

Workers' Compensation Claim Forms

Alphabetical Index

The Workers Compensation Claim Forms listed in this Reference Guide include, but are not limited to, injury reports, claim denials, petitions, treating physician forms, and wage statements. Also included are various claim forms which may be used during the lifecycle of a claim, claim and benefit determination and claim settlement.

The forms listed, which **WOLTERS KLUWER** makes available as stock items, are as follows:

1. **General Use:** Forms are in text emanating from the U.S. Department of Labor, Bureau of Employees Compensation, and Industrial Accident Boards and Commissions.
2. **Specific State Forms:** Forms are in text provided by the Industrial Accident Board or other official body having jurisdiction in each state.

All forms are in compliance with prescribed specifications, (i.e. size, color and weight of stock, etc.), and are listed alphabetically by form title.

“Uncontrolled” Forms: Uncontrolled forms (i.e. no industry source) are developed by **WOLTERS KLUWER** as a result of individual company demand to satisfy federal or state regulatory requirements.

Monopolistic Jurisdictions: Unless otherwise indicated, forms listed are NOT for use in jurisdictions having a "monopolistic" Workers Compensation program.

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
----- STATE SPECIFIC -----				
Alabama				
WC8078 C	10/12	WC4	CLAIM SUMMARY FORM	
WC9119 B	10/12		COMBINATION SUPPLEMENTARY & CLAIM SUMMARY FORM	
WC8071 K	10/12	WCCFORM2	EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE	
WC1524 C	10/12	WCFORM3	SUPPLEMENTARY REPORT	
Alaska				
WC8790 A	02/10	076175	AFFIDAVIT OF COMPENSATION RATE LESS THAN \$154	
WC9326 D	04/11	076107	AFFIDAVIT OF READINESS FOR HEARING	
WC8788 E	12/17	076106	CLAIM FOR WORKERS' COMPENSATION BENEFITS	
WC8441 K	12/15	076104B	COMPENSATION REPORT - THIS FORM IS AVAILABLE IN EFORM ONLY.	
WC8789 A	04/10	076117	COMPROMISE & RELEASE AGREEMENT SUMMARY	
WC8436 H	11/14	076105	CONTROVERSION NOTICE - THIS FORM IS AVAILABLE IN EFORM ONLY.	
WC8437 B	04/10	076118	DEATH BENEFITS REPORT	
WC9925 A	04/15	076100	EMPLOYEE REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO EMPLOYER	
WC9433 R	03/18	076101	EMPLOYER REPORT OF OCCUPATIONAL INJURY OR ILLNESS - THIS FORM IS AVAILABLE IN EFORM ONLY.	
WC9809 B	02/15	076170	EMPLOYER'S NOTICE OF 45 CONSECUTIVE DAYS OF TIME LOSS FOR INJURIES	
WC9808 B	02/15	076169	EMPLOYER'S NOTICE OF 90 CONSECUTIVE DAYS OF TIME LOSS FOR INJURIES	
WC9738 B	05/12	076103	MEDICAL SUMMARY	
WC9962	09/12	076110	NOTICE OF POSSIBLE CLAIM AGAINST THE SECOND INJURY FUND	
WC9327 E	09/17	076111	PETITION (DO NOT USE AS A CLAIM FOR BENEFITS)	
WC9727	06/03		RELEASE OF COUNSELING, PSYCHOLOGICAL, PSYCHIATRIC, OR ALCOHOL/DRUG/SUBSTANCE ABUSE TREATMENT RECORDS OR INFORMATION	
WC9583 B	05/11	076146	RELEASE OF MEDICAL INFORMATION	
WC9328 C	05/12	076135	REQUEST FOR CONFERENCE	
WC9329	01/94	076174	REQUEST FOR CROSS-EXAMINATION	
WC9753 K	09/18	076121	REQUEST FOR RELEASE OF INFORMATION	
WC9807 B	02/15	076152	STIPULATION TO ELIGIBILITY FOR INJURIES	
Arizona				
WC9434 A	05/17	ICA0120	CLAIM FOR DEPENDENT'S BENEFITS — FATALITY	
WC8418 F	07/01	ICA0101	EMPLOYER'S REPORT OF INDUSTRIAL INJURY	
WC9981 C	09/18	MRO11	MEDICAL TREATMENT PREAUTHORIZATION FORM	
WC8420 K	06/19	ICA0104	NOTICE OF CLAIM STATUS	
WC8404 C	06/15	ICA0110B	NOTICE OF INTENT TO SUSPEND	
WC8405 A	03/95	ICA0411184		

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8402 B	06/16	ICA0107	NOTICE OF PERMANENT COMPENSATION PAYMENT PLAN	
WC8401 B	06/16	ICA0106	NOTICE OF PERMANENT DISABILITY AND REQUEST FOR DETERMINATION OF BENEFITS	
WC1525 F	06/16	ICA0103	NOTICE OF SUPPORTIVE MEDICAL MAINTENANCE BENEFITS	
WC8400 C	06/19	ICA0105	NOTICE OF SUSPENSION OF BENEFITS	
WC8722 B	06/00	ICA0529	PETITION FOR REARRANGEMENT OR READJUSTMENT OF COMPENSATION	
WC8845 B	05/17	ICA0528	PETITION TO REOPEN BASED ON NEW, ADDITIONAL OR PREVIOUSLY UNDISCOVERED DISABILITY OR CONDITION	
WC8419 F	06/19	ICA0108	RECOMMENDED AVERAGE MONTHLY WAGE CALCULATION OF CARRIER	
WC9008 D	07/11	ICA0124	REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS	
WC8721 C	05/02	ICA0446	REQUEST FOR HEARING	
WC9436 E	07/13	ICA0121	REQUEST TO CHANGE DOCTORS	
WC9437 E	07/13	ICA0122	REQUEST TO LEAVE THE STATE	
WC9330	06/03		WAIVER OF RIGHT OF REHEARING AND APPEALS	
WC8403 C	06/15	ICM0110A	WORKER'S ANNUAL REPORT OF INCOME	
WC9992	07/16	FORM413	WORKER'S SUPPLEMENTAL CLAIM FORM	
WC8813 D	05/17	ICA0407	WORKER'S REPORT OF INJURY	
Arkansas				
WC9728	01/07		AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS	
WC7892 E	06/14	FORMARC	CLAIM FOR COMPENSATION	
WC7917 C	01/01	FORMARL	CLAIMANT'S LUMP SUM REQUEST/ RESPONDENT'S POSITION	
WC7902 C	01/01	FORMARD	DEATH AND PERMANENT TOTAL DISABILITY ACCEPTANCE/UPDATE	
WC7929 F	08/06	FORMARN	EMPLOYEE'S NOTICE OF INJURY	
WC9570 A	08/06	FORMARNSP	EMPLOYEE'S NOTICE OF INJURY (SPANISH)	
WC7880 F	01/13	FORMAR2	EMPLOYER'S INTENT TO ACCEPT OR CONTROVERT CLAIM	
WC8368 D	01/02	FORMIA1	FIRST REPORT OF INJURY OR ILLNESS	
WC7918 C	01/01	FORMARM	MONTHLY REPORT ON MEDICAL-ONLY INJURY DATA	
WC7887 B	01/01	FORMAR3	PHYSICIAN'S REPORT	
WC7889 E	01/11	FORMAR4	REPORT OF COMPENSATION PAID/ SUSPENSION OF PAYMENTS	
WC7906 B	01/01	FORMARS	SUPPLEMENTAL REPORT	
WC7798 A	01/01	FORMARV	VERIFICATION OF PERMANENT TOTAL DISABILITY	
WC7962 B	01/01	FORMARW	WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE	
California				
WC9816 A	10/13	QME FORM 31.7	ADDITIONAL PANEL REQUEST	
WCAB10	11/08	DWC/WCAB FORM 10	ANSWER TO APP FOR ADJ OF CLAIM (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC9916	03/13	FACTSHEETD(SPANISH)	ANSWERS TO YOUR QUESTIONS ABOUT PERMANENT DISABILITY BENEFIT (SPANISH)	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9908 A	03/13	FACT SHEET D	ANSWERS TO YOUR QUESTIONS ABOUT PERMANENT DISABILITY BENEFITS	
WC9913 A	03/13	FACT SHEET E	ANSWERS TO YOUR QUESTIONS ABOUT QUALIFIED MEDICAL EVALUATORS AND AGREED MEDICAL EVALUATORS	
WC9920 A	06/14	FACTSHEETE(SPANISH)	ANSWERS TO YOUR QUESTIONS ABOUT QUALIFIED MEDICAL EVALUATORS AND AGREED MEDICAL EVALUATORS (SPANISH)	
WC9919	03/13	FACTSHEETC(SPANISH)	ANSWERS TO YOUR QUESTIONS ABOUT TEMPORARY DISABILITY BENEFIT (SPANISH)	
WC9912 A	03/13	FACT SHEET C	ANSWERS TO YOUR QUESTIONS ABOUT TEMPORARY DISABILITY BENEFITS	
WC9921	03/13	FACTSHEETF(SPANISH)	ANSWERS TO YOUR QUESTIONS ABOUT THE STATE'S UNINSURED EMPLOYERS BENEFITS TRUST FUND (SPANISH)	
WC9914 A	03/13	FACT SHEET F	ANSWERS TO YOUR QUESTIONS ABOUT THE STATE'S UNINSURED EMPLOYER'S BENEFITS TRUST FUND	
WC9910 B	03/14	FACT SHEET A (ENGLISH)	ANSWERS TO YOUR QUESTIONS ABOUT UTILIZATION REVIEW	
WC9917 A	03/14	FACTSHEETA(SPANISH)	ANSWERS TO YOUR QUESTIONS ABOUT UTILIZATION REVIEW (SPANISH)	
WCAB1A	05/20	DWCWCABFORM1A	APPLICATION FOR ADJUDICATION OF CLAIM	
WC9199 A	07/81	DIA2	APPLICATION FOR ADJUDICATION OF CLAIM (DEATH CASE)	
WC8996 D	09/15	QME 100	APPLICATION FOR APPOINTMENT AS QUALIFIED MEDICAL EVALUATOR	
WC9900 A	02/14	DWC FORM IMR	APPLICATION FOR INDEPENDENT MEDICAL REVIEW	
CASIFAPP	11/08	APPSIF	APPLICATION FOR SIF BENEFITS (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWC10297	11/08	DWC CA FORM 10297	ARBITRATION SUBMITTAL FORM (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC9909 A	07/10	FACTSHEETIW	BASIC FACTS ON WORKERS' COMPENSATION FOR INJURED WORKERS	
WC9915 A	05/10	FACTSHEETIWSP	BASIC FACTS ON WORKERS' COMPENSATION FOR INJURED WORKERS (SPANISH)	
WC6916 A	01/03	DWC1194	CHOOSING MEDICAL CARE FOR WORK-RELATED INJURIES AND ILLNESSES	
DWC10214C	05/20	DWCCAFORM10214C	COMPROMISE AND RELEASE (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWC10214E	11/08	DWC FORM 10214 E	COMPROMISE-RELEASE DEPEND CLAIM (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWC10214D	11/08	DWC FORM 10214 D	COMPROMISE-RELEASE DEPEND CLAIM (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWC102521	11/08	DWCCAFORM102521	DECLARATION OF READINESS - EXPEDITED TRIAL (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWC102501	06/11	DWC-CA FORM 10250.1	DECLARATION OF READINESS TO PROCEED (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
DWC10208	04/14	DWC-CA 10208.3	DECLARATION OF READINESS TO PROCEED (EXPEDITED TRIAL) (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC6921 A	12/18	WC004	DECLARATION PURSUANT TO LABOR CODE SECTION 4906(G)	
WC9897 A	01/14	DWCAD 10133.33	DESCRIPTION OF EMPLOYEE'S JOB DUTIES	
WC8358 G	10/15	FORM5021	DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS	
DWC102321	05/20	DWCCAFORM102321	DOCUMENT COVER SHEET (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWC102322	11/17	DWCCAFORM10232.2	DOCUMENT SEPARATOR SHEET (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC8359 M	10/02	FORM5020	EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS	
DWCAD100	11/08	DWCAD FORM 100 DEU	EMPLY PERM DISABILITY QUESTIONNAIRE (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC6925 B	01/17	DWC 3	FEE DISCLOSURE STATEMENT	
WC9911 A	03/13	FACT SHEET B	GLOSSARY OF WORKERS' COMPENSATION TERMS FOR INJURED WORKERS	
WC9918	03/13	FACT SHEET B (SPANISH)	GLOSSARY OF WORKERS' COMPENSATION TERMS FOR INJURED WORKERS (SPANISH)	
WC9947 A	11/19	I&A1	HOW TO FILE A WORKERS' COMPENSATION CLAIM FORM	
WC1025 A	11/19	I&A2	HOW TO REQUEST A QUALIFIED MEDICAL EVALUATION	
WC1027 A	11/19	I&A2(SP)	HOW TO REQUEST A QUALIFIED MEDICAL EVALUATION (SPANISH)	
WC9590 C	05/07	DWCFORM976810	INDEPENDENT MEDICAL REVIEW APPLICATION	
WC9627 S	12/19	I&AMILEAGEFORM	MEDICAL MILEAGE EXPENSE FORM	
WC8761	08/90	WCABFORM370890	NOTICE OF DISMISSAL OF ATTORNEY	
WC8473 A	09/84	DIA510	NOTICE OF EMPLOYEE DEATH	
WC9893 A	01/14	DWCAD 10133.53	NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK (INJURIES FROM 1/1/04 TO 12/31/12)	
WC9892 A	01/14	DWCAD 10118	NOTICE OF OFFER OF REGULAR WORK (INJURIES FROM 1/1/05 TO 12/31/12)	
WC9894 A	01/14	DWCAD 10133.35	NOTICE OF OFFER OF REGULAR, MODIFIED, OR ALTERNATIVE WORK (INJURIES ON OR AFTER 1/1/13)	
WC9683 A	07/14	DWC FORM 9783.1	NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST	
WCAB6	11/08	DWCWCABFORM6	NOTICE OF TERM OF VOC REHAB SERVICES (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC9294	06/03	WC1050	ORDER AND DECISION ON REQUEST FOR CONTINUANCE OR OFF CALENDAR	
WC9299	05/75	DIA650575	ORDER APPROVING COMPROMISE AND RELEASE	
WC9297	06/03	DIA65P	ORDER APPROVING COMPROMISE AND RELEASE	
WC9296	06/03	LS65	ORDER APPROVING COMPROMISE AND RELEASE	
WC9298	06/03	DIA65D	ORDER APPROVING COMPROMISE AND RELEASE	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9300	06/03	DIA65E	ORDER APPROVING COMPROMISE AND RELEASE	
WC9303	06/03	DIA65B	ORDER APPROVING COMPROMISE AND RELEASE	
WC9302	06/03	DIA65A	ORDER APPROVING COMPROMISE AND RELEASE	
WC9295	06/03	DIA65F	ORDER APPROVING COMPROMISE AND RELEASE	
WC9301	06/03	WCAB5	ORDER APPROVING COMPROMISE AND RELEASE (THE RIGHT TO REHABILITATION IS NOT ABROGATED BY THIS ORDER)	
WC9214	10/74	WCAB671074	ORDER APPROVING COMPROMISE AND RELEASE (THIRD PARTY SETTLEMENT)	
WC9304	03/90	WCAB520390	ORDER DISMISSING PARTY DEFENDANT	
WC9305	06/03	WC905	ORDER GRANTING PAYMENT OF LIEN CLAIM	
WC9306	02/75	WCAB530275	ORDER JOINING PARTY DEFENDANT	
WC9307	12/75	WCAB511275	ORDER OF DISMISSAL	
WC9213	08/75	WCAB590875	ORDER TO REPORT TO INDEPENDENT MEDICAL EXAMINER	
WCAB46	11/08	DWC/WCAB FORM 46	PET TO DETERMINE LIABILITY FOR TEMP (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC9215	10/90	WCAB81090	PETITION FOR APPOINTMENT OF GUARDIAN AD ITEM AND TRUSTEE	
WC9309 A	01/01	DWC2800101	PETITION FOR CHANGE OF PRIMARY TREATING PHYSICIAN	
WC9020 A	11/74	WCABFORM49	PETITION FOR COMMUTATION OF FUTURE PAYMENTS	
WC9019 A	04/14	WCAB45	PETITION FOR RECONSIDERATION	
WC9312 A	08/85	WCAB42	PETITION TO REOPEN	
WC9898 A	01/14	DWCAD1013336	PHYSICIAN'S RETURN-TO-WORK & VOUCHER REPORT	
WC9682 B	07/14	DWC FORM 9783	PREDESIGNATION OF PERSONAL PHYSICIAN	
WC9314 B	04/13	WCABFORM24	PRE-TRIAL CONFERENCE STATEMENT §5502 (D) (3)	
WC9589 C	02/16	PR-4	PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT	
WC9238 D	10/15	PR-3	PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT	
WC9239 E	10/15	PR2	PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT	
WC9280 B	07/18		PROOF OF SERVICE BY MAIL	
WC8718 C	10/13	QMEFORM110	QME APPOINTMENT NOTIFICATION FORM	
WC9770	02/09	QME FORM 107	QME PANEL SELECTION	
WC9769	02/09	QME FORM 108	QME PANEL SELECTION INSTRUCTION FORM	
WC8997 C	10/13	QME FORM 112	QME/AME TIME FRAME EXTENSION REQUEST (FOR LATE REPORTING ON ACCEPTED CLAIMS)	
WC9260 A	02/09	QME FORM 111	QUALIFIED MEDICAL EVALUATOR'S FINDINGS SUMMARY FORM	
WC9815 A	10/13	QME FORM 31.5	REPLACEMENT PANEL REQUEST	
DWCAD103	11/08	DWC AD FORM 103(DEU)	REQ FOR RECONS OF SUMMARY RATING (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWCAD101	11/08	DWCAD FORM 101 DEU		

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9901 A	02/14	DWC FORM RFA	REQ FOR SUMMARY RATING BY QME (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWCAD104	11/08	DWC AD FORM 104 DEU	REQUEST FOR AUTHORIZATION REQUEST FOR CONSULTATIVE RATING (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC9899 A	01/14	DWCAD 10133.55	REQUEST FOR DISPUTE RESOLUTION BEFORE ADMINISTRATIVE DIRECTOR	
WC9792 B	09/15	QME-105	REQUEST FOR QME PANEL UNDER LABOR CODE SECTION 4062.1 – UNREPRESENTED.	
WC8705 E	09/15	QME 106	REQUEST FOR QUALIFIED MEDICAL EVALUATOR	
WC9425 E	09/15	QMEFORM105	REQUEST FOR QUALIFIED MEDICAL EVALUATOR PANEL	
DWCAD10120	11/08	DWC AD FORM 10120(SJDB)	REQUEST FOR REIMBURSEMENT	
DWCAD102	11/08	DWC AD FORM 102 DEU	REQUEST FOR SUM RATING DET BY PTP (AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC9315 A	01/11	SNOL	SPECIAL NOTICE OF LAWSUIT	
WC9319	06/03	WC903	STIPULATION AND ORDER GRANTING PAYMENT OF LIEN CLAIM	
DWC10214A1	05/20	DWCWCABFORM10214A1	STIPULATIONS WITH REQUEST FOR AWARD (DATES OF INJURY ON OR AFTER 1-1-13)(AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
DWC10214B	11/08	DWC FORM 10214(B)	STIPULATIONS WITH REQUEST FOR AWARD (DEATH CASE)(AVAILABLE ELECTRONICALLY IN PDF FILL ONLY)	
WC9321 A	06/18	WCAB 30	SUBPOENA	
WC9283 A	06/18	WCAB 32	SUBPOENA DUCES TECUM	
WC9279 A	01/99	WCAB36	SUBSTITUTION OF ATTORNEYS	
WC9895 A	01/14	DWCAD 10133.57	SUPPLEMENTAL JOB DISPLACEMENT NONTRANSFERABLE TRAINING VOUCHER (INJURIES FROM 1/1/04 TO 12/31/12)	
WC9896 B	10/15	DWC-AD 10133.2	SUPPLEMENTAL JOB DISPLACEMENT NON-TRANSFERABLE VOUCHER - INJURIES OCCURRING ON OR AFTER 01/01/2013	
WC9236 F	07/14		TIME OF HIRE PAMPHLET	
WC9271 F	07/14		TIME OF HIRE PAMPHLET (SPANISH)	
WC9721 A	04/14	DWC UR	UTILIZATION REVIEW (UR) COMPLAINT FORM	
WC9324	06/03	WC105	VENUE AUTHORIZATION	
WC9325	06/03	WC007	VENUE AUTHORIZATION	
WC8222 E	01/16	DWC1	WORKERS' COMPENSATION CLAIM FORM (DWC 1) & NOTICE OF POTENTIAL ELIGIBILITY	
Colorado				
WC9100 F	11/13		APPLICATION FOR HEARING AND NOTICE TO SET	
WC9156 D	01/06	WC35	APPLICATION FOR INDIGENT DETERMINATION	
WC9157 H	10/19	WC35(DIME)	APPLICATION FOR INDIGENT DETERMINATION (IME)	
WC8909 C	05/06	DK1	AVERAGE WEEKLY WAGE WORKSHEET	
WC9439 A	07/19	DK7	CALCULATING TEMPORARY PARTIAL DISABILITY BENEFITS (TBD)	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC1026 A	08/19	WC104	CLAIM SETTLEMENT AGREEMENT	
WC8524 D	04/06	WC180406	DEPENDENTS' NOTICE AND CLAIM FOR COMPENSATION	
WC8492 E	03/14	WC105	DIVISION OF WORKERS' COMPENSATION SETTLEMENT CHECKLIST AND ROUTING SHEET	
WC8062 R	01/06	WC10106	EMPLOYER'S FIRST REPORT OF INJURY	
WC9155 E	03/15		ENTRY OF APPEARANCE	
WC8625 F	10/17	WC 153	FATAL CASE - FINAL ADMISSION	
WC8624 B	05/05	WC151	FATAL CASE - GENERAL ADMISSION	
WC8244 X	03/19	WC4	FINAL ADMISSION OF LIABILITY	
WC8814 B	05/05	WC106	FIRST REPORT TRANSMITTAL	
WC8242 M	07/14	WC2	GENERAL ADMISSION OF LIABILITY	
WC9159 M	01/20	WC132	IME EXAMINER'S SUMMARY SHEET	
WC9789 B	12/18	WC036-A	INFORMATION REGARDING INDEPENDENT MEDICAL EXAMINATION	
WC9821 A	07/10		INFORMATION REGARDING WORKERS' COMPENSATION AND A CLAIMANT'S RIGHTS	
WC8911 C	01/06	WCO98	MONTHLY SUMMARY	
WC9940 B	04/19	WC192	MOTION TO CLOSE CLAIM FOR FAILURE TO PROSECUTE	
WC8623 J	10/18	WC77	NOTICE AND PROPOSAL AND APPLICATION FOR A DIVISION INDEPENDENT MEDICAL EXAMINATION (DIME)	
WC9160 C	05/19	WC168	NOTICE OF CHANGE OF CARRIER OR ADJUSTING FIRM	
WC8007 G	09/18	WC074	NOTICE OF CONTEST	
WC8862 C	10/18	WC165	NOTICE OF DIME NEGOTIATIONS	
WC9785 B	06/15	WC003	NOTICE OF ONE-TIME CHANGE OF PHYSICIAN & AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION	
WC9438 D	04/18	WC-M3-PSYCH	PERMANENT WORK-RELATED MENTAL IMPAIRMENT RATING REPORT WORKSHEET	
WC8250 F	01/13	WC54	PETITION TO MODIFY, TERMINATE, OR SUSPEND COMPENSATION	
WC8183 E	01/06	WC37	PETITION TO REOPEN	
WC9163 D	04/15		PETITION TO REVIEW AND REQUEST FOR TRANSCRIPT	
WC8527 C	01/06	WCM40106	PHARMACY BILLING STATEMENT	
WC9009 F	02/19	WC164	PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY	
WC9332 C	07/18	WC193	REQUEST FOR A DISFIGUREMENT AWARD	
WC9333 C	06/16		REQUEST FOR EXPEDITED HEARING	
WC8525 K	07/14	WC62	REQUEST FOR LUMP SUM PAYMENT (PERMANENT PARTIAL, PERMANENT TOTAL AND DEPENDENTS' BENEFITS)	
WC8252 F	01/06	WC63	REQUEST FOR OFFSET OF LIABILITY TO SUBSEQUENT INJURY FUND	
WC8912 D	05/16	WC131	REQUEST FOR UTILIZATION REVIEW	
WC9657 A	12/18	WC178	REQUEST/NOTIFICATION FOR FOLLOW-UP IME	
WC9162 G	03/15		RESPONSE TO APPLICATION FOR HEARING	
WC8490 C	02/19	WC 73	SETTLEMENT ORDER	
WC8063 J	08/19	WC12	SUPPLEMENTAL REPORT OF RETURN TO WORK	
WC9942	03/14	WC191	VOLUNTARY ABANDONMENT OF CLAIM	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8523 D	04/06	WC15	WORKER'S CLAIM FOR COMPENSATION	
WC9161 B	01/17	WC174	WORKER'S CLAIM FORM	
			COMPENSATION TRANSMITTAL	
			Connecticut	
WC9524 C	11/09		AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS BY A HOSPITAL/ PROVIDER FOR THE PURPOSE OF ADMINISTERING A CONNECTICUT WORKERS' COMPENSATION CLAIM FOR BENEFITS	
WC9822 A	09/11		EMPLOYEE MEDICAL & WORK STATUS FORM	
WC7996 G	07/09	FRI	EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS	
WC7999 J	07/09	1A	FILING STATUS AND EXEMPTION	
WC8121 G	07/09	HR	HEARING REQUEST	
WC9865	03/06		MILEAGE WORKSHEET FOR MEDICAL TREATMENT - EXAMINATION - PHYSICAL THERAPY - LABORATORY TEST	
WC8832 J	07/19	30C	NOTICE OF CLAIM FOR COMPENSATION	
WC8003 R	07/09	36	NOTICE OF INTENTION TO REDUCE OR DISCONTINUE PAYMENTS	
WC7968 P	07/09	43	NOTICE TO COMPENSATION COMMISSIONER AND EMPLOYEE OF INTENTION TO CONTEST EMPLOYEE'S RIGHT TO COMPENSATION BENEFITS	
WC8702 C	04/08	FORM 98	NOTICE TO DEPENDENTS	
WC9120 B	03/06	NOA0306	NOTIFICATION OF APPEARANCE	
WC8105 D	07/09	44	ORDER TO SECOND INJURY FUND IN CASES OF CONCURRENT EMPLOYMENT	
WC8833 B	03/06	PFR0306	PETITION FOR REVIEW	
WC7998 N	09/10	42	PHYSICIAN'S PERMANENT IMPAIRMENT EVALUATION	
WC9866	07/05		RECORD OF EMPLOYMENT CONTACTS	
WC9121 F	07/09	WCR-1	REHABILITATION REQUEST	
WC2006	09/20		STIPULATION QUESTIONNAIRE	
WC8688 E	05/14	VA	VOLUNTARY AGREEMENT	
WC2002	07/20		WORKERS' COMPENSATION INFORMATION PACKET	
WC1015 B	07/20		WORKERS' COMPENSATION INFORMATION PACKET (SPANISH)	
			Delaware	
WC7981 B	06/13	60-07-01-01	AGREEMENT AS TO COMPENSATION	
WC1505 B	02/08	FORM18	AGREEMENT FOR COMPENSATION FOR DEATH	
WC9772 E	10/13		EMPLOYER'S MODIFIED DUTY AVAILABILITY REPORT	
WC8388 K	12/11	600702111201	FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE	
WC8205 E	04/20		NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR DELAWARE WORKERS' COMPENSATION DEATH AND MEDICAL BENEFITS	
WC9348 A	12/11	E6007	PETITION FOR COMMUTATION	
WC7980 B	12/11	F60-07-12-12-11	PETITION FOR REVIEW	
WC9877	12/11	G60-07-12-12-11	PETITION TO APPEAL A UTILIZATION REVIEW (UR) DETERMINATION	
WC9347 B	12/11	D60-07-12-12-11		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9313 B	05/12	A6007	PETITION TO DETERMINE ADDITIONAL COMPENSATION DUE TO INJURED EMPLOYEE	
WC9349 A	12/11	C60-07-12-12-11	PETITION TO DETERMINE DISFIGUREMENT	
WC9863	03/11		PHYS REPORT OF WC INJURY - DE	
WC8074 B	12/97	60070102	RECEIPT OF COMPENSATION PAID	
WC9787 C	07/15		REQUEST FOR UTILIZATION REVIEW	
District of Columbia				
WC9930	02/14	OWC 20	APPLICATION FOR FORMAL HEARING	
WC7941 C	02/14	OWN7A	EMPLOYEE'S CLAIM APPLICATION	
WC8090 D	02/14	OWC 7	EMPLOYEE'S NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE	
WC9452	06/03		EMPLOYEE'S RIGHTS AND OBLIGATIONS	
WC7944 C	02/14	OWC 8	EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE	
WC7970 A	02/14	OWC 12	MEDICAL REPORT	
WC7950 A	02/14	OWC 9	MEMO OF PAYMENT OF WORKERS' COMPENSATION	
WC7969 B	03/20	OWC11	NOTICE OF CONTROVERSION MEMO OF DENIAL OF WORKERS' COMPENSATION BENEFITS	
WC7997 A	02/14	OWC 15	NOTICE OF FINAL PAYMENT OF COMPENSATION PAYMENTS	
WC7975	07/99	FORM 13 DCWC	REPORT OF EXTENDED DISABILITY	
WC7951 A	02/14	OWC 10	WAGE SCHEDULE	
Federal				
WC8543 E	03/14	LS-266	APPLICATION FOR CONTINUATION OF DEATH BENEFIT FOR STUDENT	
WC7542	01/03	LS-33	APPROVAL OF COMPROMISE OF THIRD PERSON CAUSE OF ACTION	
WC7568 E	04/12	LS-204	ATTENDING PHYSICIAN'S SUPPLEMENTARY REPORT	
WC8180 E	01/10	LS570	CARRIER'S REPORT OF ISSUANCE OF POLICY	
WC8542 E	09/10	LS-265	CERTIFICATION OF FUNERAL EXPENSES	
WC7625 E	04/12	LS-262	CLAIM FOR DEATH BENEFITS	
WC9888 A	03/17	CA278	CLAIM FOR REIMBURSEMENT OF BENEFIT PAYMENTS AND CLAIMS EXPENSE UNDER THE WAR HAZARDS COMPENSATION ACT	
WC9492 B	03/12	LS-267	CLAIMANT'S STATEMENT	
WC9521 D	11/16	SSA3288	CONSENT FOR RELEASE OF INFORMATION	
WC8079 G	08/14	LS-203	EMPLOYEE'S CLAIM FOR COMPENSATION	
WC7750 G	04/12	LS-202	EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL ILLNESS	
WC8083 F	03/14	LS-210	EMPLOYER'S SUPPLEMENTARY REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS	
WC1578 D	02/12	CMS 1500	HEALTH INSURANCE CLAIM FORM	
WC8856	12/90	HCFA15001290	HEALTH INSURANCE CLAIM FORM HCFA-1500	
WC8013 M	05/15	LS-207	NOTICE OF CONTROVERSION OF RIGHT TO COMPENSATION	
WC8076 E	04/09	LS201	NOTICE OF EMPLOYEE'S INJURY OR DEATH	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8189 K	01/18	LS-208	NOTICE OF FINAL PAYMENT OR SUSPENSION OF COMPENSATION PAYMENTS	
WC8012 H	01/15	LS-206	PAYMENT OF COMPENSATION WITHOUT AWARD	
WC8541 D	09/10	LS-18	PRE-HEARING STATEMENT	
WC7718 C	04/09	LS-200	REPORT OF EARNINGS	
WC7560 F	11/17	LS1	REQUEST FOR EXAMINATION AND/OR TREATMENT	
WC9500 D	03/19	SSA7050F4	REQUEST FOR SOCIAL SECURITY EARNING INFORMATION	
WC7504 E	03/12	LS-426	REQUEST TO EMPLOYEE FOR WAGE EARNINGS INFORMATION	
WC9943 A	03/15	LS801	WAIVER OF SERVICE BY REGISTERED OR CERTIFIED MAIL FOR EMPLOYERS AND/OR INSURANCE CARRIERS	
WC1596 E	08/14	OWCP-5B	WORK CAPACITY EVALUATION (CARDIOVASCULAR/PULMONARY CONDITIONS)	
WC1597 E	08/14	OWCP-5C	WORK CAPACITY EVALUATION (MUSCULOSKELETAL CONDITIONS)	
WC1593 E	08/14	OWCP-5A	WORK CAPACITY EVALUATION (PSYCHIATRIC/PSYCHOLOGICAL CONDITIONS)	
Florida				
WC7933 B2	03/09	DFS-F2-DWC-49	AGGREGATE CLAIMS ADMINISTRATION CHANGE REPORT	
WC7963 E	03/09	DFS-F2-DWC-30	AUTHORIZATION AND REQUEST FOR UNEMPLOYMENT COMPENSATION INFORMATION FOR WORKFORCE INNOVATION	
WC9707 A	11/06	DFSFORM31600024	CARRIER RESPONSE TO PETITION FOR RESOLUTION OF REIMBURSEMENT DISPUTE	
WC7700 C2	03/09	DFS-F2-DWC-13	CLAIM COST REPORT	
WC9775 C	12/15	DFS-F3-DWC-24	DEPARTMENT AND STUDENT AGREEMENT FOR SPONSORSHIP OF TRAINING AND EDUCATION	
WC7696 B	03/09	DFS-F2-DWC-19	EMPLOYEE EARNINGS REPORT	
WC9504 F	03/19		EMPLOYEE NOTIFICATION LETTER (ENGLISH)	
WC9505 F	03/19		EMPLOYEE NOTIFICATION LETTER (SPANISH)	
WC9451 B	01/08	SDF-6	EXPLANATION OF BENEFITS	
WC7671 D	10/16	DFS-F2-DWC-1	FIRST REPORT OF INJURY OR ILLNESS	
WC8906 D	03/10	DFS-F2-DWC-65	IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS	
WC9722 A	03/10	DFS-F2-DWC-66	IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS (SPANISH)	
WC8905 E	03/10	DFS-F2-DWC-60	IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS (ENGLISH)	
WC9102 F	02/14	DFS-F2-DWC-61	IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS (SPANISH)	
WC7550 D2	03/09	DFS-F2-DWC-4	NOTICE OF ACTION/CHANGE	
WC7697 C2	03/09	DFS-F2-DWC-12	NOTICE OF DENIAL	
WC7898 B2	03/09	DFS-F2-DWC-33	PERMANENT TOTAL OFF-SET WORKSHEET	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC7895 B2	03/09	DFS-F2-DWC-35	PERMANENT TOTAL SUPPLEMENTAL WORKSHEET	
WC9017 B	04/11	PFB	PETITION FOR BENEFITS	
WC9706 A	11/06	DFSFORM31600023	PETITION FOR RESOLUTION OF REIMBURSEMENT DISPUTE	
WC9847	01/08	DFS-F1-PW-2	PREFERRED WORKER REIMBURSEMENT REQUEST	
WC9450 C	03/09	SDF-1	PROOF OF CLAIM	
WC9532 B	03/09	SDF-2	REIMBURSEMENT REQUEST	
WC9848	06/94	EAO-1	REQUEST FOR ASSISTANCE	
WC8228 C	12/15	DFS-F3-DWC-23	REQUEST FOR SCREENING	
WC7594 B	03/09	DFS-F2-DWC-14	REQUEST FOR SOCIAL SECURITY DISABILITY BENEFIT INFORMATION	
WC7543 C2	03/09	DFS-F2-DWC-3	REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS	
WC9018 A	03/07	RPFB	RESPONSE TO PETITION FOR BENEFIT	
WC8133 F	01/15	DFS-F5-DWC-10	STATEMENT OF CHARGES FOR DRUGS AND MEDICAL EQUIPMENT & SUPPLIES	
WC7752 B	03/09	DFS-F2-DWC-40	STATEMENT OF QUARTERLY EARNINGS FOR SUPPLEMENTAL INCOME BENEFITS	
WC9529 D	01/08	DFS-F5DWC25	UNIFORM MEDICAL TREATMENT/ STATUS REPORTING FORM	
WC7673 E2	03/09	DFS-F2-DWC-1A	WAGE STATEMENT	
Georgia				
WC9720 E	08/12	WC-131A	ANNUAL INSURER UPDATE	
WC7869 R	12/18	WC-25	APPLICATION FOR LUMP SUM / ADVANCE PAYMENT	
WC9056 G	12/18	WC15	ATTORNEY CERTIFICATION FOR NO LIABILITY STIPULATIONS	
WC9061 F	12/18	WC108A	ATTORNEY FEE APPROVAL	
WC9060 G	12/18	WC102C	ATTORNEY LEAVE OF ABSENCE	
WC9062 F	12/18	WC108B	ATTORNEY WITHDRAWAL / LIEN	
WC8640 H	12/18	WC-207	AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION	
WC7899 V	12/18	WC-4	CASE PROGRESS REPORT	
WC7767 H	12/18	WC-200A	CHANGE OF PHYSICIAN/ADDITIONAL TREATMENT BY CONSENT	
WC7587 T	12/18	WC-26	CONSOLIDATED YEARLY REPORT OF MEDICAL-ONLY CASES AND ANNUAL PAYMENTS ON INDEMNITY CLAIMS	
WC8587 E	12/18	WC243	CREDIT	
WC9174 H	12/18	WCR1CATEE	EMPLOYEE'S REQUEST FOR CATASTROPHIC DESIGNATION	
WC7794 A	12/18	WC-1	EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE	
WC9528	06/01	SIH0601	EMPLOYER'S KNOWLEDGE AFFIDAVIT (SECOND INJURY FUND)	
WC9069 G	12/18	WC-R2A	INDIVIDUALIZED REHABILITATION PLAN	
WC9549 E	12/18	WC240A	JOB ANALYSIS	
WC8094 S	12/18	WC-20A	MEDICAL REPORT	
WC9058 K	12/18	WC-102D	MOTION/OBJECTION TO MOTION	
WC7764 H	12/18	WC121	NOTICE OF CHANGE OF TPA/SERVICING AGENT	
WC8735 B	06/01	SIA0601	NOTICE OF CLAIM	
WC7751 S	12/18	WC-14	NOTICE OF CLAIM	
WC9064 G	12/18	WC-206	NOTICE OF INTENT TO BECOME A PARTY AT INTEREST	
WC9067 G	12/18	WC-244	NOTICE OF INTENT TO BECOME A PARTY AT INTEREST	
WC7925 B	07/19	WC-2		

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC7853 Y	07/19	WC-2A	NOTICE OF PAYMENT OR SUSPENSION OF BENEFITS	
WC9059 G	12/18	WC102B	NOTICE OF PAYMENT OR SUSPENSION OF DEATH BENEFITS	
WC7854 Q	12/18	WC-3	NOTICE OF REPRESENTATION OF ANY PARTY OTHER THAN A CLAIMANT OR EMPLOYEE BY AN ATTORNEY	
WC7760 M	12/18	WC-104	NOTICE TO EMPLOYEE OF MEDICAL RELEASE TO RETURN TO WORK WITH RESTRICTIONS OR LIMITATIONS	
WC8754 K	12/18	WC-240	NOTICE TO EMPLOYEE OF OFFER OF SUITABLE EMPLOYMENT	
WC9066 H	12/18	WC226B	PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR FOR LEGALLY INCAPACITATED ADULT	
WC9065 H	12/18	WC226A	PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR OF MINOR(S)	
WC9994 A	12/18	WC-PMT	PETITION FOR MEDICAL TREATMENT	
WC9964 A	12/18	WC-REHAB OBJECTION	REHAB OBJECTION	
WC9068 G	12/18	WC-R2	REHABILITATION TRANSMITTAL FORM	
WC8736 D	06/12	S.I. C	REIMBURSEMENT REQUEST	
WC9063 F	12/18	WC-205	REQUEST FOR AUTHORIZATION OF TREATMENT OR TESTING BY AUTHORIZED MEDICAL PROVIDER	
WC9637 E	12/18	WC-CHANGE OF ADDRESS	REQUEST FOR CHANGE OF ADDRESS	
WC8588 G	12/18	WC12	REQUEST FOR COPY OF BOARD RECORDS	
WC9057 F	12/18	WC-102	REQUEST FOR DOCUMENTS TO PARTIES	
WC9636 D	12/18	WC-R5	REQUEST FOR REHAB CONFERENCE	
WC7881 N	12/18	WC-R1	REQUEST FOR REHABILITATION	
WC9070 H	12/18	WC-R3	REQUEST FOR REHABILITATION CLOSURE	
WC9548 G	12/18	WC-100	REQUEST FOR SETTLEMENT MEDIATION	
WC9634 F	12/18	WC-14A	REQUEST TO CHANGE INFORMATION ON A PREVIOUSLY FILED FORM WC-14	
WC7775 K	12/18	WC-200B	REQUEST/OBJECTION FOR CHANGE OF PHYSICIAN/ADDITIONAL TREATMENT	
WC9635 E	12/18	WC-262	WAGE DOCUMENTATION OF TEMPORARY PARTIAL DISABILITY PAYMENTS	
WC7901 R	12/18	WC-6	WAGE STATEMENT	
Hawaii				
WC9240	03/92	WC30392	CARRIER'S CASE REPORT	
WC9242 B	10/05	FORMWC5	EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS	
WC9577 B	01/18	WC-14	EMPLOYEE'S WAGE REPORT FOR FIFTY-TWO WEEKS PRIOR TO DATE OF INJURY	
WC9246 A	09/16	WC1	EMPLOYER'S REPORT OF INDUSTRIAL INJURY	
WC9948	03/05	WC-101	HIGHLIGHTS OF THE HAWAII WORKERS' COMPENSATION LAW	
WC9576 B	10/05	FORMWC2	PHYSICIAN'S REPORT	
Idaho				
WC9334 C	11/13	IC-1003	ANSWER TO COMPLAINT	
WC9264 F	09/19	RMR4	CLAIMANT'S REQUEST FOR PERSONAL WORKERS' COMPENSATION RECORDS	
WC8795 H	09/19	RMR3	EMPLOYER CERTIFICATE AND CLAIMS HISTORY RELEASE (FOR EMPLOYERS NOT SUBJECT TO THE A.D.A.)	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8939 G	09/19	RMR2	EMPLOYER CERTIFICATE AND CLAIMS HISTORY RELEASE (FOR EMPLOYERS SUBJECT TO THE A.D.A.)	
WC8796 A	07/05	ICFORM140705	EMPLOYER'S SUPPLEMENTAL REPORT	
WC7556 D	08/13	ICFORMIA1	FIRST REPORT OF INJURY OR ILLNESS	
WC9976 A	05/18		INSTRUCTIONS FOR SUBMITTING A WORKERS' COMPENSATION FIRST REPORT OF INJURY OR ILLNESS (IC1A-1)	
WC9335 C	08/13	APPENDIX6A	MOTION FOR APPROVAL OF DISPUTED CHARGE	
WC9337 A	07/19		MOTION FOR RECONSIDERATION	
WC9338 A	07/19		MOTION TO PRESENT ADDITIONAL EVIDENCE	
WC7860 B	01/20	ICFORM8	NOTICE OF CLAIM STATUS	
WC8610 D	05/13	APPENDIX7A	PETITION FOR CHANGE OF PHYSICIAN	
WC9961	11/13	IC9030	REHABILITATION REFERRAL FORM	
WC9638 A	07/15	ICFORM432(1)	REIMBURSEMENT FOR HEALTH CARE TRAVEL EXPENSES PURSUANT TO SECTION 72-432(1), IDAHO CODE	
WC9339 A	01/20	ICFORM1022	REPORT OF LITIGATION EXPENSES (CLAIMANT'S ATTORNEY)	
WC9340 A	01/20	ICFORM1023	REPORT OF LITIGATION EXPENSES (EMPLOYER/SURETY/ISIF/SELF INSURERS)	
WC8799 E	10/19	IC36	REPORT OF OUTSTANDING AWARDS FOR FATAL, PERMANENT PARTIAL IMPAIRMENT, AND PERMANENT TOTAL DISABILITY CLAIMS	
WC9341	06/03		REQUEST FOR MEDIATION	
WC8794 M	09/19	RMR1	REQUEST FOR WORKERS' COMPENSATION RECORDS	
WC9336 A	12/12		RESPONSE TO MOTION FOR APPROVAL OF DISPUTED CHARGE	
WC8611 D	05/13	APPENDIX7B	RESPONSE TO PETITION FOR CHANGE OF PHYSICIAN	
WC8612 B	07/97	ICFORM6	SUMMARY OF PAYMENTS	
WC9099 A	08/12	IC6F	SUMMARY OF PAYMENTS FATAL CASE	
WC9342 C	08/13	IC1001	WORKERS' COMPENSATION COMPLAINT	
WC9343 C	05/13	IC1002	WORKERS' COMPENSATION COMPLAINT AGAINST THE INDUSTRIAL SPECIAL INDEMNITY FUND (ISIF)	
Illinois				
WC8968 B	12/04	IC6	APPEARANCE OF REPRESENTATIVE	
WC8807 E	05/12	IC1	APPLICATION FOR ADJUSTMENT OF CLAIM (APPLICATION FOR BENEFITS)	
WC8811 C	08/12	IC41	ARBITRATION CASE INFORMATION SHEET	
WC1567 M	08/12	IC85	EMPLOYER'S SUPPLEMENTARY REPORT OF INJURY	
WC8188 V	08/12	FORM45	EMPLOYER'S SUPPLEMENTARY REPORT OF INJURY	
WC8982 A	12/04	IC27	MOTION TO DISMISS ATTORNEY OF RECORD	
WC8979 A	12/04	IC17	MOTION TO VOLUNTARILY DISMISS	
WC8983 A	12/04	IC28	MOTION TO WITHDRAW AS ATTORNEY OF RECORD	
WC8967 C	04/11	IC4	NOTICE OF MOTION AND ORDER	
WC8986 B	03/06	IC32	NOTICE OF REJECTION OF SETTLEMENT CONTRACT	
WC8980 A	12/04	IC19	ORDER TO DISMISS CASE FOR WANT OF PROSECUTION	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8978 A	12/04	IC14D	ORDER TO DISMISS OR WITHDRAW PETITION UNDER SECTION 19(B-1) OF THE ACT	
WC8969 A	12/04	IC7	PETITION FOR AN IMMEDIATE HEARING UNDER SECTION 19(B) OF THE ACT	
WC8975 A	12/04	IC14A	PETITION FOR IMMEDIATE HEARING UNDER SECTION 19(B-1) OF THE ACT	
WC8973 A	12/04	IC11A	PETITION FOR REVIEW OF ARBITRATION DECISION UNDER SECTION 19(B-1) OF THE ACT	
WC8974 A	12/04	IC14	PETITION FOR REVIEW UNDER SECTION 19(H) OR 8(A) OF THE ACT	
WC8981 A	12/04	IC23	PETITION TO REINSTATE CASE	
WC8809 B	12/04	IC15	PROOF OF SERVICE	
WC8406 B	12/04	IC31	REHABILITATION PLAN	
WC8808 C	02/10	IC9	REQUEST FOR HEARING	
WC8810 A	12/04	IC36	REQUEST FOR VOLUNTARY ARBITRATION	
WC8970 A	12/04	IC8	RESPONSE TO PETITION FOR AN IMMEDIATE HEARING UNDER SECTION 19(B) OF THE ACT	
WC8976 A	12/04	IC14B	RESPONSE TO PETITION FOR IMMEDIATE HEARING UNDER SECTION 19(B-1) OF THE ACT	
WC8769 E	05/12	IC5	SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER	
WC8984 C	08/12	IC29	STIPULATION TO SUBSTITUTE ATTORNEY	
WC9995	11/11	IA2	WORKERS COMPENSATION - SUBSEQUENT REPORT	
Indiana				
WC7704 B	04/12	SF 34873	AGREEMENT BETWEEN PARTIES FOR LUMP SUM PAYMENT	
WC7785 A	05/10	SF 18875	AGREEMENT TO COMPENSATION BETWEEN THE DEPENDENTS OF DECEASED EMPLOYEE AND EMPLOYER	
WC7701 C	03/09	SF 1043	AGREEMENT TO COMPENSATION OF EMPLOYEE AND EMPLOYER	
WC7788 C	06/05	SF29109	APPLICATION FOR ADJUSTMENT OF CLAIM	
WC9782 B	01/15	SF18487	APPLICATION FOR ADJUSTMENT OF CLAIM FOR PROVIDER FEE	
WC7783 A	02/98	SF1042	APPLICATION FOR REVIEW BY FULL BOARD	
WC8785 A	04/09	SF53913	EMPLOYEE WAIVER OF EXAMINATION BY PERSONAL PHYSICIAN	
WC7703 F	01/02	SF34401	FIRST REPORT OF EMPLOYEE INJURY, ILLNESS	
WC9778 B	07/12	SF 53914	NOTICE OF DENIAL OF BENEFITS	
WC7629 B	07/12	SF 48557	NOTICE OF INABILITY TO DETERMINE LIABILITY/REQUEST FOR ADDITIONAL TIME	
WC9820 A	03/13	FORM 54217	NOTICE OF SUSPENSION OF MEDICAL BENEFITS	
WC7702 D	08/11	SF2118	PHYSICIAN'S REPORT	
WC8335 J	01/14	FORM 38911	REPORT OF CLAIM STATUS/REQUEST FOR INDEPENDENT MEDICAL EXAMINATION	
WC9448 A	05/06	45442	REQUEST FOR ASSISTANCE	
Iowa				
WC8869 F	07/19	140021	AGREEMENT FOR SETTLEMENT	

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WC1034	07/19	140009A	ANSWER CONCERNING VOCATIONAL REHABILITATION PROGRAM BENEFIT	
WC1035	07/19	140011A	ANSWER TO PETITION CONCERNING APPLICATION FOR ALTERNATE CARE	
WC1037	07/19	140007A	ANSWER TO PETITION CONCERNING APPLICATION FOR IME	
WC8873 C	07/19	140037	APPLICATION FOR PAYMENT OF BENEFITS	
WC9352 A	07/19	140075	APPLICATION TO DEFER PAYMENT OF FILING FEES & FINANCIAL AFFIDAVIT	
WC8684 E	02/17	140043	AUTHORIZATION TO RELEASE INFORMATION REGARDING CLAIMANT SEEKING WORKERS' COMPENSATION BENEFITS	
WC9631 A	07/19	140196	AUTHORIZATION TO THE IOWA DWC TO RELEASE INFORMATION	
WC9705 B	08/16	140171	CLAIMANT'S CONFIDENTIAL INFORMATION FORM	
WC9620 B	07/12	140163	CLAIMANT'S STATEMENT	
WC9618 B	07/19	140159	COMBINATION SETTLEMENT	
WC8925 H	10/19	140025	COMPROMISE SETTLEMENT	
WC9619 B	07/19	140161	CONTINGENT SETTLEMENT	
WC9859 A	05/15	140001	FIRST REPORT OF INJURY	
WC8923 F	07/19	140013	FULL COMMUTATION	
WC9579 B	09/19	140047	HEARING REPORT - NO SECOND INJURY FUND	
WC8871 H	01/20	140083	INFORMATION REQUEST	
WC9171	03/00	140141	MEDICAL REPORT TRANSMITTAL FORM	
WC8922 D	07/19	140011	ORIGINAL NOTICE & PETITION CONCERNING APPLICATION FOR ALTERNATE CARE	
WC8793 F	07/19	140007	ORIGINAL NOTICE & PETITION CONCERNING APPLICATION FOR IME	
WC8921 D	07/19	140009	ORIGINAL NOTICE & PETITION CONCERNING VOCATIONAL REHABILITATION PROGRAM BENEFIT	
WC8868 D	07/09	FORM100	ORIGINAL NOTICE AND PETITION	
WC8919 G	07/19	140017	PARTIAL COMMUTATION	
WC9071 D	01/20	140147	PAYMENT ACTIVITY REPORT (PAR) - SETTLEMENTS & COMMUTATIONS	
Kansas				
WC9353 G	11/18	KWCE1	APPLICATION FOR BENEFITS	
WC9356 H	11/18	KWCE4	APPLICATION FOR POST AWARD MEDICAL, TERMINATION OR MODIFICATION OF MEDICAL BENEFITS	
WC9354 H	11/18	E-3	APPLICATION FOR PRELIMINARY HEARING	
WC9357 H	11/18	E-5	APPLICATION FOR REVIEW AND MODIFICATION	
WC7564 M	07/19	K-WC 27-A	INFORMATION FOR INJURED EMPLOYEES (ENGLISH)	
WC7873 J	07/19	K-WC 270-A	INFORMATION FOR INJURED EMPLOYEES (SPANISH)	
WC8798 J	04/13	K-WC 970	REQUEST FOR WORKERS COMPENSATION RECORDS (SPANISH)	
WC8059 K	11/16	K-WC FORM D	SETTLEMENT AGREEMENT FINAL RECEIPT AND RELEASE OF LIABILITY	
WC9410 D	10/12	K-WC 160	STATEMENT REGARDING ATTORNEY FEES	
WC9355 G	11/18	E-2	SURVIVING SPOUSE, DEPENDENT OR HEIR APPLICATION FOR HEARING	

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	UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
	WC8480 P	12/20	KWC25	WORKERS COMPENSATION INFORMATION FOR KANSAS EMPLOYERS AND EMPLOYEES	
	WC8481 M	05/15	K-WC 250	WORKERS COMPENSATION INFORMATION FOR KANSAS EMPLOYERS AND EMPLOYEES (SPANISH)	
				Kentucky	
(New)	WC1520 F	02/20	FORM110I	AGREEMENT AS TO COMPENSATION	
(New)	WC1521 G	02/20	FORM110ODHLCWP	AGREEMENT AS TO COMPENSATION AND ORDER APPROVING SETTLEMENT - HEARING LOSS/OCCUPATIONAL DISEASE	
	WC1583 E	10/16	FORM103	APPLICATION FOR RESOLUTION OF A CLAIM – HEARING LOSS	
	WC1581 E	10/16	FORM101	APPLICATION FOR RESOLUTION OF A CLAIM - INJURY	
	WC1582 E	10/16	FORM102OD	APPLICATION FOR RESOLUTION OF A CLAIM – OCCUPATIONAL DISEASE	
	WC9345 A	03/95	FORM109	ATTORNEY FEE ELECTION	
	WC1572 A	10/16	FORM SHL	HEARING LOSS STIPULATION AND CONTESTED ISSUES	
	WC1527 E	10/16	FORM 112	MEDICAL DISPUTE	
	WC1559 G	10/16	FORM107	MEDICAL REPORT - INJURY/HEARING LOSS/PSYCHOLOGICAL CONDITION	
	WC1515 E	07/03	FORM106	MEDICAL WAIVER AND CONSENT	
	WC9344 B	10/16	FORMMTR	MOTION TO REOPEN	
	WC1577 B	10/16	FORM 111	NOTICE OF CLAIM DENIAL OR ACCEPTANCE (OCCUPATIONAL DISEASE)	
	WC8529 B	03/03	FORM113	NOTICE OF DESIGNATED PHYSICIAN	
	WC1580 A	10/16	FORM SOD	OCCUPATIONAL DISEASE STIPULATION AND CONTESTED ISSUES	
	WC1513 D	10/16	FORM104	PLAINTIFF'S EMPLOYMENT HISTORY	
	WC1514 D	10/16	FORM 105	PLAINTIFF'S CHRONOLOGICAL MEDICAL HISTORY	
(New)	WC1573 A	10/17	FORM114	REQUEST FOR PAYMENT FOR SERVICES OR REIMBURSEMENT FOR COMPENSABLE EXPENSES	
	WC9346 D	10/16	FORM11	REQUEST TO SUBSTITUTE PARTY AND CONTINUE BENEFITS	
	WC1586 A	01/97	FORM115	SOCIAL SECURITY RELEASE FORM	
	WC1579 A	10/16	FORM SI	STATEMENT OF PROPOSED STIPULATIONS AND NOTICE OF CONTESTED ISSUES (INJURY STIPULATION)	
	WC8720 B	10/16	AWW-1	WAGE CERTIFICATION	
	WC8552 A	01/99	IA2	WORKERS COMPENSATION - SUBSEQUENT REPORT	
				Louisiana	
	WC8487 F	04/14	LWC-WC-1008	DISPUTED CLAIM FOR COMPENSATION	
	WC9846 B	12/14	LWC-WC 1009	DISPUTED CLAIM FOR MEDICAL TREATMENT	
	WC1010	08/17	LWC-WC-1151	EMPLOYEE AUTHORIZATION FOR OWCA TO RELEASE CONFIDENTIAL WORKERS' COMPENSATION RECORDS	
	WC8288 C	07/08	LWC-WC-1025.EE	EMPLOYEE CERTIFICATE OF COMPLIANCE	
	WC9851	12/00	LDOL-WC 1025.EE	EMPLOYEE CERTIFICATE OF COMPLIANCE (SPANISH)	
	WC8289 C	07/08	LWC-WC 1020		

(New)Denotes change.

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9850	07/08	LWC-WC 1020	EMPLOYEE'S MONTHLY REPORT OF EARNINGS	
WC8290 B	07/08	LWC-WC-1026	EMPLOYEE'S MONTHLY REPORT OF EARNINGS (SPANISH)	
WC1517 A	07/08	LWC-WC-1025.ER	EMPLOYEE'S QUARTERLY REPORT OF EARNINGS	
WC8486 G	01/14	LWC-WC IA-1	EMPLOYER CERTIFICATE OF COMPLIANCE (MUST BE INCLUDED WITH WC8486G - FIRST REPORT OF INJURY OR ILLNESS)	
WC9879	04/12	LWC FORM 1010	FIRST REPORT OF INJURY OR ILLNESS	
WC9849	07/08		FIRST REQUEST	
WC8516 A	07/08	WC1005A	GLOSSARY OF TERMS FOR QUARTERLY REPORT 1017A	
WC8835 A	01/09	SIB FORM A	MOTION FOR RECOGNITION OF RIGHT TO SOCIAL SECURITY OFFSET	
WC8483 H	09/14	LWC-WC-1002	NOTICE OF CLAIM WITH SECOND INJURY FUND	
WC9497 A	07/08	LWC-WC 1121	NOTICE OF PAYMENT, MODIFICATION, SUSPENSION, TERMINATION OR CONTROVERSION OF COMPENSATION OR MEDICAL BENEFITS	
WC8517 A	07/07	LWC-WC-1005B	NOTICE TO INJURED WORKERS - YOU HAVE THE RIGHT TO CHOOSE YOUR OWN DOCTOR!	
WC8428 C	07/08	LWCWC1011	ORDER RECOGNIZING RIGHT TO SOCIAL SECURITY OFFSET	
WC8430 E	10/14	LWC-WC 1015	REQUEST FOR COMPROMISE OR LUMP SUM SETTLEMENT	
WC8426 C	07/08	LWC -WC-1004	REQUEST FOR INDEPENDENT MEDICAL EXAMINATION	
WC9358	01/98		REQUEST FOR SOCIAL SECURITY BENEFITS INFORMATION	
WC9878 B	06/15	FORM 1010	REQUEST FOR WAIVER OF PAYMENT OF ADVANCE COSTS FACTS CONCERNING THE EMPLOYEE	
WC1024	10/17	SIBFORMD	REQUEST OF AUTHORIZATION/CARRIER OR SELF INSURED EMPLOYER RESPONSE	
WC9562 F	09/17	SIB FORM B	SECOND INJURY BOARD - POST-HIRE/ CONDITIONAL JOB OFFER KNOWLEDGE QUESTIONNAIRE	
WC8484 E	07/08	LWC-WC-1003	SECOND INJURY BOARD - REQUEST FOR REIMBURSEMENT - FORM B	
WC1009	08/17	LWCWC1150	STOP PAYMENT FORM	
			WORKERS' COMPENSATION RECORDS REQUEST FORM	
			Maine	
WC7588 F	01/13	WCB2C	APPLICATION FOR WAIVER	
WC7590 D	09/20	WCB6	CERTIFICATE AUTHORIZING RELEASE OF BENEFIT INFORMATION	
WC7987 C	09/20	WCB8	CERTIFICATE OF DISCONTINUANCE OR REDUCTION OF COMPENSATION PURSUANT TO 39-A M.R.S.A. 05(9)(B)(1)	
WC7947 E	09/20	WCB4A	CONSENT BETWEEN EMPLOYER AND EMPLOYEE	
WC8272 D	09/18	M1	DIAGNOSTIC MEDICAL REPORT	
WC2003	09/20	WCB4D	DISCONTINUANCE OF COMPENSATION	
WC9132 A	01/13	WCB121	EMPLOYEE PETITION FOR REVIEW OF INCAPACITY AND REQUEST FOR PROVISIONAL ORDERS	
WC7991 A	01/13	WCB231	EMPLOYEE'S RETURN TO WORK REPORT	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9857 A	01/13	WCB-231A	EMPLOYEE'S RETURN TO WORK REPORT (RULE 8.15)	
WC7808 F	01/13	WCB-1	EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE	
WC7990 A	01/13	WCB230	EMPLOYMENT STATUS REPORT	
WC9902 A	09/20	WCB2B	FRINGE BENEFITS WORKSHEET	
WC7739 G	09/18	WCB-220	LIMITED RELEASE OF MEDICAL/HEALTH CARE INFORMATION	
WC7593 F	09/20	WCB10	LUMP SUM SETTLEMENT	
WC7812 J	09/20	WCB3	MEMORANDUM OF PAYMENT	
WC2004	09/20	WCB4M	MODIFICATION OF COMPENSATION	
WC7988 H	09/20	WCB9	NOTICE OF CONTROVERSY THIS IS A DENIAL OF YOUR BENEFITS	
WC9134 A	01/13	WCB 140	PETITION FOR AWARD OF COMPENSATION	
WC9135 A	01/13	WCB 150	PETITION FOR AWARD OF COMPENSATION—FATAL	
WC9136 A	01/13	WCB 160	PETITION FOR AWARD OF COMPENSATION—OCCUPATIONAL DISEASE LAW	
WC8699 B	10/15	WCB190	PETITION FOR PAYMENT OF MEDICAL AND RELATED SERVICES	
WC9138 A	01/13	WCB 171	PETITION FOR REINSTATEMENT	
WC9137 A	01/13	WCB170	PETITION FOR RESTORATION	
WC9131 A	01/13	WCB 120	PETITION FOR REVIEW OF INCAPACITY	
WC9133 A	01/13	WCB 122	PETITION TO DETERMINE AVERAGE WEEKLY WAGE	
WC9903	01/13	WCB-321	PETITION TO DETERMINE ENTITLEMENT TO REHABILITATION SERVICES	
WC9139 A	01/13	WCB180	PETITION TO DETERMINE EXTENT OF PERMANENT IMPAIRMENT	
WC9140 A	01/13	WCB 195	PETITION TO REMEDY DISCRIMINATION	
WC8700 B	10/15	WCB190A	PROVIDER'S PETITION FOR PAYMENT OF MEDICAL AND RELATED SERVICES	
WC7992 B	01/19	WCB-250	REQUEST FOR EXPEDITED PROCEEDING	
WC7852 C	10/15	WCB M-2	REQUEST FOR INDEPENDENT MEDICAL EXAMINATION	
WC7807 C	09/20	WCB2A	SCHEDULE OF DEPENDENT(S) AND FILING STATUS STATEMENT	
WC7989 E	09/20	WCB11	STATEMENT OF COMPENSATION PAID	
WC7811 E	09/20	WCB2	WAGE STATEMENT	
			Maryland	
WC9806 A	04/14	WCC FORM VR06	AGREEMENT ON THE PROPRIETY OF SERVICES AND SELECTION OF PRACTITIONER	
H10	10/17	H10	APPLICATION FOR LUMP SUM	
A25	05/19	A-25R	AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION	
WC9732	10/07	C18	CERTIFICATION OF FUNERAL EXPENSES	
WC9731	10/07	C3	CLAIM AMENDMENT	
C51 B	04/20	C51	CLAIM FOR MEDICAL SERVICES (AVAILABLE ELECTRONICALLY IN PDF FORMAT ONLY, DUE TO DEFAULT AREAS)	
H05	12/09	H-05	CLAIMANT'S AFFIDAVIT IN SUPPORT OF SETTLEMENT	
WC8745 F	03/18	H44	CLAIMANT'S CONSENT TO PAY FEES AND COSTS	
WC9012 A	05/10	VR02	CLOSURE REPORT-REHABILITATION OFFICE	
WC9796 B	04/20	H32	CONTROVERSION OF MEDICAL CLAIM	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9733 A	10/11	C35	DEPENDENT'S CLAIM FOR DEATH BENEFITS	
WC9945 C	06/17	C-10	INSURER'S TERMINATION OF MEDICAL BENEFITS	
WC8743 D	01/18	H24R	ISSUES	
WC8726 C	04/14	WCC FORM VR13R	NOTICE OF VOCATIONAL REHABILITATION PLAN	
C25R	03/18	C25R	CONTROVERSION OR ACCEPTANCE	
H08OTS	04/13	H-08/OTS	NOTICE TO WITHDRAW APPEARANCE	
VR01	04/14	VR01	OBJECTION TO SUBPOENA	
H25R	05/18	H25R	PROPOSED VOCATIONAL REHABILITATION PLAN	
H31R	01/16	H31R	REQUEST ACTION FILED ISSUE - MARYLAND	
H28R	05/18	H28R	REQUEST FOR CHANGE OF ADDRESS - MARYLAND	
C90R	06/19	C90R	REQUEST FOR CONTINUED HEARING - MARYLAND	
H26R	03/12	H26R	REQUEST FOR DOCUMENT CORRECTION	
WC9038 A	06/09	H23R	REQUEST FOR EMERGENCY HEARING	
H35R	11/17	H35R	REQUEST FOR EMPLOYER DESIGNEE TO RECEIVE NOTICE OF EMPLOYEE CLAIMS	
H30R	07/05	H30R	REQUEST FOR HEARING FOR REFERRAL TO MARYLAND INSURANCE FRAUD DIVISION	
H29R	02/19	H29R	REQUEST FOR MODIFICATION	
H27R	09/03	H27R	REQUEST FOR POSTPONEMENT OF EMERGENCY HEARING	
C24R	05/18	C24R	REQUEST FOR REHEARING - MARYLAND	
C26R	03/18	C26R	REQUEST TO ENTER APPEARANCE	
H33R	10/16	H-33R	REQUEST TO ENTER APPEARANCE OF COUNSEL FOR EMPLOYER/INSURER	
WC9982 C	09/20	H07R	REQUEST TO IMPEAL A PARTY	
WC9737 C	10/16	C-2	SETTLEMENT WORKSHEET	
C50R	10/17	C50R	STATEMENT OF WAGE INFORMATION	
H34	04/18	H-34	STIPULATION FOR ADVANCEMENT	
H08	01/15	H08	STIPULATION OF PARTIES AND AWARD OF COMPENSATION	
WC8739 B	07/11	SF2	SUBPOENA/SUBPOENA DUCES TECUM	
			SURGEON'S REPORT	
			Massachusetts	
WC8164 F	07/19	FORM116B	ADDENDUM TO LUMP SUM SETTLEMENT AGREEMENT PURSUANT TO M.G.L. C. 398 § 75 OF THE ACTS OF 1991, EFFECTIVE DECEMBER 23, 1991 - VOCATIONAL REHABILITATION STATUS	
WC8952 B	07/19	FORM132	AFFIDAVIT IN SUPPORT OF EMPLOYEE'S REQUEST FOR SPEEDY CONFERENCE BECAUSE OF HARDSHIP	
WC8946 B	07/19	FORM 112A	AFFIDAVIT IN SUPPORT OF REQUEST FOR WAIVER OF FILING FEE UNDER SEC. 11C	
WC9194 B	07/19	FORM 153	AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS OR DIRECTORS	
WC8954 C	07/19	FORM136	AFFIDAVIT OF INDIGENCE AND REQUEST FOR WAIVER OF SS11A(2) FEES	
WC8948 E	07/19	FORM 117	AGREEMENT FOR REDEEMING LIABILITY BY LUMP SUM UNDER G.L. CH. 152 FOR INJURIES OCCURRING ON OR AFTER NOVEMBER 1, 1986	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8949 C	07/19	FORM117A	AGREEMENT FOR REDEEMING LIABILITY BY LUMP SUM UNDER G.L. CH. 152, SEC.48 FOR INJURIES OCCURRING BEFORE NOV. 1, 1986	
WC8950 C	07/19	FORM121A	AGREEMENT THAT NO IMPARTIAL PHYSICIAN REPORT IS REQUIRED	
WC8507 G	07/19	FORM 105	AGREEMENT TO EXTEND 180 DAY PAYMENT WITHOUT PREJUDICE PERIOD	
WC8513 K	07/19	FORM 113	AGREEMENT TO PAY COMPENSATION	
WC7515 G	07/19	FORM123	AGREEMENT UNDER SECTION 37 OR 37A	
WC8958 E	07/19	FORM 152	AMENDMENT/SUSPENSION OR CLOSURE OF VOCATIONAL REHABILITATION PLAN	
WC8520 F	07/19	FORM 121	APPEAL OF CONFERENCE PROCEEDING	
WC8512 E	07/19	FORM 112	APPEAL TO REVIEWING BOARD	
WC9633 C	07/19	FORM-127	AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE	
WC9765 A	11/20		COLA REIMBURSEMENT REQUEST FORM	
WC8953 F	07/19	FORM133A	COMPLAINT AGAINST UTILIZATION REVIEW AGENT	
WC8955 F	07/19	FORM 140	CONFERENCE MEMORANDUM	
WC8150 D	07/19	FORM 116A	CONSENT OF EMPLOYER TO LUMP SUM SETTLEMENT	
WC8962 C	07/10		DIA FILE REQUEST	
WC8959 B	07/19	FORM160	EMPLOYEE BIOGRAPHICAL DATA	
WC8522 E	07/19	FORM 110	EMPLOYEE'S CLAIM	
WC7796 E	07/19	FORM 126	EMPLOYEE'S EARNING REPORT	
WC8960 C	07/19	FORM161	EMPLOYEE'S HEARING MEMORANDUM	
WC8888 C	07/19	FORM 134	HEALTH CARE PROVIDER COMPLAINT	
WC8957 E	07/19	FORM151	INDIVIDUAL WRITTEN REHABILITATION PROGRAM	
WC9457 G	04/19		INSURANCE INQUIRY FORM	
WC9251 E	08/19		INSURER REQUEST CERTIFICATION	
WC8510 F	07/19	FORM 108	INSURER'S COMPLAINT FOR MODIFICATION, DISCONTINUANCE OR RECOUPMENT OF COMPENSATION	
WC8961 D	07/19	FORM 162	INSURER'S HEARING MEMORANDUM	
WC8509 E	07/19	FORM 107	INSURER'S NOTIFICATION OF ACCEPTANCE, RESUMPTION OR TERMINATION OR MODIFICATION OF WEEKLY COMPENSATION	
WC8506 E	07/19	FORM 104	INSURER'S NOTIFICATION OF DENIAL	
WC8505 H	05/20	FORM103	INSURER'S NOTIFICATION OF PAYMENT	
WC8508 E	07/19	FORM 106	INSURER'S NOTIFICATION OF TERMINATION OR MODIFICATION OF WEEKLY COMPENSATION DURING PAYMENT WITHOUT PREJUDICE PERIOD	
WC8956 C	07/19	FORM 141	LAST BEST OFFER AT CONFERENCE	
WC8167 C	07/19	FORM116C	LEIN DISCLOSURE FORM	
WC9643 C	11/20		MILEAGE VOUCHER	
WC9717 C	07/19	FORM125	MOTION FOR EXPEDITED CONFERENCE	
WC8514 D	07/19	FORM114	NOTICE OF CHANGE / APPEARANCE OF COUNSEL	
WC7724 C	07/19	FORM124A	NOTIFICATION OF ARBITRATION AWARD	
WC8511 E	07/19	FORM 109	NOTIFICATION OF WITHDRAWAL OF CLAIM OR COMPLAINT	
WC9453 B	06/15		O.E.V.R. REFERRAL OR MANDATORY MEETINGS HELD UNDER G.L.C. 152, § 30G	
WC9454 A	09/14		OEVR CERTIFIED PROVIDER QUARTERLY REPORT	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9229 D	07/19	FORM 46A	REQUEST FOR \$46A CONFERENCE IN CONJUNCTION WITH LUMP SUM UNDER \$48	
WC8515 F	07/19	FORM 116	REQUEST FOR LUMP SUM CONFERENCE	
WC7514 F	07/19	FORM122	REQUEST FOR SECTION 37 OR 37A PROCEEDING	
WC8951 D	07/19	FORM131	REQUEST FOR SPEEDY CONFERENCE BECAUSE OF HARDSHIP	
WC9933 B	07/19	FORM 19	SECTION 19 AGREEMENT	
WC9456 A	05/12	CR-28	STATE OF MASSACHUSETTS WORKERS' COMPENSATION COLA DATA FORM	
WC8947 C	07/19	FORM 115	THIRD PARTY CLAIM / NOTICE OF LIEN	
Michigan				
WC9383 D	08/19	WC-119	AFFIDAVIT IN SUPPORT OF REDEMPTION (SETTLEMENT) AGREEMENT	
WC9384 B	08/19	WC119SP	AFFIDAVIT IN SUPPORT OF REDEMPTION (SETTLEMENT) AGREEMENT (SPANISH)	
WC9388 C	08/19	WC-556	AGREEMENT TO REDEEM LIABILITY	
WC9389 B	08/19	WC556	AGREEMENT TO REDEEM LIABILITY (SPANISH)	
WC9460 C	08/19	WC-728	AMPUTATION CHART	
WC9230 C	08/19	WC-108	APPLICATION FOR ADVANCE PAYMENT	
WC7864 E	12/20	WC104A	APPLICATION FOR MEDIATION OR HEARING – FORM A	
WC7821 H	08/19	WC-104C	APPLICATION FOR MEDIATION OR HEARING - FORM C	
WC8715 E	08/19	FA-112	APPLICATION FOR REIMBURSEMENT (FUNDS ADMINISTRATION)	
WC7862 G	08/19	WC-114	APPLICATION FOR REIMBURSEMENT FROM THE COMPENSATION SUPPLEMENT FUND	
WC9191 C	08/19	WC-271	APPLICATION FOR REIMBURSEMENT FROM THE MEDICAL BENEFITS FUND	
WC9266 E	08/19	WC739	CARRIER'S EXPLANATION OF BENEFITS	
WC7936 D	08/19	WC-251	CARRIER'S RESPONSE	
WC7938 E	09/20	WC262	CLAIM/CROSS-CLAIM FOR REVIEW	
WC9189 E	08/19	WC-117	EMPLOYEE'S REPORT OF CLAIM	
WC7819 N	12/20	WC100	EMPLOYER'S BASIC REPORT OF INJURY	
WC7820 P	08/19	WC-104B	HEALTH CARE SERVICES APPLICATION FOR MEDIATION OR HEARING	
WC7971 J	08/19	WC-701	NOTICE OF COMPENSATION PAYMENTS	
WC7823 K	08/19	WC107	NOTICE OF DISPUTE	
WC9190 D	08/19	WC-117H	PROVIDER'S REPORT OF CLAIM & REQUEST FOR MEDICAL PAYMENT	
WC9381 D	08/19	WC-113	REDEMPTION ORDER	
WC9382 C	08/19	WC113SP	REDEMPTION ORDER (SPANISH)	
WC7824 E	08/19	WC-110	REPORT ON REHABILITATION	
WC7822 D	08/19	WC-106	SUPPLEMENTAL REPORT OF FATAL INJURY	
WC7935 H	08/19	WC-115	VOLUNTARY PAYMENT FORM	
WC9385 D	08/19	WC-544	WORKER'S SETTLEMENT STATEMENT	
WC9386 B	08/19	WC544	WORKER'S SETTLEMENT STATEMENT (SPANISH)	
Minnesota				
WC9394 D	06/18	MNAS01	AFFIDAVIT OF SIGNIFICANT FINANCIAL HARDSHIP	
WC8293 J	09/15	MN AR04	ANNUAL CLAIM FOR REIMBURSEMENT FROM THE SECOND INJURY FUND	
WC8343 N	06/20	MNAC03	ANNUAL CLAIM FOR REIMBURSEMENT OF SUPPLEMENTARY BENEFITS	
WC9227 C	06/11	MN FE0005		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8848 D	07/10	MN BA01	AUTHORIZATION FOR FILE REVIEW OR RELEASE OF COPIES OF WORKERS' COMPENSATION CLAIM FILE	
WC9556 C	06/18	MNCP03	BENEFIT ADDENDUM	
WC9267 E	09/12	MNDS01	CLAIM PETITION FOR DEPENDENCY BENEFITS OR PAYMENT TO ESTATE	
WC8087 K	06/18	MN RT01	DISABILITY STATUS REPORT EMPLOYEE OR INSURER'S OBJECTION TO REQUESTED ATTORNEY FEES AND/OR COSTS	
WC9559 C	06/18	MNEC04	EMPLOYEE'S CLAIM PETITION	
WC9392 E	06/18	MNED02	EMPLOYEE'S OBJECTION TO DISCONTINUANCE	
WC8849 K	06/18	MN EQ05	EMPLOYEE'S REQUEST FOR ADMINISTRATIVE CONFERENCE	
WC9642 E	06/18	MN-PF04	EXCESS FEE EXHIBIT	
WC7595 Y	03/16	MN FR01	FIRST REPORT OF INJURY	
WC8407 K	04/17	MN HC01	HEALTH CARE PROVIDER REPORT	
WC8058 H	07/10	IS03	INTERIM STATUS REPORT	
WC9969	07/15		LONG-TERM TREATMENT WITH OPIOID ANALGESIC MEDICATION	
WC8451 K	06/18	MN MQ03	MEDICAL REQUEST	
WC8444 K	06/18	MN MR03	MEDICAL RESPONSE	
WC8850 C	08/18		MINNESOTA WORKERS' COMPENSATION SYSTEM EMPLOYEE INFORMATION SHEET	
WC7589 C	08/18		MINNESOTA WORKERS' COMPENSATION SYSTEM EMPLOYEE INFORMATION SHEET (SPANISH)	
WC9612 D	06/18	MNNO0016	NOTICE OF APPEAL TO WORKERS' COMPENSATION COURT OF APPEALS	
WC9391 C	04/12	MNNA03	NOTICE OF APPEARANCE OF ATTORNEY FOR EMPLOYEE	
WC8234 R	05/17	NB01	NOTICE OF BENEFIT PAYMENT	
WC8467 J	09/15	MNNC01	NOTICE OF BENEFIT REINSTATEMENT	
WC8449 N	05/18	MN BD02	NOTICE OF DISCONTINUANCE OF WORKERS' COMPENSATION BENEFITS UPON DEATH OF EMPLOYEE	
WC8042 M	02/10	MN DB02	NOTICE OF DISCONTINUANCE OF WORKERS' COMPENSATION DEPENDENCY BENEFITS	
WC8455 E	05/08	MN NF01	NOTICE OF FILE CLOSING	
WC8466 M	02/17	MN NL01	NOTICE OF INSURER'S PRIMARY LIABILITY DETERMINATION	
WC8262 G	09/15	MN RS05	NOTICE OF INTENTION TO CLAIM REIMBURSEMENT FROM THE SECOND INJURY FUND	
WC8231 S	01/17	ND01	NOTICE OF INTENTION TO DISCONTINUE WORKERS' COMPENSATION BENEFITS	
WC9632 D	10/14	NO0015	NOTICE OF PENALTY PAYMENT	
WC9427 A	05/08	MNCE0003	OBJECTION TO PENALTY ASSESSMENT ON THE JOB TRAINING PLAN	
WC9255 E	09/08	MN JA04	PERMANENT TOTAL DISABILITY AGREEMENT	
WC8452 H	09/15	MN PA04	PETITION FOR TAXATION OF ACTUAL AND NECESSARY DISBURSEMENTS BEFORE	
WC9557 B	06/18	MNPT03	PETITION FOR TAXATION OF ACTUAL AND NECESSARY DISBURSEMENTS BEFORE	
WC8864 H	01/14	MN PR01	PLAN PROGRESS REPORT	
WC8459 R	08/15	MN RE01	R-2 REHABILITATION PLAN	
WC8460 Q	08/15	MN RP01	R-3 REHABILITATION PLAN AMENDMENT	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC7659 M	11/13	MN NR01	R-8 NOTICE OF REHABILITATION PLAN CLOSURE	
WC8865 J	05/16	MN RC01	REHABILITATION CONSULTATION REPORT	
WC7532 Q	06/18	RQ03	REHABILITATION REQUEST	
WC7533 N	06/18	MN RR03	REHABILITATION RESPONSE	
WC8453 N	10/13	MNIW05	REHABILITATION RIGHTS AND RESPONSIBILITIES OF THE INJURED WORKER	
WC8734 E	05/17	MN RW01	REPORT OF WORK ABILITY	
WC9608 C	04/12	CA0022	REQUEST FOR CERTIFICATION OF DISPUTE	
WC8066 H	07/10	MN QE03	REQUEST FOR EXTENSION	
WC9256 F	01/14	MN EP04	RETRAINING PLAN	
WC9558 G	06/18	SA04	STATEMENT OF ATTORNEY FEES AND COSTS	
Mississippi				
WC9360 B	03/08	MWCCB522	ANSWER	
WC7920 B	01/03	MWCCFORMB190103	APPLICATION FOR LUMP SUM PAYMENT	
WC7684	02/92	R-1	EARLY NOTIFICATION OF SEVERE INJURY	
WC7927	10/94	FORMB52	EMPLOYER'S NOTICE OF CONTROVERSION	
WC7642 E	08/01	IA1	FIRST REPORT OF INJURY OR ILLNESS	
WC7644 D	06/96	B927	MEDICAL REPORT (FOR PRELIMINARY, PROGRESS OR FINAL REPORT)	
WC7653 H	01/14	MWCCFORMB-31	NOTICE OF FINAL PAYMENT	
WC7866 B	07/96	MWCCB18	PAYMENT REPORT	
WC9359 B	03/08	MWCCB511	PETITION TO CONTROVERT	
WC9361 B	01/06		PREHEARING STATEMENT OF CLAIMANT/EMPLOYER CARRIER	
WC1036	07/19		SETTLEMENT SUMMARY	
Missouri				
WC7883 H	06/15	WC-22	ANSWER TO CLAIM FOR COMPENSATION	
WC9935 A	06/15	WC-22-A	ANSWER TO CLAIM FOR COMPENSATION (INJURIES ON/AFTER 1/1/2014)	
WC9044 F	03/12	WC-MD-01	APPLICATION FOR DIRECT PAYMENT	
WC9046 D	08/11	WC-MD-03	APPLICATION FOR EVIDENTIARY HEARING	
WC9045 H	09/14	WC-MD-02	APPLICATION FOR PAYMENT OF ADDITIONAL REIMBURSEMENT OF MEDICAL FEES	
WC8211 C	03/12	WC-43	AUTHORIZATION TO INSPECT AND/OR COPY MEDICAL RECORDS	
WC9442 B	03/12	WC126	AUTHORIZATION TO RELEASE INFORMATION	
WC8797 H	06/15	WC-21	CLAIM FOR COMPENSATION (FOR INJURIES PRIOR TO JANUARY 1, 2014)	
WC9926 B	06/15	WC-21-A	CLAIM FOR COMPENSATION (INJURIES ON/AFTER 1/1/2014)	
WC9522 B	03/12	WC-9	MEDICAL TREATMENT FORM	
WC8392 X	07/19	WC-2	NOTICE OF COMMENCEMENT/TERMINATION OF COMPENSATION	
WC8391 T	02/16	WC-1-EDI	REPORT OF INJURY	
WC9040 H	04/12	WC-G-11	STIPULATION FOR COMPROMISE SETTLEMENT	
WC9039 C	08/14	WCT1	TORT VICTIMS' COMPENSATION CLAIM	
WC9362	04/00	FORM8C0400	WORKERS' COMPENSATION NOTICE OF APPEAL TO MISSOURI COURT OF APPEALS	

Montana

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC7745 F	04/19		ELECTRONIC PRIOR CLAIMS SYSTEM ACCESS AGREEMENT	
WC7580 X	05/16	ERD 991	FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE	
WC9975	07/09		INSTRUCTIONS FOR FIRST REPORT OF INJURY	
WC8443 H	02/10	ERD922	MONTANA WORKERS' COMPENSATION SUBSEQUENT REPORT	
WC7977 E	04/19		PETITION FOR SETTLEMENT (PERMANENT TOTAL DISABILITY) INJURY/OCCUPATIONAL DISEASE MEDICAL BENEFITS RESERVED	
WC7792 E	04/19		PETITION FOR SETTLEMENT DISPUTED INITIAL COMPENSABILITY	
WC9774 D	04/19		PETITION FOR SETTLEMENT INJURY/OCCUPATIONAL DISEASE MEDICAL BENEFITS CLOSED BY SETTLEMENT ON AN ACCEPTED CLAIM	
WC9794 C	10/11	DLIERDWCC001	PETITION FOR SETTLEMENT INJURY/OCCUPATIONAL DISEASE MEDICAL BENEFITS RESERVED	
WC7695 C	02/20	WCC072	PETITION FOR WORKERS' COMPENSATION MEDIATION CONFERENCE	
WC9886 A	04/19		SAW/RTW ASSISTANCE OUTCOME REPORTING FORM	
WC8130 D	04/19		SETTLEMENT/ADVANCE RECAP SHEET	
WC9974 D	07/20		WORKER'S COMPENSATION BENEFITS SUMMARY	
Nebraska				
WC9951	11/99		CHOOSING A DOCTOR FOR A WORK-RELATED INJURY - RULE 50	
WC9952	11/99		CHOOSING A DOCTOR FOR A WORK-RELATED INJURY (SPANISH)	
WC7662 C	03/18	NWCC FORM 50	EMPLOYEE'S CHOICE (SPANISH)	
WC9854 C	03/17	NWCCIDR	INFORMAL DISPUTE RESOLUTION REQUEST FORM	
WC7682 A	04/08	NWCC FORM 67-2	NOTICE OF AGREEMENT TO USE A NAMED INDEPENDENT MEDICAL EXAMINER	
WC7658 C	03/18	FORM 50	NOTICE OF EMPLOYEE'S RIGHT TO CHOOSE A DOCTOR	
WC8689	06/95	NWCC FORM 12	RECORD OF COMPENSATION INSURANCE	
WC7676 B	04/08	NWCC FORM 63-1	REQUEST FOR INDEPENDENT MEDICAL EXAMINER	
WC9949 A	06/16		RIGHTS AND OBLIGATIONS UNDER THE NEBRASKA WORKERS' COMPENSATION LAW	
WC9950 A	06/16		RIGHTS AND OBLIGATIONS UNDER THE NEBRASKA WORKERS' COMPENSATION LAW (SPANISH)	
WC9855 E	08/18	VR42B	VOCATIONAL REHABILITATION COUNSELOR APPOINTMENT REQUEST	
Nevada				
WC9550 B	03/16	D-53	ALTERNATIVE CHOICE OF PHYSICIAN OR CHIROPRACTOR AND REFERRAL TO A SPECIALIST	
WC8664 C	04/04	D26	APPLICATION FOR REIMBURSEMENT OF CLAIM RELATED TRAVEL EXPENSES	
WC8963	07/99	D320799		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8964	07/99	D330799	AUTHORIZATION FOR ADDITIONAL CHIROPRACTIC TREATMENT	
			AUTHORIZATION REQUEST FOR ADDITIONAL PHYSICAL THERAPY TREATMENT	
WC8658 B	04/20	D15	ELECTION FOR NEVADA WORKERS' COMPENSATION COVERAGE FOR OUT-OF-STATE INJURY	
WC8652 C	01/17	D-10A	ELECTION OF METHOD OF PAYMENT OF COMPENSATION	
WC8653 B	12/16	D10B	ELECTION OF METHOD OF PAYMENT OF COMPENSATION FOR DISABILITY GREATER THAN 30%	
WC9669 B	10/07	C-4	EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT	
WC8644 J	02/20	C3	EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
WC8649 B	10/10	D8	EMPLOYER'S WAGE VERIFICATION FORM	
WC8648 A	07/99	D70799	EXPLANATION OF WAGE CALCULATION	
WC8659 B	06/18	D-21	FATALITY REPORT	
WC8647 A	07/99	D60799	INJURED EMPLOYEE'S REQUEST FOR COMPENSATION	
WC8656 A	07/99	D130799	INJURED EMPLOYEE'S RIGHT TO REOPEN A CLAIM WHICH HAS BEEN CLOSED	
WC8965 B	04/20	D37	INSURER'S SUBSEQUENT INJURY CHECKLIST	
WC8665 A	07/99	D270799	INTEREST CALCULATION FOR COMPENSATION DUE	
WC9178	07/99	D2910799	LUMP SUM REHABILITATION AGREEMENT	
WC8667 E	10/18	D-30	NOTICE OF CLAIM ACCEPTANCE	
WC8643 J	02/20	C1D2	NOTICE OF INJURY OR OCCUPATIONAL DISEASE (INCIDENT REPORT) / BRIEF DESCRIPTION OF RIGHTS AND BENEFITS (ON REVERSE)	
WC8668 E	10/10	D-31	NOTICE OF INTENTION TO CLOSE CLAIM	
WC9695 C	07/18	OD-8	OCCUPATIONAL DISEASE CLAIM REPORT	
WC8650 E	12/16	D9A	PERMANENT PARTIAL DISABILITY AWARD CALCULATION WORK SHEET	
WC8651 E	12/16	D9B	PERMANENT PARTIAL DISABILITY AWARD CALCULATION WORK SHEET	
WC8657 A	07/99	D140799	FOR DISABILITY OVER 30% BODY BASIS PERMANENT TOTAL DISABILITY	
WC8966	07/99	D390799	REPORT OF EMPLOYMENT PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY	
WC8654 A	07/99	D110799	REAFFIRMATION/RETRACTION OF LUMP SUM REQUEST	
WC8666 A	07/99	D28	REHABILITATION LUMP SUM REQUEST	
WC8897 K	10/20	D35	REQUEST FOR A ROTATING PHYSICIAN OR CHIROPRACTOR	
WC8669 B	12/07	D-36	REQUEST FOR ADDITIONAL MEDICAL INFORMATION AND RELEASE FORM	
WC8655 F	10/18	D-12A	REQUEST FOR HEARING--CONTESTED CLAIM	
WC8662 B	06/06	D24		

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8698	07/99	D460799	REQUEST FOR REIMBURSEMENT OF EXPENSES FOR TRAVEL AND LOST WAGES	
WC8646 A	07/99	D50799	TEMPORARY PARTIAL DISABILITY CALCULATION WORKSHEET WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE	
New Hampshire				
WC8179 C	09/15	9WCA2	APPLICATION FOR REIMBURSEMENT OF PAID ADJUSTED TOTAL DISABILITY BENEFITS FROM SPECIAL FUND FOR ACTIVE CASES	
WC9805 B	09/15	9WCA3	APPLICATION FOR REIMBURSEMENT OF PAID COMBINED EARNINGS DIFFERENTIAL FROM SPECIAL FUND FOR SECOND INJURIES	
WC9748 A	09/15	WCSIF1	APPLICATION FOR THE USE OF THE SECOND INJURY FUND	
WC8247 B	10/01	14WCA	AUTHORIZATION FOR COMPENSATION FOR DEATH	
WC8876 A	12/00	53WC	EMPLOYEE'S STATEMENT OF EMPLOYMENT STATUS	
WC8200 E	03/14	13WCA	EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY (3 PART SET—1 COPY EACH FOR EMPLOYER, INSURANCE CLAIMS OFFICE AND LABOR DEPARTMENT)	
WC8195 M	07/19	8WC	EMPLOYER'S FIRST REPORT OF INJURY	
WC8198 C	10/99	15WCA	LUMP SUM SETTLEMENT AGREEMENT	
WC7717 F	09/15	9WCA1	MEMO OF DENIAL OF WORKERS' COMPENSATION BENEFITS	
WC8084 H	06/94	9WCA	MEMO OF PAYMENT OF DISABILITY COMPENSATION (3 PART CARBONIZED SET, ONE COPY EACH—DEPT. OF LABOR, EMPLOYEE, INS. CARRIER)	
WC8197 C	10/98	10WCA	MEMO OF PERMANENT IMPAIRMENT AWARD	
WC7982 H	07/14	8AWCA	NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8AWCA	
WC8877 A	12/00	53AWC	NOTICE OF INTENTION TO SUSPEND PAYMENT OF WORKERS' COMPENSATION BENEFITS	
WC8176 B	06/15	WC3PR1	RELEASE & SETTLEMENT OF THIRD-PARTY CLAIM COMPUTATION	
WC8064 A	07/89	74WCA	REPORT OF EXTENDED DISABILITY	
WC8710 C	05/13	WCSIF2	REQUEST FOR REIMBURSEMENT FROM THE SECOND INJURY FUND	
WC8711 B	05/13	WCSIF2A	SCHEDULE OF REIMBURSABLE PAYMENTS	
WC9750	12/96	WCSIF1B	SECOND INJURY FUND CERTIFICATION BY PHYSICIAN	
WC9749 A	03/10	WCSIF1A	SECOND INJURY FUND SWORN STATEMENT OF EMPLOYER	
WC8184 B	10/17	76WCA1	SUPPLEMENTAL WAGE SCHEDULE	
WC8086 G	09/15	76WCA	WAGE SCHEDULE (2 PART SET-ONE COPY EACH FOR LABOR DEPARTMENT AND INSURANCE CLAIMS OFFICE)	
WC7681 A	06/94	75WCA1	WORKER'S COMPENSATION MEDICAL FORM	
WC8703 A	09/15	23-B WC	WORKER'S COMPENSATION TASK ANALYSIS	

New Jersey

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9653 E	03/13	WC-377I	ADDENDUM TO ORDER FOR TOTAL DISABILITY	
WC9650	09/05	WC36610905	AFFIDAVIT OF DEPENDENT OR DEPENDENT(S) REPRESENTATIVE IN SUPPORT OF SETTLEMENT UNDER N.J.S.A. 34:15-20	
WC9405 B	06/15	WC-369	ANSWER TO APPLICATION FOR REVIEW OR MODIFICATION OF FORMAL AWARD	
WC9407 D	06/07	WC170I0607	ANSWERING STATEMENT TO MOTION FOR TEMPORARY AND MEDICAL BENEFITS	
WC9599 B	02/06	WCCF660206	APPLICATION FOR INFORMAL HEARING	
WC9416 C	08/15	WC368	APPLICATION FOR REVIEW OR MODIFICATION OF FORMAL AWARD	
WC9417 D	08/15	WC-366	DEPENDENCY CLAIM PETITION	
WC8818 F	08/15	WC-365	EMPLOYEE CLAIM PETITION	
WC9415 C	05/15	WC365.1	EMPLOYEE CLAIM PETITION SUPPLEMENTAL PAGE	
WC9402 D	07/07	WC101I	NOTICE OF MOTION FOR TEMPORARY AND/OR MEDICAL BENEFITS	
WC9408	06/03	WC23	OCCUPATIONAL INTERROGATORIES (STANDARD RESPONDENT'S)	
WC9412 F	08/15	WC-100	ORDER (JUDGEMENT, APPROVING SETTLEMENT, DISMISSAL, DISCONTINUANCE)	
WC9414 F	04/13	WC(DO)370	ORDER APPROVING SETTLEMENT WITH DISMISSAL N.J.S.A. 34:15-20	
WC9711 D	07/13	WC-100	ORDER FOR DISMISSAL	
WC9649 H	03/13	WC374I	ORDER FOR TOTAL DISABILITY	
WC8724 D	06/14	WC147	REQUEST FOR RECORDS INSPECTION	
WC9411 A	06/04	WC1240604	REQUEST FOR SOCIAL SECURITY INFORMATION	
WC9404 C	05/15	WCF367	RESPONDENT'S ANSWER TO CLAIM PETITION	
WC9406 B	07/04	WC171	RESPONDENT'S ANSWER TO DEPENDENCY CLAIM PETITION	
WC9403	06/03	WC22	STANDARD PETITIONER'S OCCUPATIONAL INTERROGATORY FORM	
WC9409 A	08/04	WC100804	SUBSTITUTION OF ATTORNEY	
WC8780 G	02/19		New Mexico	
WC8782 E	02/19		APPLICATION TO WORKERS' COMPENSATION JUDGE	
WC9659 C	02/19		FORM LETTER TO HEALTH CARE PROVIDER	
WC8775 C	02/19		HEALTH CARE PROVIDER DISAGREEMENT FORM REQUEST FOR CHANGE OF HEALTH CARE PROVIDER	
WC8770 C	02/19		INFORMAL RESPONSE	
WC7558 M	11/18	NOA-1	NOTICE OF ACCEPTANCE OR REJECTION OF RECOMMENDED RESOLUTION	
WC9641 B	02/19		NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT	
WC8771 C	02/19		NOTICE OF CHANGE OF HEALTH CARE PROVIDER UNDER AUTOMATIC RIGHT OF SECOND SELECTION	
WC8781 J	10/19		NOTICE OF DISQUALIFICATION	
WC8774 F	02/19		PETITION FOR LUMP SUM PAYMENT	
WC1528	04/20		REQUEST FOR SETTING AND NOTICE OF HEARING	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8773 C	02/19		STIPULATED RECOMMENDED RESOLUTION	
WC8776 E	02/19		SUBPOENA OR SUBPOENA DUCES TECUM	
WC8777 F	02/19		SUMMONS FOR APPLICATION TO WORKERS' COMPENSATION JUDGE	
WC8779 G	02/19		SUMMONS FOR WORKERS' COMPENSATION COMPLAINT	
WC8778 K	02/19		WORKER'S AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH RECORDS	
WC9658 C	02/19		WORKERS' COMPENSATION COMPLAINT	
			WORKER'S RESPONSE TO APPLICATION TO WORKERS' COMPENSATION JUDGE	
			New York	
WC9398 P	06/16	AFF1	AFFIDAVIT FOR DEATH BENEFITS	
WC9036 E	01/11	ADR2	ALTERNATIVE DISPUTE RESOLUTION PROGRAM FINAL DISPOSITION OF CLAIM	
WC9788 D	10/15	C-4 AMR	ANCILLARY MEDICAL REPORT	
WC8896 J	09/17	OC-400.1	APPLICATION FOR A FEE BY CLAIMANT'S ATTORNEY OR REPRESENTATIVE	
WC9082 A	10/17	DB-85	APPLICATION FOR ACCEPTANCE OF INSURANCE FORM UNDER SECTION 360.1(B)(1) NYCRR	
WC7728 N	01/11	C22	APPLICATION FOR APPROVAL OF NON-SCHEDULE ADJUSTMENT	
WC7503 R	11/18	RB-89	APPLICATION FOR BOARD REVIEW	
WC9185 D	01/11	C-25	APPLICATION FOR REOPENING OF CLAIM, MORE THAN SEVEN YEARS AFTER ACCIDENT	
WC8940	05/01		ATTACHMENT TO FORM	
WC9845 C	04/18	MG21	ATTENDING DOCTOR'S REQUEST FOR APPROVAL OF VARIANCE	
WC9844 E	04/18	MG2	ATTENDING DOCTOR'S REQUEST FOR APPROVAL OF VARIANCE AND INSURER'S RESPONSE	
WC9758 K	09/19	C-4 AUTH	ATTENDING DOCTOR'S REQUEST FOR AUTHORIZATION AND INSURER'S RESPONSE	
WC9116 F	01/11	MD1	ATTENDING DOCTOR'S REQUEST FOR MEDICAL AUTHORIZATION DETERMINATION	
WC9843 C	04/18	MG11	ATTENDING DOCTOR'S REQUEST FOR OPTIONAL PRIOR APPROVAL	
WC9842 E	04/18	MG-1	ATTENDING DOCTOR'S REQUEST FOR OPTIONAL PRIOR APPROVAL AND INSURER'S/EMPLOYER'S RESPONSE	
WC8361 S	10/15	C-5	ATTENDING OPHTHALMOLOGIST'S REPORT	
WC8999 H	10/15	PS-4	ATTENDING PSYCHOLOGIST'S REPORT	
WC9776 A	06/13	OC-400.5	ATTORNEY/REPRESENTATIVE'S CERTIFICATION OF FORM C-3 OR NOTICE OF CONTROVERSY	
UG214 B	02/11	DOH-2557	AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION AND CONFIDENTIAL HIV-RELATED INFORMATION	
UG215 A	02/11	DOH-2557ES	AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION AND CONFIDENTIAL HIV-RELATED INFORMATION (SP)	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9640 A	09/05	DD20905	BIANNUAL RECERTIFICATION TO ENTITLEMENT TO BENEFITS	
WC9081	02/00	DB8400200	CARRIER'S DESIGNATION OF AUTHORIZED REPRESENTATIVES	
WC7501 F2	08/05	FORMR0805	CARRIER'S REPORT ON REHABILITATION	
WC9704	10/06	VFVAW101006	CARRIER'S REQUEST FOR BENEFIT INCREASE REIMBURSEMENT UNDER SECTION 51 VOLUNTEER FIREFIGHTERS' & VOLUNTEER AMBULANCE WORKERS' BENEFIT LAWS	
WC9983 A	05/18	C-251N	CARRIER'S REQUEST FOR INITIAL REIMBURSEMENT OF INDEMNITY PAYMENTS UNDER WCL SECTION 15(8) (EXCEL SPREADSHEET FORMAT ONLY)	
WC1011 F	02/20	C2516	CARRIER'S REQUEST FOR RECONSIDERATION OF REDUCTION UNDER WCL SECTION 14(6) OR SECTION 15(8)	
WC8311 K	02/20	C2511	CARRIER'S REQUEST FOR REIMBURSEMENT OF MEDICAL PAYMENTS UNDER WCL SECTION 15(8)	
WC9117 F	01/11	MD3	CARRIER'S/SELF-INSURED EMPLOYER'S OBJECTION TO ATTENDING DOCTOR'S REQUEST FOR MEDICAL AUTHORIZATION DETERMINATION	
WC9003 E	01/11	C-121	CLAIM FOR COMPENSATION AND NOTICE OF COMMENCEMENT OF THIRD PARTY ACTION	
WC7923 P	01/11	C62	CLAIM FOR COMPENSATION IN A DEATH CASE	
WC9004 E	01/11	VAW62	CLAIM FOR VOLUNTEER AMBULANCE WORKERS' BENEFITS IN A DEATH CASE	
WC9005 E	01/11	VF62	CLAIM FOR VOLUNTEER FIREFIGHTERS' BENEFIT IN A DEATH CASE	
WC9790 C	08/16		CLAIMANT INFORMATION PACKET (INFORMATION SHEET ONLY).	
WC9474	12/03	HIPAA11203	CLAIMANT'S AUTHORIZATION TO DISCLOSE HEALTH INFORMATION	
WC8894 M	12/17	OC-110A	CLAIMANT'S AUTHORIZATION TO DISCLOSE WORKERS' COMPENSATION RECORDS	
WC9494 D	12/17	OC110AS	CLAIMANT'S AUTHORIZATION TO DISCLOSE WORKERS' COMPENSATION RECORDS (PURSUANT TO WORKERS' COMPENSATION LAW SECTION 110-A) (SPANISH)	
WC8887 K	05/18	IME-5	CLAIMANT'S NOTICE OF INDEPENDENT MEDICAL EXAMINATION UNDER SECTION 137 WCL	
WC9997	07/17	C-258.1	CLAIMANT'S RECORD OF INDEPENDENT JOB SEARCH EFFORTS	
WC9996 A	05/19	C258	CLAIMANT'S RECORD OF JOB SEARCH EFFORTS/CONTACTS	
WC8817 C	09/10	C257	CLAIMANT'S RECORD OF MEDICAL AND TRAVEL EXPENSES	
WC9072 C	09/08	C410908	CONTINUATION TO CARRIER/EMPLOYER BILLING PORTION OF FORMS C-4, C-5, PS-4 OR OT/PT-4	
WC1016 A	11/18	RB-89.2	COVER SHEET - APPLICATION FOR RECONSIDERATION / FULL BOARD REVIEW	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC1017 A	11/18	RB-89.3	COVER SHEET - REBUTTAL OF APPLICATION FOR RECONSIDERATION / FULL BOARD REVIEW	
WC9699 A	07/07	WTC160707	COVER SHEET: LIST OF ITEMIZED MEDICAL BILLS IN CONTROVERTED WORLD TRADE CENTER CASE	
WC9639 C	05/15	DD1	DIRECT DEPOSIT AND DEBIT CARD AUTHORIZATION FORM	
WC9083 C	08/17	DC120	DISCHARGE OR DISCRIMINATION COMPLAINT	
WC7559 J	10/15	C-4	DOCTOR'S INITIAL REPORT	
WC9756 E	10/15	C-4.2	DOCTOR'S PROGRESS REPORT (NY)	
WC9757 F	05/18	C-4.3	DOCTOR'S REPORT OF MMI/PERMANENT IMPAIRMENT	
WC9755 C	04/19	C-3S	EMPLOYEE CLAIM [SPANISH] (NY)	
WC8233 U	04/19	C-3	EMPLOYEE'S CLAIM FOR COMPENSATION	
WC9074 B	09/19	DB-135	EMPLOYER'S APPLICATION FOR VOLUNTARY COVERAGE FOR CLASS OF EMPLOYEES FOR WHOM DISABILITY BENEFITS ARE NOT REQUIRED BY LAW (EMPLOYEE CONT NOT REQ)	
WC9075 B	09/19	DB-136	EMPLOYER'S APPLICATION FOR VOLUNTARY COVERAGE FOR CLASS OF EMPLOYEES FOR WHOM DISABILITY BENEFITS ARE NOT REQUIRED BY LAW (EMPLOYEE CONT REQ)	
WC9922 A	01/14	C-2F	EMPLOYER'S FIRST REPORT OF WORK-RELATED INJURY/ILLNESS	
WC7591 Z	06/17	C-11	EMPLOYER'S REPORT OF INJURED EMPLOYEE'S CHANGE IN EMPLOYMENT STATUS RESULTING FROM INJURY	
WC9946 B	12/15	C107	EMPLOYER'S REQUEST FOR REIMBURSEMENT	
WC8099 U	06/17	C-240	EMPLOYER'S STATEMENT OF WAGE EARNINGS (PRECEDING THE DATE OF ACCIDENT)	
WC7579 E	07/18	HIMP-1	HEALTH INSURERS REQUEST FOR REIMBURSEMENT	
WC8893 D	08/18	MR/IME-1	HEALTH PROVIDER'S APPLICATION FOR AUTHORIZATION UNDER THE WORKERS' COMPENSATION LAW	
WC7953 G	02/20	HP1	HEALTH PROVIDER'S REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S)	
WC9754 B	12/09	C-3.3	LIMITED RELEASE OF HEALTH INFO (NY)	
WC1012	10/12	C-3.3S	LIMITED RELEASE OF HEALTH INFORMATION (SPANISH)	
WC9876	01/12	VDF-1	LOSS OF WAGE-EARNING CAPACITY - VOCATIONAL DATA FORM	
WC9001 E	04/19	C27	MEDICAL PROOF OF CHANGE IN CONDITION IN SUPPORT OF APPLICATION FOR REOPENING OF CLAIM FOR WORKERS' COMPENSATION, VOLUNTEER FIRE FIGHTERS' OR VOLUNTEER AMBULANCE WORKERS' BENEFITS	
WC8202 T	01/20	DB450	NOTICE AND PROOF OF CLAIM FOR DISABILITY BENEFITS	
WC9077 C	02/04	DB3000204	NOTICE AND PROOF OF CLAIM FOR DISABILITY BENEFITS BY EMPLOYED CLAIMANT	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8186 K2	03/07	C2500307	NOTICE OF CLAIM FOR REIMBURSEMENT	
WC9079	03/99	DB4550399	NOTICE OF DISABILITY BENEFITS PAYMENT	
WC9084 C	01/18	OC406	NOTICE OF RETAINER AND APPEARANCE ON BEHALF OF EMPLOYER	
WC8895 K	07/19	OC400	NOTICE OF RETAINER AND APPEARANCE/SUBSTITUTION/ ADDITIONAL ATTORNEY	
WC8628 B	03/04	C310304	NOTICE OF RIGHT TO SELECT A WORKERS' COMPENSATION BOARD AUTHORIZED HEALTH CARE PROVIDER	
WC8442 D2	03/99	DB4510399	NOTICE OF TOTAL OR PARTIAL	
WC7979 D	08/18	C-8.1	NOTICE OF TREATMENTS ISSUES/ DISPUTED BILL ISSUES	
WC9880	03/12	DT-1	NOTICE THAT CLAIMANT MUST ARRANGE FOR DIAGNOSTIC TESTS & EXAMINATIONS THROUGH A NETWORK PROVIDER	
WC9401 B	01/07	A90107	NOTICE THAT YOU MAY BE RESPONSIBLE FOR MEDICAL COSTS IN THE EVENT OF FAILURE TO PROSECUTE, OR IF COMPENSATION CLAIM IS DISALLOWED, OR IF AGREEMENT PURSUANT TO WCL 32 IS APPROVED (ENGLISH/SPANISH)	
WC9759 B	01/11	C-8.4	NOTICE TO HEALTH CARE PROVIDER AND INJURED WORKER OF A CARRIER'S REFUSAL TO PAY ALL (OR A PORTION OF) A MEDICAL BILL DUE TO VALUATION OBJECTION(S)	
WC9086	08/97	VF10897	NOTICE TO LIABLE POLITICAL SUBDIVISION OF VOLUNTEER FIREFIGHTER'S INJURY OR DEATH	
WC9085	08/97	VAW10897	NOTICE TO LIABLE POLITICAL SUBDIVISION OR UNAFFILIATED AMBULANCE SERVICE OF VOLUNTEER AMBULANCE WORKERS' INJURY OR DEATH	
WC9000 H	10/15	OT/PT-4	OCCUPATIONAL/PHYSICAL THERAPIST'S REPORT	
WC9216 C	01/11	FCE-4	PRACTITIONER'S REPORT OF FUNCTIONAL CAPACITY EVALUATION	
WC8891 J	05/18	IME4	PRACTITIONER'S REPORT OF INDEPENDENT MEDICAL EXAMINATION	
WC8890 F	07/14	IME-3	PRACTITIONER'S REPORT OF REQUEST FOR INFORMATION/RESPONSE TO REQUEST REGARDING INDEPENDENT MEDICAL EXAMINATION	
WC9006 E	01/11	C64	PROOF OF DEATH (BY PHYSICIAN LAST IN ATTENDANCE ON DECEASED)	
WC9007 E	06/16	C65	PROOF OF EXPENSES FOR BURIALS, FUNERALS AND MEMORIAL SERVICES BY UNDERTAKER	
WC7505 R	11/18	RB-89.1	REBUTTAL OF APPLICATION FOR BOARD REVIEW	
WC9181 D	01/12	C-72.1	RECORD OF PERCENTAGE HEARING LOSS	
WC9698 H	09/18	WTC12	REGISTRATION OF PARTICIPATION IN WORLD TRADE CENTER RESCUE,	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9035 E	01/11	ADR1	RECOVERY AND/OR CLEAN-UP OPERATIONS	
WC9208 H	04/17	RFA1W	REPORT OF WORK-RELATED INJURY OR OCCUPATIONAL DISEASE	
WC9209 K	10/16	RFA2	REQUEST FOR ASSISTANCE BY INJURED WORKER	
WC8889 M	02/16	C-32.1	REQUEST FOR FURTHER ACTION BY CARRIER/EMPLOYER	
WC9965	02/16	C-32-I	SECTION 32 WAIVER AGREEMENT: CLAIMANT RELEASE	
WC8892 C	04/20	IME7	SETTLEMENT AGREEMENT - SECTION 32 WCL INDEMNITY ONLY SETTLEMENT AGREEMENT	
WC7507 Z	05/19	DB-271S	STATEMENT OF REGISTRATION	
WC8040 Z	09/16	C-430S	STATEMENT OF RIGHTS - DISABILITY BENEFITS LAW	
WC8530	10/97	C300341097	STATEMENT OF RIGHTS (ENGLISH/SPANISH)	
WC7965 U	10/18	PH-16.2	STATEMENT OF UNRESOLVED ISSUES SPECIAL PART FOR EXPEDITED HEARINGS	
WC8494 A	10/16	C-300.5	STATEMENT ON SPECIFIC ISSUES IN DISPUTE FOR CONTROVERTED AND EXPEDITED CASES	
WC9002 D	01/11	VAW-3	STIPULATION	
WC8709 J	01/11	VF3	VOLUNTEER AMBULANCE WORKERS' CLAIM FOR BENEFITS	
WC9718 C	01/11	VF/VAW-11C	VOLUNTEER FIREFIGHTERS' CLAIM FOR BENEFITS	
WC8493 J	02/16	C-32	VOLUNTEER'S NOTIFICATION OF EXECUTIVE OFFICER OF FIRE/AMBULANCE COMPANY OF SIGNIFICANT RISK OF TRANSMISSION OF HIV	
WC8020 D	04/05	HP40405	WAIVER AGREEMENT - SECTION 32 WCL WITHDRAWAL OF REQUEST FOR ARBITRATION	
North Carolina				
WC9252 A	03/20	FORM87A	AFFIDAVIT OF ACCRUED ARREARAGES G.S. 97-87(D)	
WC8350 J	03/20	FORM30A	AGREEMENT FOR COMPENSATION FOR DEATH	
WC8256 P	03/20	FORM26	AGREEMENT FOR COMPENSATION FOR DISABILITY	
WC8325 Q	03/20	FORM21	AGREEMENT FOR COMPENSATION FOR DISABILITY	
WC9561 A	03/07	FORMA21	AGREEMENT FOR COMPENSATION FOR DISABILITY (SPANISH)	
WC8351 G	03/20	FORM26D	AGREEMENT FOR PAYMENT OF UNPAID COMPENSATION IN UNRELATED DEATH CASES (G.S. 97-37)	
WC8245 J	02/17	FORM 51	ANNUAL CONSOLIDATED FISCAL REPORT OF "MEDICAL ONLY" AND "LOST TIME" CASES	
WC9089 E	03/20	FORM42	APPLICATION FOR APPOINTMENT OF GUARDIAN AD LITEM	
WC7749 H	03/20	FORM31	APPLICATION FOR LUMP SUM AWARD	
WC8346 D	03/19	T44	APPLICATION FOR REVIEW	
WC8347 N	10/19	FORM 44	APPLICATION FOR REVIEW	
WC8307 U	03/20	FORM24		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9088 F	03/20	FORM25C	APPLICATION TO TERMINATE OR SUSPEND PAYMENT OF COMPENSATION (G.S. 97-18.1)	
WC9527 B	04/06	FORMA25C	AUTHORIZATION FOR REHABILITATION PROFESSIONAL TO OBTAIN MEDICAL RECORDS OF CURRENT TREATMENT	
WC8930 G	03/20	FORM30D	AUTHORIZATION FOR REHABILITATION PROFESSIONAL TO OBTAIN MEDICAL RECORDS OF CURRENT TREATMENT (SPANISH)	
WC9795 A	02/17		AWARD APPROVING AGREEMENT FOR COMPENSATION FOR DEATH	
WC7747 H	03/20	FORM18B	CERTIFICATION OF PAYMENT OF PROCESSING FEE FOR THE FORM 33I CLAIM BY EMPLOYEE, REPRESENTATIVE, OR DEPENDENT FOR BENEFITS FOR LUNG DISEASE	
WC9852 A	03/20		CLAIM FOR BENEFITS UNDER THE PUBLIC SAFETY EMPLOYEES' DEATH BENEFITS ACT, G.S. § 143-166, ET SEQ.	
WC9096 D	11/19	T1	CLAIM FOR DAMAGES UNDER TORT CLAIMS ACT	
WC8240 J	03/20	FORM61	DENIAL OF WORKERS' COMPENSATION CLAIM	
WC9092 D	10/17	MSC4	DESIGNATION OF MEDIATOR	
WC8353 G	03/20	FORM18M	EMPLOYEE'S APPLICATION FOR ADDITIONAL MEDICAL COMPENSATION	
WC8707 H	03/20	FORM28U	EMPLOYEE'S REQUEST THAT COMPENSATION BE REINSTATED AFTER UNSUCCESSFUL TRIAL RETURN TO WORK	
WC8241 K	03/20	FORM60	EMPLOYER'S ADMISSION OF EMPLOYEE'S RIGHT TO COMPENSATION	
WC9752 H	12/20	FORM26A	EMPLOYER'S ADMISSION OF EMPLOYEE'S RIGHT TO PERMANENT PARTIAL DISABILITY (G.S. § 97-31)	
WC8301 U	09/20	FORM19	EMPLOYER'S REPORT OF EMPLOYEE'S INJURY OR OCCUPATIONAL DISEASE TO THE INDUSTRIAL COMMISSION	
WC7882 J	05/17	FORM 25R	EVALUATION FOR PERMANENT IMPAIRMENT	
WC7879 F	03/20	FORM25P	ITEMIZED STATEMENT OF CHARGES FOR DRUGS	
WC7748 Z	03/20	FORM25T	ITEMIZED STATEMENT OF CHARGES FOR TRAVEL	
WC9094 H	06/18	MSC6	MEDIATOR'S DECLARATION OF INTEREST AND QUALIFICATIONS	
WC7746 P	12/20	FORM18	NOTICE OF ACCIDENT TO EMPLOYER AND CLAIM OF EMPLOYEE, REPRESENTATIVE, OR DEPENDENT	
WC9520 D	12/20	FORMA18	NOTICE OF ACCIDENT TO EMPLOYER AND CLAIM OF EMPLOYEE, REPRESENTATIVE, OR DEPENDENT (SPANISH)	
WC9968 B	03/20	FORM30A	NOTICE OF AWARD	
WC8237 K	03/20	FORM62	NOTICE OF REINSTATEMENT OR MODIFICATION OF COMPENSATION	
WC8249 H	03/20	FORM28T	NOTICE OF TERMINATION OF COMPENSATION BY REASON OF TRAIL RETURN TO WORK (G.S. 97-18.1(B) AND G.S. 97-32.1	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8238 K	03/20	FORM63	NOTICE TO EMPLOYEE OF PAYMENT OF COMPENSATION WITHOUT PREJUDICE OR PAYMENT OF MEDICAL BENEFITS ONLY WITHOUT PREJUDICE WC9502	
WC8352 P	03/20	FORM25N	04/04 NOTICE TO EMPLOYEE RECEIVING WORKERS' COMPENSATION BENEFITS	
WC9091 E	10/17	MSC2	NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL	
WC9090	11/01		PETITION FOR ORDER REFERRING CASE TO MEDIATED SETTLEMENT CONFERENCE	
WC9097 B	03/19	T3	PETITION TO APPEAL AS AN INDIGENT PERSON	
WC8931 D	03/20	FORM90	RELEASE OF TORT CLAIM (G.S. 143-291 ET SEQ.)	
WC8327 P	03/20	FORM28B	REPORT OF EARNINGS	
			REPORT OF EMPLOYER OR CARRIER/ ADMINISTRATOR OF COMPENSATION AND MEDICAL COMPENSATION PAID AND NOTICE OF RIGHT TO ADDITIONAL MEDICAL COMPENSATION	
WC9473 D	03/20	FORM28C	REPORT OF EMPLOYER OR CARRIER/ ADMINISTRATOR OF COMPENSATION AND MEDICAL COMPENSATION PAID PURSUANT TO A COMPROMISE SETTLEMENT AGREEMENT	
WC9095 D	10/17	MSC7	REPORT OF EVALUATOR	
WC9093 E	10/17	MSC5	REPORT OF MEDIATOR	
WC8349 K	03/18	FORM33	REQUEST THAT CLAIM BE ASSIGNED FOR HEARING	
WC9560 B	10/17	FORMA33	REQUEST THAT CLAIM BE ASSIGNED FOR HEARING (SPANISH)	
WC8348 J	03/18	FORM 33R	REQUEST THAT CLAIM BE ASSIGNED FOR HEARING	
WC8312 R	03/20	FORM28	RESPONSE TO REQUEST THAT CLAIM BE ASSIGNED FOR HEARING	
WC9254 D	03/20	FORM87S	RETURN TO WORK REPORT	
WC7841 H	03/20	FORM22	STATEMENT OF ACCRUED ARREARAGES G.S. 97-87(C)(1)	
WC8314 J	03/20	FORM29	STATEMENT OF DAYS WORKED AND EARNINGS OF INJURED EMPLOYEE	
WC9648	12/05		SUPPLEMENTAL REPORT FOR FATAL ACCIDENTS	
WC9853 E	10/19		WORKERS' COMPENSATION MEDICAL STATUS QUESTIONNAIRE	
			WORKERS' COMPENSATION NURSES SECTION REFERRAL FORM	
			North Dakota	
WC9603 B	02/20	SFN2828	FIRST REPORT OF INJURY	
			Ohio	
WC9547	10/97	SI431097	ACKNOWLEDGMENT OF THE SELF-INSURED JOINT SETTLEMENT AGREEMENT AND RELEASE	
WC9501 B	06/12	IC-GC1	AGREEMENT AS TO COMPENSATION FOR PERMANENT PARTIAL DISABILITY	
WC9679 A	02/99	OD5822	APPLICATION FOR ADJUSTMENT OF CLAIM IN CASE OF DEATH DUE TO OCCUPATIONAL DISEASE	
WC9546 C	03/20	C92	APPLICATION FOR DETERMINATION OF PERCENTAGE OF PERMANENT PARTIAL DISABILITY	
WC9491 B	08/06	IC88		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC1013	09/13	C-101-ES	APPLICATION FOR PERMANENT PARTIAL RECONSIDERATION	
WC9488 C	04/20	C101	AUTHORIZATION TO RELEASE MEDICAL INFORMATION	
WC9461 K	06/14	FROI-1	AUTHORIZATION TO RELEASE MEDICAL INFORMATION	
WC9678 C	05/14	C140	FIRST REPORT OF INJURY, OCCUPATIONAL DISEASE OR DEATH (FROI)	
WC9545 E	11/14	C-60	INITIAL APPLICATION FOR WAGE LOSS COMPENSATION	
WC9489 D	09/08	C86	INJURED WORKER STATEMENT FOR REIMBURSEMENT OF TRAVEL EXPENSE	
WC9485 E	02/17	IC12	MOTION	
WC9686 A	09/99	C23	NOTICE OF APPEAL	
WC9487 B	11/07	IC167T	NOTICE TO CHANGE PHYSICIAN OF RECORD	
WC9674 C	03/16	RH1	OBJECTION TO TENTATIVE ORDER	
WC9498 C	05/14	IC-51	REHABILITATION AGREEMENT	
WC9677 E	03/19	C-84	REQUEST FOR CONTINUANCE	
WC9486 A	01/05	SI420105	REQUEST FOR TEMPORARY TOTAL COMPENSATION	
WC9490 A	08/09	C174	SELF INSURED JOINT SETTLEMENT AGREEMENT AND RELEASE	
WC9680 A	03/05	C59	SELF-INSURED SEMIANNUAL REPORT OF CLAIM PAYMENTS	
WC9676 D	05/17	C-240	SELF-INSURERS' AGREEMENT AS TO COMPENSATION ON ACCOUNT OF DEATH	
WC9675 B	05/15	C-18	SETTLEMENT AGREEMENT AND APPLICATION FOR APPROVAL OF SETTLEMENT AGREEMENT	
WC9458 G	03/19	WAGES-EMP	WAGE AGREEMENT	
			WAGE STATEMENT	
			Oklahoma	
WC8069 N	04/18	CC-FORM 10	ANSWER AND NOTICE OF CONTESTED ISSUES	
WC9395 E	04/18	CC-FORM 93	APPLICATION AND ORDER FOR LEAVE TO WITHDRAW AS ATTORNEY OF RECORD	
WC9055 F	01/19		CERTIFICATE TO JOINT PETITION	
WC9052 K	11/19	CCFORM100	CLAIMANT'S APPLICATION AND ORDER FOR DISMISSAL	
WC9053 H	04/18	CCFORMA	CLAIMANT'S APPLICATION FOR CHANGE OF PHYSICIAN AND REQUEST FOR HEARING	
WC1543 P	04/18	CC-FORM 3A	CLAIMANT'S FIRST NOTICE OF DEATH AND CLAIM FOR COMPENSATION	
WC9645 E	06/15	CSD337	COMPROMISE SETTLEMENT - (DEATH CLAIM)	
WC8085 R	06/15	CS339B	COMPROMISE SETTLEMENT - AGREEMENT BETWEEN EMPLOYER AND EMPLOYEE AS TO FACT WITH RELATION TO AN INJURY AND PAYMENT OF COMPENSATION	
WC9054 G	03/17		COPY REQUEST FORM	
WC9048 G	09/15	CC-FORM 7	DESIGNATION OF SERVICE AGENT	
WC8061 P	04/18	CCFORM3	EMPLOYEE'S FIRST NOTICE OF CLAIM FOR COMPENSATION	
WC1548 K	04/18	CCFORM3F		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC1545 P	04/18	CCFORM3B	EMPLOYEE'S NOTICE OF CLAIM FOR BENEFITS FROM THE MULTIPLE INJURY TRUST FUND	
WC9931 A	06/15	FORM 2	EMPLOYEE'S FIRST NOTICE OF OCCUPATIONAL DISEASE AND CLAIM FOR COMPENSATION	
WC1541 V	01/21	CSJOINTPETITION	EMPLOYER'S FIRST NOTICE OF INJURY (ONLY FOR CLAIMS EXISTING PRIOR TO 2/1/2014)	
WC9243 C	02/16		JOINT PETITION SETTLEMENT	
WC9856 E	02/16	CC-FORM-A ORDER	MEDIATION REQUEST FORM	
WC9397 F	04/18	CC-FORM 99	ORDER FOR CHANGE OF TREATING PHYSICIAN	
WC9049 F	02/16	CC-FORM 17	PAUPER'S AFFIDAVIT	
WC8213 M	04/18	CC-FORM 5	PHYSICIAN DISCLOSURE STATEMENT	
WC9051 F	04/18	CC-FORM-20	PHYSICIAN'S REPORT ON RELEASE AND RESTRICTIONS	
WC8109 R	04/18	MFDR FORM 19	PROOF OF LOSS (DEATH CLAIM)	
WC9050 D	06/15	FORM18	PROVIDER REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION	
WC1549 Q	04/18	CC-FORM 9	REQUEST FOR COURT ADMINISTRATOR REVIEW OF DISPUTED MEDICAL CHARGES	
WC1540 P	04/18	CC-FORM 13	REQUEST FOR HEARING	
WC8072 M	04/18	CCFORM10M	REQUEST FOR PREHEARING CONFERENCE	
WC8212 D	02/14	FORM4A	RESPONSE TO PROVIDER REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION	
WC9932 C	04/18	CC-FORM-V	TREATING PHYSICIAN'S PROGRESS REPORT	
WC8886 G	01/21	4403283	VERIFICATION OF PERMANENT TOTAL DISABILITY	
WC9953 B	01/21	4403283R	Oregon	
WC9259 F	01/21	4403283S	A GUIDE FOR WORKERS RECENTLY HURT ON THE JOB	
WC9954 A	01/18	440-3283V	A GUIDE FOR WORKERS RECENTLY HURT ON THE JOB (RUSSIAN)	
WC8878 A	01/08	44011740108	A GUIDE FOR WORKERS RECENTLY HURT ON THE JOB (SPANISH)	
WC7810 E	05/15	440-1644C	A GUIDE FOR WORKERS' RECENTLY HURT ON THE JOB (VIETNAMESE)	
WC1030	04/19	440-5425	APPLICATION FOR APPROVAL OF LUMP-SUM PAYMENT OF AWARD	
WC9690 C	04/19	440-3228	CORRECTING NOTICE OF CLOSURE	
WC9625 K	01/20	4402360	ELECTIVE SURGERY NOTIFICATION	
WC9991 A	02/17	4403923A	ELECTIVE SURGERY RESPONSE	
WC8470 D	01/10	440-1503	EMPLOYER-AT-INJURY PROGRAM (EAIP) REIMBURSEMENT REQUEST FORM	
WC9475 D	11/15	4402223B	IME OBSERVER FORM	
WC8469 F	04/20	4401502	INSURER NOTICE OF CLOSURE SUMMARY	
WC8937 D	03/15	440-2333	INSURER REQUEST FOR RECONSIDERATION	
WC9656 C	10/15	4403227	INSURER'S REPORT	
WC9812 A	02/20	4404841	INSURER'S REQUEST FOR DIRECTOR APPROVAL OF AN INDEPENDENT MEDICAL EXAMINATION	
WC9719 C	12/15	4402842A	INVASIVE MEDICAL PROCEDURE AUTHORIZATION (ENGLISH/SPANISH)	
			LOWER EXTREMITY RANGE OF MOTION	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8471 H	05/15	4401644	MEDICAL FEE DISPUTE RESOLUTION REQUEST AND WORKSHEET	
WC9799 A	01/10	4401644P	NOTICE OF CLOSURE	
WC9700 B	05/15	440-1644S	NOTICE OF CLOSURE - PERMANENT TOTAL DISABILITY REDUCTION	
WC8472 F	01/10	4402807	NOTICE OF CLOSURE (SPANISH)	
WC9800	01/10	440-2807A	NOTICE OF CLOSURE WORKSHEET	
WC9428 B	02/16	FORM 2066	NOTICE OF CLOSURE WORKSHEET (DATES OF INJURY ON OR AFTER JAN. 1, 2005)	
WC9654 A	02/16	FORM 3501	NOTICE OF CLOSURE: OWN MOTION CLAIM	
WC1008	01/18	440-5332	NOTICE OF VOLUNTARY REOPENING OWN MOTION CLAIM	
WC8423 G	12/19	4403058	NOTICE TO BENEFICIARY OF ENTITLEMENT TO BENEFITS	
WC9496 D	12/19	4403058S	NOTICE TO WORKER	
WC9429	09/03	44035310903	NOTICE TO WORKER (SPANISH)	
WC9989	01/17	440-3014	PHYSICIAN AUTHORIZATION OF SUPPLEMENTAL DISABILITY PREFERRED WORKER PROGRAM	
WC9689 D	01/17	440-2190	QUARTERLY CLAIM COST REIMBURSEMENT REQUEST	
WC8592 D	02/20	4402279	PREFERRED WORKER WAGE SUBSIDY AGREEMENT	
WC9655 A	02/16	FORM 1966	RANGE OF MOTION AND DEFORMITY/ DEVIATION AMPUTATION AND SENSATION OF THE UPPER EXTREMITY REOPENED CLAIMS PROGRAM	
WC9552 D	01/21	440801	REIMBURSEMENT REQUEST	
WC9188 E	01/21	440801S	REPORT OF JOB INJURY OR ILLNESS	
WC9691 F	01/21	4403921	REPORT OF JOB INJURY OR ILLNESS (SPANISH)	
WC9692 E	01/21	4403921S	REQUEST FOR REIMBURSEMENT OF EXPENSES	
WC8936 B	03/12	4402476	REQUEST FOR REIMBURSEMENT OF EXPENSES (SPANISH)	
WC9598 A	03/12	4402476S	REQUEST FOR RELEASE OF MEDICAL RECORDS FOR OREGON WORKERS' COMPENSATION CLAIM	
WC8944 M	04/20	4403088	REQUEST FOR RELEASE OF MEDICAL RECORDS FOR OREGON WORKERS' COMPENSATION CLAIM (SPANISH)	
WC9476 D	05/15	4401644R	REQUEST FOR WORKERS' COMPENSATION CLAIM RECORDS	
WC9814 A	02/20	4404842	RESCINDING NOTICE OF CLOSURE	
WC9810 A	02/20	4402278L	SHOULDER RANGE OF MOTION	
WC9811 A	02/20	4402278T	SPINAL (LUMBAR) RANGE OF MOTION	
WC8591 C	02/20	4402278C	SPINAL (THORACIC) RANGE OF MOTION	
WC9591 B	11/09	4403530	SPINAL RANGE OF MOTION	
WC9257 G	01/18	440-2876	SUPPLEMENTAL DISABILITY ELECTION NOTIFICATION	
WC9258 E	01/18	440-2876S	UNDERSTANDING CLAIM CLOSURE AND YOUR RIGHTS	
WC8593 C	02/20	4402312	UNDERSTANDING CLAIM CLOSURE AND YOUR RIGHTS (SPANISH)	
WC9484 F	01/17	440-2800	VISUAL IMPAIRMENT	
WC9624	07/05	44015920705	VOCATIONAL CLOSURE REPORT	
WC9972 E	01/20	440-1138	VOCATIONAL REIMBURSEMENT REQUEST	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9973 E	01/20	4401138S	WHAT HAPPENS IF I'M HURT ON THE JOB? (ENGLISH)	
WC9604 C	04/20	4402943	WHAT HAPPENS IF I'M HURT ON THE JOB? (SPANISH)	
WC8607 M	11/15	440-2223A	WORKER REQUEST FOR CLAIM CLASSIFICATION REVIEW	
WC9173 H	11/15	440-2223A-S	WORKER REQUEST FOR RECONSIDERATION (ENGLISH)	
WC9483 M	01/21	440827	WORKER REQUEST FOR RECONSIDERATION (SPANISH)	
WC9495 K	01/21	440827S	WORKER'S AND HEALTH CARE PROVIDER'S REPORT FOR WORKERS' COMPENSATION CLAIMS	
WC9379 F	04/18	4402839	WORKER'S AND HEALTH CARE PROVIDER'S REPORT FOR WORKERS' COMPENSATION CLAIMS (SPANISH)	
WC9376 D	01/18	440-2332	WORKERS' COMPENSATION DIVISION REQUEST FOR HEARING	
WC1029	04/19	440-5377	WORKER'S REQUEST TO CHANGE ATTENDING PHYSICIAN OR AUTHORIZED NURSE PRACTITIONER	
WC8363 F	12/19	LIBC338	WORKERS' COMPENSATION MULTILINGUAL HELP PAGE	
WC8364 H	04/19	LIBC-336	Pennsylvania	
WC8377 J	04/18	LIBC-340	AGREEMENT FOR COMPENSATION FOR DEATH	
WC8599 B	04/18	LIBC-35	AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY	
WC8302 E	04/18	LIBC-378	AGREEMENT TO STOP WEEKLY WORKERS' COMPENSATION PAYMENTS	
WC8300 E	04/18	LIBC-377	FINAL RECEIPT	
WC9263 B	01/18	LICB2526	ANSWER TO PETITION FOR COMMUTATION	
WC7534 D	04/18	LIBC-10	ANSWER TO PETITION TO/FOR: ANSWER TO PETITION TO/FOR:	
WC9222 C	04/18	LIBC-375	APPEAL FROM JUDGE'S FINDINGS OF FACT AND CONCLUSION OF LAW	
WC8600 D	04/18	LIBC-362	AUTHORIZATION FOR ALTERNATIVE DELIVERY OF COMPENSATION PAYMENTS	
WC1566 G	04/18	LIBC-498	CLAIM PETITION FOR ADDITIONAL COMPENSATION FROM THE	
WC8842 H	04/18	LIBC-755	SUBSEQUENT INJURY FUND PURSUANT TO SECTION 306.1 OF THE WORKERS' COMPENSATION ACT	
WC9858	02/11	LIBC-749	CLAIM PETITION FOR WORKERS' COMPENSATION	
WC8282 E	04/18	LIBC-374	COMMUTATION OF COMPENSATION	
WC8837 B	04/18	LIBC-364B	COMPROMISE AND RELEASE AGREEMENT BY STIPULATION	
WC8298 D	04/18	LIBC-134	PURSUANT TO SEC 449 OF THE WC ACT	
			DEATH CLAIM SUPPLEMENT TO COMPROMISE AND RELEASE AGREEMENT	
			DEFENDANT'S ANSWER TO CLAIM PETITION UNDER PA WORKERS' COMPENSATION ACT	
			DEFENDANT'S ANSWER TO CLAIM PETITION UNDER PENNSYLVANIA OCCUPATIONAL DISEASE ACT	
			DISMEMBERMENT CHART	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9823 A	04/18	LIBC-134F	DISMEMBERMENT CHART - FOOT	
WC8317 C	04/18	LIBC-750	EMPLOYEE REPORT OF WAGES AND PHYSICAL CONDITION	
WC8380 D	04/18	LIBC760	EMPLOYEE VERIFICATION OF EMPLOYMENT, SELF-EMPLOYMENT OR CHANGE IN PHYSICAL CONDITION	
WC8458 C	04/18	LIBC756	EMPLOYEE'S REPORT OF BENEFITS FOR OFFSETS	
WC8839 B	09/13	LIBC384	FATAL CLAIM PETITION FOR COMPENSATION BY DEPENDENTS FOR DEATH COVERED BY THE PENNSYLVANIA OCCUPATIONAL DISEASE ACT	
WC8840 B	09/13	LIBC386	FATAL CLAIM PETITION FOR COMPENSATION BY DEPENDENTS FOR DEATH RESULTING FROM OCCUPATIONAL DISEASE	
WC8836 C	04/18	LIBC-363	FATAL CLAIM PETITION FOR COMPENSATION BY DEPENDENTS OF DECEASED EMPLOYEES	
WC9730 C	04/18	LIBC-392A	FINAL STATEMENT OF ACCOUNT OF COMPENSATION PAID	
WC8585 C	11/18	LIBC-767	IMPAIRMENT RATING DETERMINATION FACE SHEET	
WC8333 C	04/18	LIBC754	INFORMAL CONFERENCE AGREEMENT FORM	
WC7526 E	04/18	LIBC-9	MEDICAL REPORT FORM	
WC8338 E	04/18	LIBC-757	NOTICE OF ABILITY TO RETURN TO WORK	
WC8582 B	11/18	LIBC-764	NOTICE OF CHANGE OF WORKERS' COMPENSATION DISABILITY STATUS	
WC8387 C	04/18	LIBC-763	NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION BENEFIT	
WC8332 C	04/18	LIBC-753	NOTICE OF REQUEST FOR AN INFORMAL CONFERENCE	
WC8386 C	04/18	LIBC-762	NOTICE OF SUSPENSION FOR FAILURE TO RETURN FORM LIBC-760	
WC8385 E	08/19	LIBC-761	NOTICE OF WORKERS' COMPENSATION BENEFIT OFFSET	
WC8381 A	02/11	LIBC758	NOTICE TO CLAIMANT	
WC9565	10/04		NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS	
WC8329 E	04/18	LIBC751	NOTIFICATION OF SUSPENSION OR MODIFICATION PURSUANT TO §§ 413 (C) & (D)	
WC8841 D	04/18	LIBC-396	OCCUPATIONAL DISEASE CLAIM PETITION MONTHLY COMPENSATION FOR DISABILITY UNDER SECTION 301(I) ONLY	
WC8598 C	04/18	LIBC-34	PETITION FOR COMMUTATION OF COMPENSATION UNDER THE PENNSYLVANIA WORKERS COMPENSATION ACT OF 1915 AS REENACTED AND AMENDED	
WC7825 C	04/18	LIBC-499	PETITION FOR PHYSICAL EXAMINATION OR EXPERT INTERVIEW OF EMPLOYEE (SECTION 314)	
WC8372 G	04/18	LIBC-603	PETITION FOR REVIEW OF UTILIZATION REVIEW DETERMINATION	
WC1565 F	04/18	LIBC-497	PHYSICIAN'S AFFIDAVIT OF RECOVERY	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8281 D	04/18	LIBC494C	STATEMENT OF WAGES (FOR INJURIES OCCURRING ON AND AFTER JUNE 24, 1966)	
WC1562 K	04/18	LIBC-494A	STATEMENT OF WAGES (FOR INJURIES OCCURRING ON OR BEFORE JUNE 23, 1996)	
WC1568 D	04/18	LIBC-339	SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DEATH	
WC8362 H	04/18	LIBC-337	SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY	
WC8354 G	10/18	LIBC-380	THIRD PARTY SETTLEMENT AGREEMENT	
WC9523	03/04	ICR0304	UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT	
WC8360 J	04/18	LIBC-601	UTILIZATION REVIEW REQUEST	
Rhode Island				
WC9987	06/16	DWCEB1	AGREEMENT FOR ELECTRONIC PAYMENT OF WORKERS' COMPENSATION BENEFITS	
WC8634 C	06/11	DWC11C	ELECTION BY EXEMPT CORPORATE OFFICER TO BECOME SUBJECT TO WORKERS' COMPENSATION (TITLE 28 CHAPTERS 29 THROUGH 38)	
WC8014 F	04/19	DWC04	EMPLOYEE'S CERTIFICATE OF DEPENDENCY STATUS	
WC1589 B	01/03	DWC31	EMPLOYEE'S OBJECTION TO WAGE TRANSCRIPT	
WC8002 G	04/19	DWC02	MEMORANDUM OF AGREEMENT	
WC8032 E	01/14	DWC24	MUTUAL AGREEMENT	
WC8028 H	04/19	DWC-20	NON-PREJUDICIAL AGREEMENT	
WC8633 C	06/11	DWC11	NOTICE OF COMMON LAW RIGHTS PURSUANT TO R.I.G.L. SECTION 28-29-17	
WC1587 D	05/19	DWC111C	NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1	
WC1588 B	10/19	DWC11ICR	NOTICE OF WITHDRAWAL OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1	
WC1553 C	06/20	DWC29	NOTIFICATION OF CLAIM OF COMPENSABLE INJURY	
WC1550 C	07/09	DWC27/28	PHYSICIAN'S NOTICE OF RELEASE TO WORK	
WC8635 B	04/05	DWC40	REQUEST FOR ADDITIONAL PALLIATIVE CARE	
WC8844 B	06/11	DWC11R	RESCIND NOTICE OF CLAIM OF COMMON LAW RIGHTS PURSUANT TO R.I.G.L. SECTION 28-29-19	
WC9988	06/16	DWC-EB2	RESCISSION OF AGREEMENT FOR ELECTRONIC PAYMENT OF WORKERS' COMPENSATION BENEFITS	
WC8018 D	01/03	DWC5	SUSPENSION AGREEMENT AND RECEIPT	
WC9928	01/14	DWC-21	TERMINATION OF BENEFITS	
WC8268 A	08/05	MAB020805	WAIVER OF MEDICAL REVIEW	
South Carolina				
WC7669 C	09/07	WCCFORM160907	AGREEMENT FOR PERMANENT DISABILITY/DISFIGUREMENT COMPENSATION	
WC9735 D	10/17	FORM #16		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
			AGREEMENT FOR PERMANENT DISABILITY/DISFIGUREMENT COMPENSATION	
WC8132 D	05/06	12M	ANNUAL MINOR MEDICAL REPORT	
WC1007	10/17	FORM 59	APPELLANT'S INFORMAL BRIEF	
WC9103 A	09/90	24	APPLICATION FOR LUMP SUM AWARD	
WC9105 D	07/08	61	ATTORNEY FEE PETITION	
WC8136 F	01/19	FORM#50	EMPLOYEE'S NOTICE OF CLAIM AND/OR REQUEST FOR HEARING	
WC8138 C	07/18	FORM #52	EMPLOYEE'S NOTICE OF CLAIM AND/OR REQUEST FOR HEARING, DEATH CASE	
WC8137 E	07/15	FORM#51	EMPLOYER'S ANSWER TO REQUEST FOR HEARING	
WC8139 C	08/20	FORM#53	EMPLOYER'S ANSWER TO REQUEST FOR HEARING, DEATH CASE	
WC8904 C	07/18	FORM #54	EMPLOYER'S NOTICE OF CLAIM AND/OR REQUEST FOR HEARING	
WC7737 F	04/19	FORM#21	EMPLOYER'S REQUEST FOR HEARING	
WC9108 A	01/86	S-3	ENTITLEMENT TO RIGHT OF ACTION	
WC8902 B	04/06	12A	FIRST REPORT OF INJURY OR ILLNESS	
WC8903 B	05/06	FORM14A	HEALTH INSURANCE CLAIM FORM	
WC9582	11/04		MEDICAL QUESTIONNAIRE (SIF)	
WC9580 A	11/07		NOTICE OF POSSIBLE SECOND INJURY FUND CLAIM	
WC9107 A	01/86	S2	NOTICE OF THIRD-PARTY ACTION EMPLOYEE	
WC9106 B	01/86	S1	NOTICE OF THIRD-PARTY ACTION EMPLOYER CARRIER	
WC8116 G	01/19	FORM 18	PERIODIC REPORT	
WC9740 C	12/16	FORM #14B	PHYSICIAN'S STATEMENT	
WC8140 E	07/15	FORM 58	PRE-HEARING BRIEF	
WC7670 C	01/14	FORM 17	RECEIPT OF COMPENSATION	
WC8135 E	08/19	FORM#30	REQUEST FOR COMMISSION REVIEW	
WC9104 C	01/19	32	REQUEST TO WAIVE APPEAL FILING FEE	
WC9581	11/04		SECOND INJURY FUND REIMBURSEMENT REQUEST FORM	
WC9371 B	07/13	FORM 55	SECOND INJURY FUND'S ANSWER TO EMPLOYER'S REQUEST FOR HEARING	
WC7675 C	01/14	FORM 20	STATEMENT OF EARNINGS OF INJURED EMPLOYEE	
WC7648 H	01/14	FORM 19	STATUS REPORT AND COMPENSATION RECEIPT	
WC8758 B	03/14	FORM#27	SUBPOENA	
WC7668 B	03/97	WCCFORM15S0397	SUPPLEMENTAL REPORT OF VARYING TEMPORARY PARTIAL PAYMENTS	
WC7667 D	01/14	FORM 15	TEMPORARY COMPENSATION REPORT	
South Dakota				
WC7637 J	02/17	DLR-LM-110	CALCULATION OF COMPENSATION	
WC7602 P	11/18	LM101	EMPLOYER'S FIRST REPORT OF INJURY	
WC8464 E	02/17	DLR-LM-111	MEMORANDUM OF PAYMENT FOR PERMANENT PARTIAL DISABILITY	
WC1538 F	02/17	DLR-LM-113	MEMORANDUM OF PAYMENT FOR REHABILITATION	
WC8463 J	08/18	LM-107	MONTHLY PAYMENT REPORT	
Tennessee				
WC1023	05/18		A BEGINNER'S GUIDE TO TENNESSEE WORKERS' COMPENSATION	
WC9957 B	02/20	FORMC42SP	AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN (SPANISH)	
WC9111 C	11/15	C-39		

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8399 C	12/07	C-34	APPLICATION FOR REGISTRATION FOR UTILIZATION REVIEW ORGANIZATION	
WC8398 F	12/16	C33	CASE MANAGEMENT CLOSURE	
WC9110 E	11/16	C-38	CASE MANAGEMENT NOTIFICATION	
WC7754 K	11/15	C42	CASE MANAGER REGISTRATION	
WC8323 K	12/07	C20LB00211201	EMPLOYEE'S CHOICE OF PHYSICIAN	
			EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS	
WC7599 F	01/17	C-30A	FINAL MEDICAL REPORT	
WC7508 G	12/07	C29	FINAL REPORT OF PAYMENT AND RECEIPT OF COMPENSATION	
WC8393 F	11/15	C-31	MEDICAL WAIVER AND CONSENT	
WC7726 E	04/18	C26	NOTICE OF CHANGE OR TERMINATION OF COMPENSATION BENEFITS	
WC7727 D	03/16	C27	NOTICE OF CONTROVERSY	
WC1537 F	11/15	C-23	NOTICE OF DENIAL OF CLAIM FOR COMPENSATION	
WC8048 F	12/07	C22	NOTICE OF FIRST PAYMENT OF COMPENSATION	
WC7578 C	12/07	C28	NOTICE OF LAWSUIT	
WC1022	05/18		NOTICE OF REPORTED INJURY	
WC9934 E	09/19	LB1095	PETITION FOR BENEFIT DETERMINATION	
WC9825 A	08/18	LB1016	REQUEST FOR ADMINISTRATIVE REVIEW OF A WORKERS' COMPENSATION SPECIALIST'S ORDER	
WC9533 M	02/18	LB0381	REQUEST FOR BENEFIT REVIEW CONFERENCE	
WC8578 G	11/17	C32	STANDARD FORM MEDICAL REPORT FOR INDUSTRIAL INJURIES	
WC1014	02/18	SD2	STATISTICAL DATA FORM FOR INJURIES ON/AFTER JULY 1, 2014	
WC8580 B	12/07	FORMC36/C37	UTILIZATION REVIEW CLOSURE	
WC8579 D	12/07	C-35	UTILIZATION REVIEW NOTIFICATION	
WC7741 F	11/15	C41	WAGE STATEMENT	
WC8787 E	06/16	SD1	WORKERS' COMPENSATION STATISTICAL DATA FORM	
			Texas	
WC9777 B	10/13	DWC105	ACCIDENT PREVENTION SERVICES WORKSHEET	
WC7657 G	02/17	DWC031	APPLICATION FOR DIVISION APPROVAL OF CHANGE IN PAYMENT PERIOD AND/OR PURCHASE OF AN ANNUITY FOR DEATH BENEFITS	
WC8874 E	02/17	DWC035	APPLICATION FOR DIVISION APPROVAL OF THE PURCHASE OF AN ANNUITY FOR LIFETIME INCOME BENEFITS	
WC8096 J	02/17	DWC052	APPLICATION FOR SUPPLEMENTAL INCOME BENEFITS	
WC7734 H	02/17	DWC052S	APPLICATION FOR SUPPLEMENTAL INCOME BENEFITS (SPANISH)	
WC8544 F	11/17	DWC024	BENEFIT DISPUTE AGREEMENT	
WC8545 F	11/17	DWC025	BENEFIT DISPUTE SETTLEMENT	
WC7768 E	02/17	DWC033	CARRIER'S REQUEST FOR REDUCTION OF INCOME BENEFITS DUE TO CONTRIBUTION	
WC8938 E	02/17	DWC056	CARRIER'S REQUEST FOR SEASONAL EMPLOYEE WAGE INFORMATION FROM TEXAS EMPLOYMENT COMMISSION RECORDS	
WC9766 D	03/16	DWC042		

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9767 D	03/16	DWC042S	CLAIM FOR WORKERS' COMPENSATION DEATH BENEFITS (ENGLISH)	
WC9793 A	09/09	DWC 074	CLAIM FOR WORKERS' COMPENSATION DEATH BENEFITS (SPANISH)	
WC9887 C	10/18	DWC068	DESCRIPTION OF INJURED EMPLOYEE'S EMPLOYMENT	
WC7926 E	06/12	DWC044	DESIGNATED DOCTOR EXAMINATION DATA REPORT	
WC8875 J	03/12	DWC-053S	ELECTION TO ENGAGE IN ARBITRATION	
WC8616 G	02/17	DWC047	EMPLOYEE REQUEST TO CHANGE TREATING DOCTOR (SPANISH)	
WC8617 G	02/17	DWC047S	EMPLOYEE'S REQUEST FOR ADVANCE OF BENEFITS (ENGLISH)	
WC7655 M	03/07	DWC041	EMPLOYEE'S REQUEST FOR ADVANCE OF BENEFITS (SPANISH)	
WC9584 D	03/07	DWC041S	EMPLOYEE'S CLAIM FOR COMPENSATION FOR A WORK RELATED INJURY OR OCCUPATIONAL DISEASE (DWC FORM-041)	
WC8632 F	02/17	DWC051	EMPLOYEE'S CLAIM FOR COMPENSATION FOR A WORK-RELATED INJURY OR OCCUPATIONAL DISEASE (DWC FORM-041S)(SPANISH)	
WC9183 F	04/16	DWC003ME	EMPLOYEE'S ELECTION FOR COMMUTED (LUMP SUM) IMPAIRMENT INCOME BENEFITS	
WC9218 F	04/16	DWC003MES	EMPLOYEE'S MULTIPLE EMPLOYMENT WAGE STATEMENT	
WC8614 D	02/17	DWC046	EMPLOYEE'S MULTIPLE EMPLOYMENT WAGE STATEMENT (SPANISH)	
WC8615 E	02/17	DWC46S	EMPLOYEE'S REQUEST FOR ACCELERATION OF IMPAIRMENT INCOME BENEFITS	
WC8816 E	11/08	DWC004	EMPLOYEE'S REQUEST FOR ACCELERATION OF IMPAIRMENT INCOME BENEFITS (SPANISH)	
WC7631 G	10/05	DWC001	EMPLOYER'S CONTEST OF COMPENSABILITY	
WC8704 D	02/17	DWC-2	EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS	
WC7635 G	10/05	DWC003	EMPLOYER'S REPORT FOR REIMBURSEMENT OF VOLUNTARY PAYMENT	
WC9220 C	10/05	DWC003S	EMPLOYER'S WAGE STATEMENT (ENGLISH)	
WC9182 D	10/05	DWC3SD1005	EMPLOYER'S WAGE STATEMENT (SPANISH)	
WC9219 D	10/05	DWC3SDS1005	EMPLOYER'S WAGE STATEMENT FOR SCHOOL DISTRICTS	
WC8547 P	06/12	DWC060	EMPLOYER'S WAGE STATEMENT FOR SCHOOL DISTRICTS (SPANISH)	
WC9514 E	02/20	PLN08	MEDICAL FEE DISPUTE RESOLUTION REQUEST / RESPONSE	
WC9835 B	02/20	PLN08S	NOTICE OF CHANGE IN AMOUNT OF INDEMNITY BENEFIT PAYMENT	
WC9513 E	02/20	PLN07	NOTICE OF CHANGE IN AMOUNT OF INDEMNITY BENEFIT PAYMENT (SPANISH)	
WC9834 B	02/20	PLN07S	NOTICE OF CHANGE OF INDEMNITY BENEFIT TYPE	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9507 E	02/20	PLN01	NOTICE OF CHANGE OF INDEMNITY BENEFIT TYPE (SPANISH)	
WC9828 B	02/20	PLN01S	NOTICE OF DENIAL OF COMPENSABILITY/LIABILITY AND REFUSAL TO PAY BENEFITS	
WC9517 F	02/20	PLN11	NOTICE OF DENIAL OF COMPENSABILITY/LIABILITY AND REFUSAL TO PAY BENEFITS (SPANISH)	
WC9838 C	02/20	PLN11S	NOTICE OF DISPUTED ISSUE(S) AND REFUSAL TO PAY BENEFITS	
WC9510 F	02/20	PLN04	NOTICE OF DISPUTED ISSUE(S) AND REFUSAL TO PAY BENEFITS (SPANISH)	
WC9831 C	02/20	PLN04S	NOTICE OF ELIGIBILITY FOR LIFETIME INCOME BENEFITS	
WC9512 E	02/20	PLN06	NOTICE OF ELIGIBILITY FOR LIFETIME INCOME BENEFITS (SPANISH)	
WC9833 B	02/20	PLN06S	NOTICE OF EMPLOYER FULL SALARY PAYMENT	
WC9511 E	02/20	PLN5	NOTICE OF EMPLOYER FULL SALARY PAYMENT (SPANISH)	
WC9832 B	02/20	PLN05S	NOTICE OF FIRST DEATH BENEFIT PAYMENT	
WC9829 B	02/20	PLN02S	NOTICE OF FIRST DEATH BENEFIT PAYMENT (SPANISH)	
WC9688 D	06/12	OMB-49S	NOTICE OF FIRST TEMPORARY INCOME BENEFIT PAYMENT (SPANISH)	
WC9687 D	06/12	OMB-49	NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM (SPANISH)	
WC1005 A	02/20	PLN03C	NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM	
WC1006 A	02/20	PLN03CS	NOTICE OF MAXIMUM MEDICAL IMPROVEMENT AND ESTIMATED PERMANENT IMPAIRMENT	
WC1001 A	02/20	PLN03A	NOTICE OF MAXIMUM MEDICAL IMPROVEMENT AND ESTIMATED PERMANENT IMPAIRMENT (SPANISH)	
WC1002 A	02/20	PLN03AS	NOTICE OF MAXIMUM MEDICAL IMPROVEMENT AND NO PERMANENT IMPAIRMENT	
WC1003 C	06/20	PLN3B	NOTICE OF MAXIMUM MEDICAL IMPROVEMENT AND NO PERMANENT IMPAIRMENT (SPANISH)	
WC1004 C	06/20	PLN3BS	NOTICE OF MAXIMUM MEDICAL IMPROVEMENT AND PERMANENT IMPAIRMENT	
WC9889 B	02/20	PLN12	NOTICE OF MAXIMUM MEDICAL IMPROVEMENT AND PERMANENT IMPAIRMENT (SPANISH)	
WC1000 A	02/20	PLN12S	NOTICE OF POTENTIAL ENTITLEMENT TO WORKERS' COMPENSATION DEATH BENEFITS	
WC9516 E	02/20	PLN10	NOTICE OF POTENTIAL ENTITLEMENT TO WORKERS' COMPENSATION DEATH BENEFITS (SPANISH)	
WC9837 B	02/20	PLN10S	NOTICE OF REINSTATEMENT OF INDEMNITY BENEFITS	
			NOTICE OF REINSTATEMENT OF INDEMNITY BENEFITS (SPANISH)	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC9567 D	12/16	DWC150	NOTICE OF REPRESENTATION	
WC9515 E	02/20	PLN09	NOTICE OF SUSPENSION OF INDEMNITY BENEFITS	
WC9836 B	02/20	PLN09S	NOTICE OF SUSPENSION OF INDEMNITY BENEFITS (SPANISH)	
WC8756 D	02/17	DWC54	NOTICE TO EMPLOYEE: INTENTION TO REQUEST DIVISION PERMISSION TO ADJUST BENEFITS	
WC9663 B	02/17	DWC54S	NOTICE TO EMPLOYEE: INTENTION TO REQUEST DIVISION PERMISSION TO ADJUST BENEFITS (SPANISH)	
WC9508 E	02/20	PLN02	NOTIFICATION OF FIRST TEMPORARY INCOME BENEFIT PAYMENT	
WC8128 G	10/05	DWC1561005	PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION	
WC8638 G	10/06	DWC156S1006	PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION - SPANISH VERSION	
WC8528 J	01/15	DWC-069	REPORT OF MEDICAL EVALUATION	
WC8504 J	10/06	DWC153	REQUEST FOR COPIES OF CONFIDENTIAL CLAIMANT INFORMATION	
WC7761 Q	10/18	DWC032	REQUEST FOR DESIGNATED DOCTOR EXAMINATION	
WC9768 F	10/18	DWC032S	REQUEST FOR DESIGNATED DOCTOR EXAMINATION (SPANISH)	
WC8880 E	02/17	DWC057	REQUEST FOR EXTENSION OF MAXIMUM MEDICAL IMPROVEMENT FOR SPINAL SURGERY	
WC8685 E	10/05	DWC1551005	REQUEST FOR RECORD CHECK	
WC8757 D	02/17	DWC055	REQUEST TO ADJUST AVERAGE WEEKLY WAGE FOR SEASONAL EMPLOYEE	
WC9664 B	02/17	DWC055S	REQUEST TO ADJUST AVERAGE WEEKLY WAGE FOR SEASONAL EMPLOYEE (SPANISH)	
WC7769 K	03/12	DWC053	REQUEST TO CHANGE TREATING DOCTOR	
WC8853 G	02/17	DWC048	REQUEST TO GET REIMBURSED FOR TRAVEL COSTS (ENGLISH)	
WC9966 A	02/17	DWC048S	REQUEST TO GET REIMBURSED FOR TRAVEL COSTS (SPANISH)	
WC9883 C	11/17	DWC049	REQUEST TO SCHEDULE A MEDICAL CONTESTED CASE HEARING (MCCH)	
WC7565 H	01/19	DWC045	REQUEST TO SCHEDULE, RESCHEDULE, OR CANCEL A BENEFIT REVIEW CONFERENCE (BRC), OR TO PROCEED DIRECTLY TO CONTESTED CASE HEARING (CCH) - ENGLISH	
WC9999 A	01/19	DWC045S	REQUEST TO SCHEDULE, RESCHEDULE, OR CANCEL A BENEFIT REVIEW CONFERENCE (BRC), OR TO PROCEED DIRECTLY TO CONTESTED CASE HEARING (CCH) (SPANISH)	
WC9881 C	01/19	DWC045M	REQUEST TO SCHEDULE, RESCHEDULE, OR CANCEL A BENEFIT REVIEW CONFERENCE TO APPEAL A MEDICAL FEE DISPUTE DECISION (BRC-MFD)	
WC9882 C	01/19	DWC045MS	REQUEST TO SCHEDULE, RESCHEDULE, OR CANCEL A BENEFIT REVIEW CONFERENCE TO APPEAL A MEDICAL FEE DISPUTE DECISION (BRC-MFD) - SPANISH	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC7651 M	07/11	DWC022	REQUIRED MEDICAL EXAMINATION - REQUEST FOR AGREEMENT / REQUEST FOR ORDER	
WC9873 A	07/11	DWC022S	REQUIRED MEDICAL EXAMINATION (RME) - REQUEST FOR AGREEMENT / REQUEST FOR ORDER (SPANISH)	
WC9503 E	12/11	DWC066	STATEMENT OF PHARMACY SERVICES	
(New) WC2021	01/21	DWC097	SUBSEQUENT INJURY FUND REIMBURSEMENT REQUEST FORM - MULTIPLE EMPLOYMENT	
(New) WC2019	01/21	DWC095	SUBSEQUENT INJURY FUND REIMBURSEMENT REQUEST FORM - OVERTURNED ORDER OR DESIGNATED DOCTOR OPINION	
(New) WC2022	01/21	DWC098	SUBSEQUENT INJURY FUND REIMBURSEMENT REQUEST FORM - PHARMACEUTICAL	
(New) WC2020	01/21	DWC096	SUBSEQUENT INJURY FUND REIMBURSEMENT REQUEST FORM - REFUND OF DEATH BENEFITS	
WC7795 E	10/05	DWC006	SUPPLEMENTAL REPORT OF INJURY	
WC8802 J	09/19	DWC073	TEXAS WORKERS' COMPENSATION WORK STATUS REPORT	
WC9971 A	03/17		WHAT EMPLOYERS NEED TO KNOW ABOUT RETURN-TO-WORK INITIATIVES IN TEXAS	
WC9701 B	09/07	DWC0580907	WRITTEN REQUEST FOR INTERLOCUTORY ORDER (DWC FORM-058)	
Utah				
WC9024 C	03/12	FORM 025	APPLICATION FOR HEARING - DEPENDENT'S BENEFITS AND/OR BURIAL BENEFITS (INDUSTRIAL ACCIDENT CLAIM)	
WC9861 B	05/16	FORM027	APPLICATION FOR HEARING - DEPENDENT'S BENEFITS AND/OR BURIAL BENEFITS (OCCUPATIONAL DISEASE CLAIM)	
WC9022 K	07/18	FORM 001	APPLICATION FOR HEARING (INDUSTRIAL ACCIDENT CLAIM)	
WC9860 E	07/18	FORM 026	APPLICATION FOR HEARING (OCCUPATIONAL DISEASE CLAIM)	
WC9023 E	06/14	FORM 024	APPLICATION FOR HEARING MEDICAL CARE PROVIDER	
WC8535 F	05/16	FORM 134	APPLICATION FOR LUMP SUM OR ADVANCE PAYMENT	
WC7584 G	10/19	FORM102	APPLICATION TO CHANGE DOCTORS	
WC9026 H	06/16	FORM 152	APPOINTMENT OF COUNSEL	
WC8531 D	10/19	FORM043	ATTENDING PHYSICIAN'S STATEMENT	
WC8630 F	10/19	FORM233	AUTHORIZATION REQUEST FOR MEDICAL PROCEDURE/CARRIER RESPONSE	
WC9713 J	06/20	FORM308	AUTHORIZATION TO DISCLOSE, RELEASE AND USE PROTECTED HEALTH INFORMATION NON-PERMANENT TOTAL DISABILITY CLAIMS (10 YEARS OF RECORDS) HIPAA COMPLIANT	
WC2001	06/20	FORM308	AUTHORIZATION TO DISCLOSE, RELEASE AND USE PROTECTED HEALTH INFORMATION PERMANENT TOTAL	

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC7583 G	03/20	FORM205	DISABILITY CLAIMS (15 YEARS OF RECORDS) HIPAA COMPLIANT AUTHORIZATION TO RELEASE INDUSTRIAL ACCIDENT DIVISION RECORDS	
WC8534 M	10/19	FORM089	EMPLOYEE NOTIFICATION OF DENIAL OF CLAIM	
WC8533 E	10/19	FORM044	EMPLOYEE'S NOTIFICATION OF INTENT TO LEAVE LOCALITY OR STATE, AND TO CHANGE DOCTOR OR HOSPITAL	
WC7551 K	10/19	FORM 122E	EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS (INCLUDES INJURED WORKER RIGHTS & RESPONSIBILITIES SHEET)	
WC7617 M	10/19	FORM130	FINAL REPORT OF INJURY AND STATEMENT OF TOTAL LOSSES	
WC7628 E	10/19	FORM141	INITIAL STATEMENT OF INSURANCE CARRIER OR SELF-INSURER WITH RESPECT TO PAYMENT OF BENEFITS	
WC8536 D	10/19	FORM206	INJURED WORKER STATUS REPORT	
WC1028 B	10/19	FORM122C	INSURANCE CARRIER FIRST REPORT OF INJURY OR ILLNESS (INCLUDES INJURED WORKER RIGHTS & RESPONSIBILITIES)	
WC8538 J	10/19	FORM441	INSURANCE CARRIERS / SELF INSURER'S NOTICE OF FURTHER INVESTIGATION OF A WORKERS' COMPENSATION CLAIM	
WC7540 Q	10/19	FORM219	PERMANENT PARTIAL DISABILITY COMPENSATION WORKSHEET	
WC7605 G	10/19	FORM123	PHYSICIANS' INITIAL REPORT OF WORK INJURY OR OCCUPATIONAL DISEASE	
WC9031 D	10/19	FORM302	REQUEST FOR MEDICAL RECORDS	
WC9885 A	10/19	FORM221C	RESTORATIVE SERVICES AUTHORIZATION/DENIAL - LOWER EXTREMITY	
WC8629 D	10/19	FORM221A	RESTORATIVE SERVICES AUTHORIZATION/DENIAL - SPINE	
WC9884 A	10/19	FORM221B	RESTORATIVE SERVICES AUTHORIZATION/DENIAL - UPPER EXTREMITY	
WC7640 N	10/19	FORM142	STATEMENT OF SUSPENSION OF BENEFITS	
WC9802	03/10	FORM 113B	SUMMARY OF MEDICAL RECORD - OCCUPATIONAL EXPOSURE	
Vermont				
WC9418 B	08/16	FORM 13A	AGGREGATE ANNUAL REPORTING FORM-REPORTING PERIOD 7/01-6/30	
WC8155 G	06/10	FORM 23	AGREEMENT FOR COMPENSATION IN FATAL CASES	
WC8154 K	06/10	FORM 22	AGREEMENT FOR PERMANENT PARTIAL OR PERMANENT TOTAL DISABILITY COMPENSATION	
WC8149 M	12/17	FORM 32	AGREEMENT FOR TEMPORARY COMPENSATION	
WC8147 F	09/11	FORM 10	CERTIFICATE OF DEPENDENCY AND CONCURRENT EMPLOYMENT	
WC8805 H	04/18	FORM 2	DENIAL OF WORKERS' COMPENSATION BENEFITS BY EMPLOYER OR CARRIER	
WC9874	08/11	VR 227	DENIAL/DISCONTINUANCE OF VOCATIONAL REHABILITATION BY EMPLOYER OR CARRIER	
WC8143 F	09/11	FORM 5		

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UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
WC8170 V	09/11	FORM 1/FORM 8	EMPLOYEE'S NOTICE OF INJURY AND CLAIM FOR COMPENSATION EMPLOYER FIRST REPORT OF INJURY (INCLUDES NOTICE OF INTENT TO CHANGE HEALTH CARE PROVIDER)	
WC8160 S	05/18	FORM 27	EMPLOYER'S NOTICE OF INTENTION TO DISCONTINUE PAYMENTS	
WC9150 D	02/07		ENTITLEMENT ASSESSMENT	
WC2008	07/13	HCP1	HEALTH CARE PROVIDER REPORT	
WC8408 J	01/17	FORM 7	MEDICAL AUTHORIZATION	
WC9716 C	01/15	FORM 25M	MEMORANDUM OF PAYMENT	
WC2009	10/15		MILEAGE REIMBURSEMENT REQUEST	
WC8144 G	09/11	FORM 6	NOTICE AND APPLICATION FOR HEARING	
WC9818 M	06/20	FORM28	NOTICE OF CHANGE IN COMPENSATION RATE (FOR INJURIES AFTER JULY 1, 1986)	
WC9819 M	06/20	FORM28A	NOTICE OF CHANGE IN COMPENSATION RATE (FOR INJURIES BEFORE JULY 1, 1986)	
WC9145 E	08/13	FORM VR8	NOTICE OF INTENT TO CHANGE VOCATIONAL REHABILITATION PROVIDER	
WC8175 K	09/09	DOL FORM 13	REPORT OF BENEFITS AND RELATED EXPENSES PAID	
WC8142 E	09/11	FORM4	REPORT OF FATAL ACCIDENT	
WC9151 D	02/07		RETURN TO WORK PLAN	
WC8336 J	07/14	FORM 16	SETTLEMENT AGREEMENT	
WC9148 G	02/07		VOCATIONAL REHABILITATION COVER PAGE	
WC9144 G	12/14		VOCATIONAL REHABILITATION DISCLOSURE STATEMENT	
WC9149 F	02/07		VOCATIONAL REHABILITATION DISCONTINUANCE REPORT	
WC9152 D	02/07		VOCATIONAL REHABILITATION PROGRESS REPORT	
WC8539 J	08/13		VOCATIONAL REHABILITATION REFERRAL FORM	
WC8340 F	06/10	FORM25	WAGE STATEMENT	
WC9751 D	01/18	FORM 25	WAGE STATEMENT - INJURIES ON OR AFTER JULY 1, 2008	
WC8411 E	09/09	DOL FORM 25S	WEEKLY NET INCOME WORKSHEET	
WC8901 C	12/10	FORM 20	WORK CAPABILITIES FORM	
Virginia				
WC7876 B	12/18	FORM 7	AMPUTATION CHART	
WC7896 E	12/18	FORM 6	ATTENDING PHYSICIAN'S REPORT	
WC9762 B	08/19	FORM 50	AWARD AGREEMENT	
WC2010	11/17		CHANGE IN CONDITION CLAIM RESPONSE FORM	
WC9760 C	02/18		CLAIM FORM	
WC2014	05/19		COAL WORKERS' PNEUMOCONIOSIS/BLACK LUNG DISEASE	
WC2011	11/17		COST-OF-LIVING ADJUSTMENT (COLA) REQUEST	
WC7885 F	04/09	FORM 5A	EMPLOYER'S APPLICATION FOR HEARING	
WC9764 B	10/08	FORM35	FATAL AWARD AGREEMENT	
WC8045 M	10/08	FORM 3	FIRST REPORT OF INJURY (FOR DATES OF ACCIDENT PRIOR TO 10/01/2008)	
WC1033	05/19		FULL AND FINAL MEDIATION REQUEST	
WC9112 E	05/19		ISSUE MEDIATION REQUEST FORM	
WC2012	06/17			

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WC2013	06/17		MEDICAL FEE SCHEDULE DISPUTE REQUEST FORM	
WC2016	08/19		MEDICAL FEE SCHEDULE DISPUTE RESPONSE FORM	
WC2015	08/19		PRE MEDIATION STATEMENT FORM (AWARDED CLAIM)	
WC2017	08/19		PRE-MEDIATION STATEMENT FORM (ALL CLAIMS)	
WC9668 A	10/17		PRE-MEDIATION STATEMENT FORM (CONTESTED ORIGINAL CLAIM)	
WC9763 B	04/12	CSD 133	REQUEST FOR EXPEDITED HEARING	
WC2018	12/18		TERM OF WAGE LOSS AWARD	
WC8056 H	06/19	FORM 7A	TRANSPORTATION/TRAVEL EXPENSE FORM	
WC9125 G	07/19	SIF-5A	WAGE CHART	
WC9537 G	04/17	F242-422-000	Washington	
WC9536 H	11/19	F242421000	COVER SHEET: WAGE CALCULATIONS	
WC9535 J	11/19	F242420000	DECLARATION OF ENTITLEMENT FOR DEPENDENT OF DECEASED WORKER BENEFITS UNDER INDUSTRIAL INSURANCE	
WC9538 J	11/19	F242423000	DECLARATION OF ENTITLEMENT FOR DISABLED CHILD OR GUARDIAN BENEFITS UNDER INDUSTRIAL INSURANCE	
WC9470 B	09/07	F242-387-000	DECLARATION OF ENTITLEMENT FOR SURVIVING SPOUSE OR REGISTERED DOMESTIC PARTNERS BENEFITS UNDER INDUSTRIAL INSURANCE	
WC9543 H	05/20	F252040000	DECLARATION OF ENTITLEMENT FOR TOTALLY DISABLED WORKER BENEFITS UNDER INDUSTRIAL INSURANCE	
WC9465 A	06/15	F262-013-000	DOCTOR'S ESTIMATE OF PHYSICAL CAPACITIES	
WC9541	09/00	F2520070000900	EMPLOYER'S JOB DESCRIPTION FORM	
WC9165 K	06/20		EMPLOYMENT HISTORY - HEARING LOSS	
WC9466 A	06/15	F262-016-000	HEARING IMPAIRMENT CALCULATION WORKSHEET	
WC9544 A	06/15	F262016999	LOSS OF EARNING POWER (LEP) CALCULATIONS	
WC9469 B	06/17	F242-430-000	OCCUPATIONAL HEARING LOSS QUESTIONNAIRE	
WC9534 A	08/13	F207-070-000	OCCUPATIONAL HEARING LOSS QUESTIONNAIRE (SPANISH)	
WC9540 A	04/20	F249008000	REQUEST FOR CLAIM INFORMATION	
WC9467 E	01/18	F245-037-000	SELF INSURED EMPLOYERS' TIME LOSS	
WC9539 E	10/15	F242052000	CLAIM CLOSURE ORDER AND NOTICE	
WC9745 A	01/19	OIC-WC-1	THIRD PARTY ELECTION FORM	
WC9746	05/08	OIC-WC-2	TRANSFER OF CARE FORM	
WC9839	10/10		WORK STATUS FORM	
WC9840	10/10		West Virginia	
WC9841	10/10		EMPLOYEES' AND PHYSICIANS' REPORT OF OCCUPATIONAL INJURY OR DISEASE	
			EMPLOYERS' REPORT OF OCCUPATIONAL INJURY OR DISEASE	
			INITIAL NOTICE TO RECIPIENTS OF 104-WEEK AWARD PAID IN MONTHLY PAYMENTS	
			NOTICE TO RECIPIENTS OF 104-WEEK AWARD PAID IN A LUMP SUM	

Workers' Compensation Claim Forms

UNIFORM NUMBER	EDITION DATE	BUREAU NUMBER	TITLE	STATE
			SECOND NOTICE TO RECIPIENTS OF 104-WEEK AWARD PAID IN MONTHLY PAYMENTS	
			Wisconsin	
WC9180 G	05/18	WKC-19	ADMISSION TO SERVICE AND ANSWER TO APPLICATION	
WC7931 D	07/17	WKC136E	ADVANCEMENT OR LUMP SUM REQUEST	
WC9963 B	07/18	WKC17876	ANNUAL REPORT OF PERMANENT TOTAL DISABILITY PAYMENTS MADE	
WC7973 E	07/16	WKC-176	COMPROMISE AGREEMENT	
WC9372 B	06/17	WKC-7-B	COMPROMISE REVIEW APPLICATION	
WC8161 C	06/17	WKC-12	EMPLOYER'S FIRST REPORT OF INJURY OR DISEASE	
WC7907 K	06/17	WKC16	MEDICAL REPORT ON INDUSTRIAL INJURY	
WC8203 H	04/19	WKC-3	MEDICAL TREATMENT STATEMENT	
WC9373 G	07/20	WKC9380E	NECESSITY OF TREATMENT DISPUTE RESOLUTION REQUEST	
WC7932 G	07/18	WKC-28-DHA	PETITION FOR REVIEW OF FINDINGS AND ORDER OF ADMINISTRATIVE LAW JUDGE	
WC7911 G	06/17	WKC-16-A	PHYSICIAN'S REPORT ON EYE INJURIES	
WC7930 J	07/16	WKC-16-B	PRACTITIONER'S REPORT ON ACCIDENT OR INDUSTRIAL DISEASE IN LIEU OF TESTIMONY	
WC9444 B	06/17	WKC10369	PRIVATE VOCATIONAL REHABILITATION SERVICES QUARTERLY REPORT	
WC9506 E	06/19	WKC9498	REASONABLENESS OF FEE DISPUTE RESOLUTION REQUEST	
WC8129 D	07/16	WKC-177	STIPULATION	
WC9179 C	05/18	WKC-17-DHA-E	SUBPOENA	
WC8737 E	06/17	WKC-140	SUPPLEMENTAL PAYMENTS REIMBURSEMENT REQUEST	
WC8162 P	06/17	WKC13	SUPPLEMENTARY REPORT ON ACCIDENTS AND INDUSTRIAL DISEASES	
WC7672 D	07/16	WKC-170	THIRD PARTY PROCEEDS DISTRIBUTION AGREEMENT	
WC9443 C	06/17	WKC-6743	VOCATIONAL EXPERT REPORT	
WC7693 M	09/19	WKC-13-A	WAGE INFORMATION SUPPLEMENT	
WC9374 B	06/17	WKC-35	WORKER'S COMPENSATION PREHEARING AND HEARING APPEARANCE PERMIT APPLICATION	
WC7903 G	02/09	WKC-7359	WORKSHEET FOR TEMPORARY PARTIAL DISABILITY	
			Wyoming	
WC9875 B	11/11	INJRPT	WYOMING REPORT OF INJURY	