

Voc. Rehab Plan Extension



QuickStart Guide

The ability to file for a Voc. Rehab Plan extension is how fully integrated into CompHub with one simple form you can submit the extension to the Commission.

You can find this process by clicking Start New Action > Voc Rehab > Voc Rehab Plan Extension.

VOC Rehab Plan Extension | Claim History | Claim Orders

▼ Claim Information

Claim Number:	W201508	Claimant Name:	John Doe
Accident Date/Time:		Disabling Date:	05/31/2023
Phone:	2403040342	Email Address:	Comphub@wcc.state.md.us
Type of Claim:	Occupational Disease/Illness	Description of Accident/Injury:	Continued exposure to gasoline fumes has caused chronic lung disease

▼ Notice of an Extension of Vocational Rehabilitation Services

Date of original plan submitted to the Commission: 07/6/2023

Plan Extension Start Date: Plan Extension End Date:

Both parties agree to extend the length of services in the Proposed Rehabilitation Plan to begin upon the expiration of the original plan date.

▼ Upload Required Documents

Documents must be attached by clicking on the 'upload icon'.
Any comments, please save and upload as an attachment.

▼ Certifications and Signature

I, Devin Maxwell the undersigned disabled covered employee, do hereby certify that I have read the attached Vocational Rehabilitation plan and that I understand the following:

- 1) This plan is an agreement that outlines each party's responsibilities with regard to my vocational rehabilitation.
- 2) The Insurer will pay rehabilitation benefits equal to weekly temporary total disability benefits as well as the expenses of the rehabilitation services.
- 3) The time frame(s) agreed to by the parties may be extended if necessary. If the Insurer refuses to agree to an extension and I believe I am entitled to additional rehabilitation services, I have the right to request a hearing before the Commission and to have a Commissioner determine whether services should be continued.
- 4) I am not required to accept any employment offered to me unless I agree that is suitable employment. I am aware that if the Insurer believes the employment is stable and I have declined to accept it, the Insurer may discontinue payment of rehabilitation benefits and expenses and assert my non-cooperation. I understand that I may request a hearing to have a Commissioner determine whether the employment offer was suitable employment.
- 5) The Insurer may stop benefit/expense payments if the Insurer determines that rehabilitation services are no longer necessary or if they determine that I am not cooperating in the rehabilitation effort.
- 6) If benefit/expense payments are stopped for any reason with which I do not agree, I have the right to request a hearing and have a Commissioner decide the issue.
- 7) I have a right to be an active participant in my rehabilitation and have both the right and the responsibility to express my desires and expectations.
- 8) I have a right to confer with an attorney regarding the terms of the rehabilitation plan.

I HEREBY CERTIFY that on February 12, 2024, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Upload Document:

1 Enter the Start and End Dates for the proposed plan extension and check the mandatory checkbox stating that both parties have agreed upon the date range entered.

2 Review the Certification Statements.

3 Sign and Certify your submission using the checkboxes provided. Electronically upload supporting documentation using the document upload icon.