



## Legal Overview for Applicant's Review of the Second Injury Fund

Dear Recipient of Conditional Offer of Employment:

Under New Hampshire law, there is a Special Fund that reimburses workers' compensation carriers/employers for workers' compensation benefit payments made to employees who had a physical or mental impairment before they suffered a work injury. For further information see NH Department of Labor website at <http://www.nh.gov/labor/workers-comp/cost-containment/second-injury-fund.htm>. This prior impairment does not have to be work-related. In order to be eligible for reimbursement, an employer must have written documentation of an individual's previous impairment.

You have been asked to complete this second injury fund questionnaire for purposes of the second injury fund only. Please complete the form and provide accurate information about any physical or mental impairments you currently have, if any. The information you provide on this form will not affect your application for employment or employment in any way, nor will it affect any workers' compensation claim you may make in the future. This form will be kept confidential and separate from your personnel file and will only be used as permitted by law.

Please note that the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Thank you for your cooperation.

*This notification has been reviewed by legal counsel in NH.*