge the hospitalized time (8 days). Wouldn't acknowledge the partial days worked to ease back to work. Employees claims appear to be automatically accepted but employers are treated like the claim is false.

The appeal process is so cumbersome that you either have to hire a lawyer or be one to wade through the process.

Even though requested they have not performed investigations of the claimant's actions after work. They give the claimant every option and right but they do not give the same rights to the employer.

There is a flaw in the system. An accident reported to WCB is not forwarded to workplace safety and health or vice versa. Ridiculous! And then they get all wound up. WCB has poor parameters on what to report, ie., officially even the tiniest scratch must be reported immediately or else.

Biased in favour of workers even when their own protocols have not been followed or fraud is probable.

I had a worker with previous back injuries from a former job. Worked for me for three years and was going to a chiropractor and his back issues were getting worse. One day he says he hurt his back and left and has been on compensation since. There were no witnesses to his new injury. My rates for my classification went from the lowest to the highest. I have had very little few claims in 32 years of business. Now every year my rates increase. An employer should be able to get a compensation abstract for any new employees to see if they are habitual users of the system.

*I have been filing the claims for at least 16 years. **Upon the latest claim, I was informed that I have been doing one part incorrectly since at least 2006 but no one had ever brought it to my attention. It was a very obvious mistake so should have been pointed out to me years ago.** Also our rates are very high due to unfortunate incidents that could not be prevented.*

Would be less expensive in so many cases to pay lost wages than make a claim.

There was a vehicle accident and the employee was given a choice on whether to claim against the vehicle insurance or workers comp. He chose workers comp, which meant loss of accident free discount on both insurance schemes for one incident. Both of the penalties came from the Province of Manitoba, through their insurance plans.

On claims by employee they seem to consistently lean very heavily in the employee's favour. For example on 'sore wrist' issue, they immediately accepted employee claim of wrist repetitive strain/ carpal tunnel syndrome and placed employee on compensation. Other employees then saw claimant playing baseball while on WCB compensation. When informed, WCB responded, "well you are not a doctor, so you cannot make any comment as to an employee's condition."

It is usually a biased claims appeal, at least in Manitoba. We feel it is usually all about the worker, as most adjudicators are not familiar with the process and or worker.

Workers' Compensation never looked into the fairness/accuracy of the claim. As far as I know it was a fraudulent claim. An incident that never happened on the work place and off hours.

It's a bureaucratic mess.

Regardless of the past claims, WCB honors all claims regardless of situation and evidence supplied. We have EI that pays people for no work as there are more people attempting compensation and really not need it and never investigated. If they are investigated and proven incorrect assessment the employer always pays anyway.

*I felt the accident was the employee's fault, but I was held financially responsible. My premiums increased and employee was paid for missed time. **An accident is not 100% employer's fault. Why shouldn't employee have to take part of the cost?** Maybe they would think twice. I feel worker coverage should be a portion of his regular pay, or a employee deductible like first 5 days unpaid.*

I have no issues with the claims process.

We tried to meet with the appeals board regarding 3 specific items. Arrived for the meeting and were told they would only listen to 1 of them. That turned out to be a complete waste of 3 of our time for a full day. I would sooner pay my employees for time off, when injured, than to deal with WCB.

Straightforward. Efficient. Convenient.

Employee was injured. Three doctors said not ready to return yet. WCB said ready and cut off all benefits leaving employee with zero income and not able to work. WCB has financially devastated the employee. Appeal process in the works.

The only claim I have made was for an employee that had a small cut on a finger. The employee missed 2 days of work on the advice of the doctor. I would have been better off to pay him to sit at home rather than miss a couple of days work. My premiums went up for a couple of years and gradually dropped back.

Way too much paperwork on each claim.

No issues. Going well.

An employee broke his ankle and it did not heal properly with months of therapy and retraining. Now, they raised our rates to a stupid amount and have basically told us that we will have to pay for the cost of his treatment. Isn't that why we pay for compensation in the first place?

Doctors file claims without my or even the employee's knowledge. I find out about it later when I receive the reprimand that I have not filed the employer's part of a claim.

Staff person tried to claim an unrelated injury but was caught in the process. WCB took care of the situation with no fault to my company.

I found that they were in no hurry to get the worker the medical help they needed to get them back to work.

Our company worked diligently to prepare a safety manual and ultimately become COR certified. One of our employees was in breach of our safety policies and procedures when she attended a construction work site in high heels and ultimately tripped on a step and hurt herself. Our policy clearly stated the need for closed toe steel enforced shoes. She was trained to the requirement and we had her signature on the appropriate documentation to this effect. WCB approved her claim, and had

her on benefits for nearly 4 months with incessant paperwork and follow up required. We felt this was employee error, in fact grounds for dismissal and never should have been approved for a claim.

Non-existent. Walk in clinic doctors will tell anyone who has claimed an injury to take time off whether they can confirm or not. I've had an employee tell us they hurt their hip, go to the doctor and say it's a shoulder and they've been told to take 2 weeks off. Tell WCB same information and even show the form filled out on site. They don't care and the appeals are a waste of time. Employee that gives false information still gets covered.

To file a claim is easy, but to get answers from WCB is sometimes difficult.

Fairly simple and usually goes well. We have very few claims and mostly very minor.

Need to write a book on that one!

Should be able to see a problem with a claim instead of just give it out.

*I don't know if this counts as an appeal but my rates have gone up for the past two years. We have a really good track record but also just had a bigger claim. **The last doctor appointment on that one claim fell into WCB's next fiscal year so they raised the rates for that year too. I called and asked but they said since the appointment was on the new fiscal year it was like another claim. I don't think it was fair.***

*We do not have many claims here. The ones we have had have been handled to my satisfaction. **Even with so few claims, we have had inconsistencies in responses, poor or inaccurate responses, and sometimes just poor communication. I also question some of the practices of our WCB and would like to know if there is oversight on their management of our funds and if, as ratepayers, we have access to their financials.***

Appendix B

CFIB Manitoba small business owners' views/ comments

Provide an example of how your workers' compensation board/commission either helped or hindered your business.

*Years ago an employee had bad ligaments on shoulders mostly due to sports not work. He went out on compensation and we got assessed for 5 years at higher rates. **We told an employee they could come and work on light duty, but he refused. We as a small business are treated unfairly because there is no looking at both sides in cases like this.** For the public sector they can do this and we all pay.*

After an employee attempted to defraud WCB and my company, he initiated a union drive twice. The attempts failed and it wasn't long after a WCB representative visited our company and dropped a manual on the production manager's desk, saying you have 3 months to initiate this. Also said we were to send in Safety Committee Meeting minutes every 3 months. We have had a Safety Committee for many years and sent minutes to the government after each meeting. This person knew nothing of the minutes. She was amazed.

Our secretary and office workers have to pay the same premiums as a steel erector which is the category we are placed under. We feel these premiums are high.

*In 26 years there has not been a claim made at my establishment! Yet I am required to insure through WCB at their standard rates. While my rates are not that expensive, I do question the monopoly they have implemented in to the business system! **I feel it is the responsibility for WCB to oversee that ALL businesses are insuring themselves and their employees as a governing entity, but it is not their place to sell the insurance without competition!***

Premiums can jump 50% in one year. However, if there are no claims it takes two years for WCB to lower the rate to that previously set. How fair is that?

1. Just another piece of bureaucratic BS. 2. They put people into business against existing businesses creating unfair market. 3. If you are not a mainstream trade/business they have no knowledge of what actually occurs. Decisions are based on presumptions or predetermined thoughts or what is deemed socially acceptable based on the agents/WCB personnel's personal bias. (Don't run an abattoir and have a PETA supporter for your contact; Don't haul garbage! It is not socially acceptable or pretty.)

Having rates go up at a certain rate scale and then to come down at half that scale even though the

workers only are with us for 8 hours a day and have many hours to do whatever they want, work side jobs, work in their yard, play favorite sports, many activities which that they are not monitored. So how could we the employer be fully responsible? That is why when in the past the rate went up as an industry standard, not an individual corporate. This high rate can put a small business out of business. Not being able to compete in the market due to poor investigation from WCB and WCB always siding with the claimant ever since they made the corporate entity be responsible and not WCB.

WCB does not understand safety aspects of the industry.

Claim free for 27 years and still stuck with premiums relating to a group of much larger businesses.

We had no claims for over 20 years then had 3 in a few years and the rates got jacked up.

I think it is unfair to increase the rates for 7 years after making a claim when the injury of the employee only last at most several months.

Incident reporting must be overhauled. As it stands even the tiniest injuries are to be reported immediately. Grossly excessive by level and time paperwork bury us and WCB.

I appealed what I consider a false claim by one of my employees. Although the employee had a bad back it was caused in his former jobs. My appeal was unsuccessful and the employee is still on compensation and my rates now increase every year because of this fraudulent claim.

We have only had one claim in the past 10 years. We have been in business 35 years and may have only had one other claim.

So far so good. No claims for many years.

One of our employees injured his shoulder after slipping on ice in a parking lot of one of our best customers. WCB wanted us to make a claim against this customer which would have been detrimental to our business relationship with them. We chose not to and our rates went up.

*We received a claim for medical expenses from employee that left company over 30 years ago, and claimed ongoing expense/compensation from injury that occurred 35 years previously. **Claims experience NEVER ends.***

Premium increase from one claim prior that our company has been claims free for over 25 years.

To my knowledge it was a fraudulent claim and I as a small business owner was stuck with higher rates for some time.

We supply medications to a client who was injured in a workplace accident and we have never had to get preauthorization for his medications. When he gave us a new prescription for an expensive medication they refused to cover the cost of the medication and the client would not pay us and my company had to swallow that loss because it was not preauthorized even though had never had to get anything preauthorized before.

WCB went ahead and paid out a 4.0 hour claim to an employee that I wouldn't have docked time for, if they had asked me first.

All claims are accepted regardless of investigation as it seems the employees of WCB couldn't be bothered to deal with an appeal. The unfortunate part is WCB has the final say. It's always accepted and not investigated correctly. WCB is only for employees and never the employers.

Employees with long-term injuries have been looked after and my company has not needed to be involved. That's helped.

The fear I have from hearing about how other employers have been unfairly treated when an incident occurred and the employee never told the employer.

I do not like the new system whereby I prepay for the year and then have to fill out forms stating real dollars which they then have to deal with and send a refund or receive a bill for new charges. I also find their contact letters for late filing to be extremely rude.

Costing business too much money. Employers always have to pay.

WCB has gone back to making me guess what my yearly payroll will be. As a staffing company, my payroll can vary a great deal. I can report wages and pay premiums on a monthly basis (like CRA) by the 15th of following month. The guessing is stupid.

Ability to get claims history and experience ratings that are required when we bid on jobs.

Hindering small business with audits and unfair assessments.

Given a claim for someone hurt outside of work and said we had to pay half.

By classifying owner operators as workers for my company, I have to pay their premiums although they are not employees.

Beneficial. Paid for employee's wages while off injured. Minimal amount of work required to file/process claim.

Trying to get correct answers. I would get different answers at different times. Also, the premium I pay for semi truck drivers is horrible!

One of my businesses only has personal coverage, and I didn't realize those installment payments are due a month earlier than all of the other premiums. Why? So on March 31, 2015 my payment had lapsed and by the 8th, I had a notice in the mail indicating that my coverage had been cancelled. When I called to reinstate my plan, I was told that payment plans could only be initiated on accounts over \$500.00. The odd part of that was my original premium was \$469.49, and it was on a quarterly payment plan.

It sometimes encourages employees to stay away from work because the compensation levels from WCB are attractive.

Currently have an employee who is permanently unable to work, but I am unable to release him. WCB is taking very long to process this claim. Also, I have a private plan for my employees that covers the disability needs that WCB covers. Now I pay double coverage (private plan and WCB). WCB gave no ability to opt out, even though private plan is a better coverage.

Paying way too much money for not having a claim. If you pay into worker's compensation and have never made a claim, you should get some of that money back. I wouldn't expect to get all of it back but you should get some of it back. They are investing this money and making millions of dollars and it's not right because we are forced to pay. We have separate disability insurance and at the end of term we will receive all of our money back that we paid into the insurance less a claim if we have any. Compensation should be the same way!

Excessive premiums on questionable classifications.

Doctors' charges for seeing the injured are high. WCB rates jump up fast.

We have had very little to deal with WCB, but when we did they helped out with the situation.

***They lost a payment cheque, so I was put in default with no warning.** They only way I found I was in default was by customers withholding payment.*

***The requests and required reporting for modified duties are unrealistic.** For instance, this employee had "treatment" every morning and WCB wanted us to find alternate work for her from 2pm onward. Our business day tended to run from 7-3 so the request was unrealistic and they were unwilling to move treatment to the afternoons to accommodate the business requirements.*

By not helping the employee transition back to work more quickly.

Kept employee on a claim even though they finished with company just days before claim.

*The WCB has not really hindered our business. **They do help by providing a necessary service/coverage for our employees if they are injured.** However, it is the inconsistent performance of their employees in the process of handling a claim that causes me concern. It still does not hinder anything other than cause confusion until the situation is remedied.*

***With the amount of money already set aside for claims, I believe the rates should currently reflect experience only.** My guess would be that there are as many cases expiring as new ones coming in so the contingency fund should not need to grow at the rate it is.*

The employer needs more protection from the employees stretching of the truth and ease of coverage with no fear of investigation or denial in their claim.

***It would be great if they moved their dates forward for having the new payroll assessment and estimates moved forward.** It takes from the time of filing taxes, T4's etc. Just a bad time of the year to have another set of reports to prepare with a deadline.*

*WCB puts WAY too much financial priority into administration, and any increases don't hurt their bottom line - only the employer. **I get insulted every time WCB sends me posters to put up to promote to employees on why work "shouldn't have to hurt."** Why should they assume we want to hurt our employees? **Quit wasting my hard earned premium money on make work projects.***

I think it might be nice to have some quotes from other companies.

Should be able to differentiate levels of premiums for office workers versus plant production employees within the same firm.

All burden is laid on the employer, the employee isn't responsible for any of their own action.

WCB is totally out of touch in Manitoba. System requires a complete overhaul.

My biggest complaint with WCB is the assessment and payment method they use. Rather than making guessing what your labour will be for the year it should be a monthly remittance based on actual payroll the same as CPP, EI and tax remittances. That would eliminate guessing what your payroll will be for the year and over paying or paying penalties if you guess low. As it is now, for seasonal employers you need to make payments on WCB before you turn a wheel in the spring.

I am the Business Manager of a large trucking company. Issues: 1. We have owner operators that work with us. WCB deems them as employees, therefore we must cover them for WCB yet Canada Revenue Agency deems owner operators as self employed. 2. My office staff premiums are the same as the truckers. I believe I should be able to have 2 classifications, one for office staff and the other for truckers. WCB argues that including office staff under the trucking classification helps keep rates down. 3. I made an estimate of wages for 2014. My actuals were higher when reported in 2015. WCB send an adjustment (no problem - we knew the \$\$ was due) but also tacked on interest. This is wrong. We pay our premiums in advance, and WCB uses our money. I cannot charge them interest.

Of course! In this country, we definitely should have the right and ability to buy coverage for our staff, management, executives, and owners from whomever can give us the best service at the best price. By legislating us to JUST use the WCB, we are tied to a supplier that has not proven themselves to be the best and has no need to do so. In every other aspect of our business, we seek to find a supplier that will best suit OUR needs. Not in this case!