

FREQUENTLY USED BOARD FORMS

Effective February 15, 2016

| | | |
|------------|--|--|
| WC-1 | Employer's First Report of Injury | <ul style="list-style-type: none"> • Section A Immediately • Section B-C Within 21 days of employer knowledge |
| WC-2 | Notice of Payment or Suspension of Benefits | Immediately upon suspension, commencement, or modification of benefits |
| WC-3 | Notice to Controvert | <ul style="list-style-type: none"> • Within 21 days unless accepted claim • If accepted claim, within 81 days • Anytime IF newly discovered evidence (difficult to prove) |
| WC-4 | Case Progress Report | Within 180 days of date of accident |
| WC-6 | Wage Statement | Within 21 days if less than maximum |
| WC-14 | Notice of Claim/Request for Hearing/Request for Mediation | No longer lists claims office and "multiple body parts" removed as a choice. |
| WC-14A | Request to Change Employee Information on a WC-14 | Change date or county of injury, and/or to correct or dismiss a party. |
| WC-100 | Request for Settlement Mediation | |
| WC-104 | Notice to Employee of Medical Release to return to Work With Restrictions or Limitations | Within 60 days of the release to Return to Work |
| WC-200(b) | Request/Objection for Change of Physician/Additional Treatment | Within 15 days of Certificate of Service |
| WC-205 | Request for Authorization of Treatment or Testing by Authorized Medical Provider | Within 5 business days of receipt |
| WC-240 | Notice of Employee of Offer of Suitable Employment | 10 days prior to the date the employee is expected to return to work & within 60 days of doctor's approval of job |
| WC-240A | Job Analysis (describes light duty job) | Filed with WC-240 |
| WC-R1CATEE | Request for Catastrophic Designation | Within 20 days of Certificate of Service |
| WC-REQUEST | Request to Change Information | Correct employee's name, SSN or BTN, county or claims office previously listed incorrectly. |