

Workers' Compensation Miscellaneous Forms

Alphabetical Index

The Workers Compensation "Miscellaneous" Forms listed in this Reference Guide include, but are not limited to, forms that may be relevant to Workers Compensation transactions other than claims or posting notices.

The forms included, 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 Miscellaneous Forms

| UNIFORM NUMBER | EDITION DATE | BUREAU NUMBER | TITLE | STATE |
|-----------------------------------------|--------------|---------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ----- GENERAL USE ----- | | | | |
| (C) | | | | |
| WC7674 | 04/51 | | CANCELLATION NOTICE | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| (F) | | | | |
| UG142 A | 03/99 | | FRAUD NOTICE - WARNING (STICKER) (GENERIC TEXT FOR USE ON INSURANCE CLAIM FORMS WHEN STATE-PREScribed LANGUAGE IS NOT MANDATORY) | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| UG145 B | 03/98 | | FRAUD WARNING (GENERIC TEXT FOR USE ON INSURANCE APPLICATION FORMS WHEN STATE-PREScribed LANGUAGE IS NOT MANDATORY) (STICKER) | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| (N) | | | | |
| WC9993 | 06/15 | CM-908 | NOTICE OF TERMINATION, SUSPENSION, REDUCTION, OR INCREASE IN BENEFIT PAYMENTS | FD |
| (R) | | | | |
| UG213 A | 10/95 | VA FORM 3288 | REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS - DEPARTMENT OF VETERANS AFFAIRS | FD |
| (S) | | | | |
| WC7575 | 01/96 | USRASWGFORMB | SUPPLEMENTAL LOSS REPORT | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| (W) | | | | |
| WC8553 | 10/96 | POC11096 | WORKERS COMPENSATION PROOF OF COVERAGE | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| WC9123 | 11/01 | POC11101 | WORKERS COMPENSATION PROOF OF COVERAGE | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| ----- STATE SPECIFIC ----- | | | | |
| Alabama | | | | |
| WC8867 B | 08/05 | | CORPORATE OFFICER EXCLUSION | |

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| UNIFORM NUMBER | EDITION DATE | BUREAU NUMBER | TITLE | STATE |
|----------------|--------------|----------------|------------------------------------------------------------------------------------------------------------|-------|
| UG204 | 02/05 | | STATE OF ALABAMA FIRE LOSS REQUEST | |
| UG138 | 01/96 | | Alaska FRAUD NOTICE--ALASKA/WARNING (STICKER) | |
| WC7897 | 04/92 | | IMPORTANT NOTICE TO EMPLOYER | |
| WC1533 D | 01/18 | 07-6131 | PETITION FOR EXECUTIVE OFFICER WAIVER | |
| WC9331 | 06/03 | | Arizona COMPLAINT OF BAD FAITH AND/OR UNFAIR CLAIM PROCESSING PRACTICES | |
| WC1529 F | 12/08 | ICA0113 | EMPLOYEE'S NOTICE TO REJECT TERMS OF THE ARIZONA WORKERS' COMPENSATION LAW | |
| WC1536 D | 08/16 | ICA 0114 | EMPLOYEE'S NOTICE TO REVOKE REJECTION OF TERMS OF THE ARIZONA WORKERS' COMPENSATION LAW | |
| UG162 B | 03/19 | F101/F100 | FRAUD REFERRAL FORM | |
| WC9984 | 01/15 | | SIGNIFICANT EXPOSURE UNDER THE ARIZONA WORKERS' COMPENSATION ACT | |
| WC7598 C | 01/08 | FORM AR-A | Arkansas APPLICATION FOR CERTIFICATE OF NON-COVERAGE | |
| WC8812 C | 07/10 | FORM HS-36-A | APPLICATION FOR VOLUNTARY DRUG-FREE WORKPLACE PROGRAM | |
| UG167 A | 05/10 | | FRAUD REFERRAL FORM--ARKANSAS | |
| UG149 A | 08/97 | | FRAUD WARNING STICKER | |
| WC9262 | 04/03 | | California EMPLOYER DECLARATION OF DECLINATION | |
| UG125 A | 01/01 | | FRAUD NOTICE | |
| WC9563 | 01/05 | | FRAUD NOTICE (INCLUDE WITH TD BENEFIT CHECK) (ENGLISH/SPANISH) | |
| UG128 | 11/94 | | IMPORTANT INFORMATION - CALIFORNIA GUARANTY ASSOCIATION | |
| WC6926 A | 05/06 | DWCFORMAD30506 | REQUEST FOR DWC AUTHORIZATION NUMBER | |
| WC8258 E | 01/06 | WC-70 | Colorado APPLICATION FOR ADMISSION TO THE COLORADO MAJOR MEDICAL INSURANCE FUND | |
| WC8627 C | 02/12 | WC-44 | EXCLUSION OF COMPENSATED PUBLIC OFFICIALS | |
| UG143 A | 08/99 | | FRAUD WARNING (STICKER) | |
| WC8291 | 10/94 | | IMPORTANT NOTICE (TO PROVIDE RATE INFORMATION TO EMPLOYERS REGARDING MOTOR VEHICLE ACCIDENTS) | |
| WC8038 R | 05/20 | WC43 | REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED LIABILITY COMPANY (LLC) | |
| WC9736 E | 05/20 | WC45 | REJECTION OF COVERAGE BY PARTNERS AND SOLE PROPRIETORS PERFORMING CONSTRUCTION WORK ON CONSTRUCTION SITES | |
| WC7886 P | 07/15 | 6B | Connecticut COVERAGE ELECTION BY EMPLOYEE WHO IS AN OFFICER OF A CORPORATION, MANAGER OF AN LLC, | |

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| UNIFORM NUMBER | EDITION DATE | BUREAU NUMBER | TITLE | STATE |
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| | | | OR MEMBER OF A MULTIPLE - MEMBER LLC | |
| WC1569 M | 07/15 | 6B-1 | COVERAGE ELECTION BY EMPLOYEES WHO ARE MEMBERS OF A PARTNERSHIP | |
| WC8052 Q | 06/19 | 75 | COVERAGE ELECTION BY SOLE - PROPRIETOR OR SINGLE - MEMBER LLC | |
| WC7886 Q | 06/19 | 6B | NOTICE AND PROOF OF CLAIM FOR DISABILITY BENEFITS | |
| | | | Delaware | |
| WC9578 | 12/04 | DEEXCL1204 | AGREEMENT BY EXECUTIVE OFFICER(S) NOT TO BE SUBJECT TO THE DELAWARE WORKERS' COMPENSATION LAW | |
| UG150 A | 04/98 | | FRAUD WARNING STICKER (DE) | |
| WC7573 B | 05/99 | | NOTICE OF CANCELLATION OR REINSTATEMENT | |
| WC7949 | 04/92 | | POLICYHOLDER NOTICE | |
| UG197 | 09/03 | | UNIFORM SUSPECTED INSURANCE FRAUD REPORTING NOTICE - DELAWARE | |
| | | | District of Columbia | |
| UG171 | 04/99 | | FRAUD WARNING (STICKER) | |
| WC7877 | | FORM 2 DCWC | NOTICE OF WC INSURANCE | |
| WC8089 | | 3DCWC | SUPPLEMENTAL NOTICE OF INFORMATION REGARDING WORKERS COMPENSATION INSURANCE COVERAGE | |
| WC7916 | | 4DCWC | TERMINATION NOTICE | |
| | | | Federal | |
| WC9771 A | 06/10 | CM-921 | NOTICE OF ISSUANCE OF INSURANCE POLICY | |
| | | | Florida | |
| WC8828 D | 08/13 | DWC 251 | NOTICE OF ELECTION OF COVERAGE | |
| WC8829 D | 08/13 | DWC-251R | REVOCATION OF ELECTION OF COVERAGE | |
| WC8827 G | 08/13 | DWC 250-R | REVOCATION OF ELECTION TO BE EXEMPT | |
| | | | Georgia | |
| WC9784 A | 07/11 | WC-131 | APPLICATION FOR PERMIT TO WRITE INSURANCE | |
| WC9979 A | 07/19 | | FREQUENTLY ASKED QUESTIONS ABOUT WORKERS' COMPENSATION INSURANCE | |
| WC9978 A | 07/19 | | FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT GEORGIA'S WORKERS' COMPENSATION LAW | |
| WC7972 H | 12/18 | WC-10 | NOTICE OF ELECTION OR REJECTION OF WORKERS' COMPENSATION COVERAGE | |
| WC9977 A | 07/19 | | WORKERS' COMPENSATION EMPLOYEE HANDBOOK | |
| WC9980 | 07/03 | | WORKERS' COMPENSATION EMPLOYEE HANDBOOK (SPANISH) | |
| | | | Hawaii | |
| WC9575 A | 11/04 | WC-36 | NOTICE OF INSURANCE | |
| | | | Idaho | |
| WC8613 | 09/97 | IC-53 | DECLARATION UNDER IDAHO CODE SUB SECTION 72-212(5) (ELECTION OF EXEMPTION FROM COVERAGE/ REVOCATION OF ELECTION) | |
| WC7961 D | 07/14 | IC 52 | ELECTION OF COVERAGE/REVOCATION OF COVERAGE | |
| UG133 A | 06/97 | | FRAUD NOTICE | |
| | | | Illinois | |

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| WC7894 | 02/93 | | NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR ILLINOIS WORKERS COMPENSATION MEDICAL BENEFITS | |
| UG189 | 03/02 | | POLICYHOLDER NOTIFICATION REGARDING ILLINOIS TERRORISM ENDORSEMENT | |
| WC8989 E | 12/12 | IC46 | REQUEST FOR INFORMATION ON EMPLOYER'S INSURANCE COVERAGE | |
| WC9923 | 06/13 | SF 55310 | Indiana CERTIFICATION OF INSURANCE CARRIER AS TO NUMBER OF WORKERS' COMPENSATION POLICIES WRITTEN OR RENEWED | |
| UG166 | 03/99 | | FRAUD WARNING - INDIANA (STICKER) | |
| WC8025 G | 06/15 | SF 36097 | NOTICE FOR WORKERS COMPENSATION AND OCCUPATIONAL DISEASES COVERAGE | |
| UG102 B | 02/05 | | NOTICE TO POLICYHOLDERS | |
| WC8683 B | 05/15 | 14-0061 | Iowa CORPORATE OFFICER EXCLUSION FROM WC OR EMPLOYERS' LIABILITY COVERAGE | |
| UG170 B | 09/13 | | UNIFORM SUSPECTED FRAUD REPORTING FORM - IOWA | |
| WC8261 K | 03/14 | K-WC 50A | Kansas CANCELLATION OF ELECTION NOT TO ACCEPT COVERAGE UNDER THE KANSAS WORKERS COMPENSATION ACT BY EMPLOYEE WHO OWNS 10% OR MORE OF CORPORATE STOCK OF CORPORATE EMPLOYER | |
| WC8576 E | 03/14 | K-WC 137A | CANCELLATION OF ELECTION OF A NONCOMPENSATED VOLUNTEER OFFICER, DIRECTOR OR TRUSTEE OF A NONPROFIT CORPORATION TO BE COVERED UNDER THE KANSAS WORKERS COMPENSATION ACT | |
| WC8010 M | 03/14 | K-WC 51A | CANCELLATION OF ELECTION OF EMPLOYER TO COVER EMPLOYEES UNDER KANSAS WORKERS COMPENSATION ACT WHERE EMPLOYER HAS LESS THAN \$20,000 PAYROLL OR IS AGRICULTURAL PURSUIT | |
| WC8574 E | 03/14 | K-WC 135A | CANCELLATION OF ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR PERSONS PERFORMING PUBLIC OR COMMUNITY SERVICE AS A RESULT OF A CONTRACT OF DIVERSION, ASSIGNMENT TO A COMMUNITY CORRECTIONS PROGRAM OR SUSPENSION OF SENTENCE OR AS A CONDIT | |
| WC8572 F | 03/14 | K-WC 124 | CANCELLATION OF ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR VOLUNTEER WORKERS | |
| WC8159 F | 03/14 | K-WC 114 | CANCELLATION OF ELECTION OF INDIVIDUAL, PARTNER, MEMBER OR A LIMITED LIABILITY COMPANY, OR | |

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| WC8191 P | 01/17 | K-WC 50 | SELF-EMPLOYED INDIVIDUAL TO COME WITHIN THE PROVISIONS OF THE KANSAS WORKERS COMPENSATION ACT ELECTION NOT TO ACCEPT COVERAGE UNDER KANSAS WORKERS COMPENSATION ACT BY EMPLOYEE WHO OWNS 10% OR MORE OF CORPORATE STOCK OF CORPORATE EMPLOYER | |
| WC8575 G | 01/17 | K-WC 137 | ELECTION OF A NONCOMPENSATED VOLUNTEER OFFICER, DIRECTOR OR TRUSTEE OF A NONPROFIT CORPORATION TO BE COVERED UNDER KANSAS WORKERS COMPENSATION ACT | |
| WC8190 Q | 01/17 | K-WC 51 | ELECTION OF EMPLOYER TO COVER EMPLOYEES UNDER KANSAS WORKERS COMPENSATION ACT WHERE EMPLOYER HAS LESS THAN \$20,000 PAYROLL OR IS AGRICULTURAL PURSUIT | |
| WC8573 G | 01/17 | K-WC 135 | ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR PERSONS PERFORMING PUBLIC OR COMMUNITY SERVICE AS A RESULT OF A CONTRACT OF DIVERSION, ASSIGNMENT TO A COMMUNITY CORRECTIONS PROGRAM OR SUSPENSION OF SENTENCE OR AS A CONDITION OF PROBATION | |
| WC8571 G | 01/17 | K-WC 123 | ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR VOLUNTEER WORKERS | |
| WC8156 H | 01/17 | K-WC 113 | ELECTION OF INDIVIDUAL, PARTNER, MEMBER OR A LIMITED LIABILITY COMPANY OR SELF-EMPLOYED INDIVIDUAL TO COME WITHIN THE PROVISIONS OF THE KANSAS WORKERS COMPENSATION ACT | |
| WC9241 C | 11/16 | K-WC 44 | FRAUD REPORTING FORM | |
| WC8051 | 05/97 | | Kentucky NOTICE OF INSURED'S RIGHTS | |
| UG136 B | 09/03 | IFID0903 | UNIFORM SUSPECTED INSURANCE FRAUD REPORTING FORM | |
| WC9440 B | 04/19 | FORM 150 | WORKERS COMPENSATION - SUBSEQUENT REPORT | |
| WC9904 | 01/13 | WCB-322 | Maine APPLICATION FOR WAGE CREDIT EMPLOYMENT REHABILITATION FUND | |
| WC2005 | 09/20 | WCB7 | CERTIFICATE AUTHORIZING RELEASE OF UNEMPLOYMENT INFORMATION | |
| UG153 | 04/98 | | FRAUD WARNING | |
| WC8277 B | 10/15 | WCB25 | MOTION FOR AWARD OF FEES AND DISBURSEMENTS | |
| H22R | 09/08 | H22R | Maryland EMPLOYER OR SELF-INSURED EMPLOYER REQUEST FOR CHANGE OF ADDRESS | |
| WC8861 E | 09/19 | IC-16 | EXCLUSION FORM | |
| UG201 B | 04/14 | | FRAUD REFERRAL FORM - MARYLAND | |
| WC8942 C | 09/19 | C-15R | INCLUSION FORM - SOLE PROPRIETORS/ PARTNERS ELECTION FORM | |
| C06 | 11/09 | C-06 | | |

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|----------------|--------------|---------------|--------------------------------------------------------------------------------------------------------------------|-------|
| WC9944 B | 09/19 | IC-02 | INSURER'S TERMINATION OF TEMPORARY TOTAL DISABILITY BENEFITS | |
| WC8166 A | 05/97 | | SOLE PROPRIETOR'S STATUS AS A COVERED EMPLOYEE | |
| | | | SPECIAL NOTICE | |
| | | | Massachusetts | |
| UG200 | 07/10 | | FRAUD REFERRAL FORM - MASSACHUSETTS | |
| WC9827 C | 07/19 | FORM 154 | VERIFICATION OF MASSACHUSETTS WORKERS' COMPENSATION COVERAGE FOR OUT-OF-STATE EMPLOYERS OPERATING IN MASSACHUSETTS | |
| | | | Michigan | |
| WC2007 | 08/19 | WC272 | APPLICATION FOR FIRST RESPONDER PRESUMED COVERAGE FUND | |
| WC8077 H | 08/19 | WC-403 | INSURER'S NOTICE OF NAME OR ADDRESS CHANGE | |
| WC7692 S | 08/19 | WC-400 | INSURER'S NOTICE OF ISSUANCE OF POLICY | |
| WC7687 N | 08/19 | WC-401 | NOTICE OF TERMINATION OF LIABILITY | |
| | | | Minnesota | |
| WC9597 J | 01/16 | SF0138 | ELECTION TO EXCLUDE RELATIVES OF EXECUTIVE OFFICERS OF A CLOSELY-HELD CORPORATION | |
| WC9596 J | 01/16 | SF0137 | ELECTION TO EXCLUDE RELATIVES OF MANAGERS OF A LIMITED LIABILITY COMPANY | |
| UG122 A | 08/97 | | FRAUD NOTICE (STICKER) | |
| WC9607 A | 10/06 | | INTERVENTION SERVICE AFFIDAVIT | |
| WC9605 F | 06/18 | MN MO0001 | MOTION/APPLICATION TO INTERVENE (INCLUDES COVER LETTER) | |
| WC8450 H | 06/18 | MN RF03 | REQUEST FOR FORMAL HEARING (UNDER M.S. 176.106 OR 176.305) | |
| WC9606 D | 06/18 | MN LE0032 | STIPULATION OF INTERVENTION | |
| | | | Nebraska | |
| UG140 B | 10/11 | | SUSPECTED FRAUDULENT CLAIM REPORT - NEBRASKA | |
| | | | Nevada | |
| WC8663 B | 03/01 | D25 | AFFIRMATION OF COMPLIANCE WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS | |
| WC8696 A | 02/04 | D44 | ELECTION OF COVERAGE BY EMPLOYER; AND EMPLOYER WITHDRAWAL OF ELECTION OF COVERAGE | |
| WC8661 A | 07/99 | D23 | EMPLOYEE'S DECLARATION OF ELECTION TO REPORT TIPS | |
| WC8695 B | 02/04 | D43 | EMPLOYEE'S ELECTION TO REJECT COVERAGE; AND ELECTION TO WAIVE THE REJECTION OF COVERAGE FOR EXCLUDED PERSONS | |
| UG199 B | 02/08 | | FRAUD REFERRAL FORM - NEVADA | |
| WC8697 A | 02/04 | D45 | SOLE PROPRIETOR COVERAGE | |
| WC8693 | 10/96 | D411096 | WORKERS COMPENSATION PROOF OF COVERAGE | |
| | | | New Hampshire | |
| WC7814 B | 03/13 | 6WCEX | EXCLUSION OF EXECUTIVE OFFICERS OR MEMBERS | |
| WC8194 Q | 09/98 | 6WC | NOTICE OF WORKERS' COMPENSATION INSURANCE COVERAGE | |

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| WC7900 E WC7563 E | 10/15 09/98 | WCSSF 6WCS | SAFETY SUMMARY FORM DATED SUPPLEMENTAL NOTICE OF INFORMATION REGARDING WORKERS' COMPENSATION INSURANCE COVERAGE New Jersey | |
| UG176 B | 09/06 | OIFP-1 | APPLICATION FRAUD REFERRAL FORM - NEW JERSEY | |
| UG123 A UG135 B UG124 D FORM116B | 06/99 04/98 04/13 07/09 | OIFP/BFD-1 FORM116B | FRAUD NOTICE-WARNING FRAUD WARNING INS FRAUDS REPORT FORM NEW JERSEY APPROVED FORM FOR FILING NOTICE OF CANCELATION BY CARRIER | |
| FORM117A | 07/09 | FORM117A | NEW JERSEY APPROVED FORM FOR FILING NOTICE OF REINSTATEMENT | |
| WC9783 | 07/09 | FORM TL-1 | NEW JERSEY TRANSMITTAL LETTER New Mexico | |
| WC9644 D WC7549 J | 10/11 12/17 | | CID SOLE PROPRIETOR AFFIRMATIVE ELECTION FORM ELECTION TO BE SUBJECT TO WORKERS' COMPENSATION ACT AND OCCUPATIONAL DISEASE DISABLEMENT LAW | |
| WC7544 H | 12/17 | | EXECUTIVE EMPLOYEE AFFIRMATIVE ELECTION FORM | |
| UG151 WC9364 B WC9365 | 03/98 02/19 06/03 | | FRAUD WARNING JOINT WAIVER OF DISQUALIFICATION JOINT WAIVER OF DISQUALIFICATION AND WAIVER OF SERVICE OF PROCESS | |
| WC9369 WC9367 | 06/03 06/03 | | JOINT WAIVER OF SERVICE OF PROCESS JOINT WAIVER OF TEN DAY WAITING PERIOD | |
| WC7555 J WC9363 WC9368 WC9366 | 12/17 06/03 06/03 06/03 | | REVOCATION WAIVER OF DISQUALIFICATION WAIVER OF SERVICE OF PROCESS WAIVER OF TEN DAY WAITING PERIOD | |
| WC9726 A | 12/08 | BP-1 | New York AFFIDAVIT OF EXEMPTION TO SHOW SPECIFIC PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE FOR A 1, 2, 3 OR 4 FAMILY OWNER- OCCUPIED RESIDENCE | |
| WC9564 A | 05/06 | DB-120.1 | CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW | |
| WC7786 F | 09/07 | C-105.2 | CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE | |
| WC9169 B | 05/19 | DB-130 | EMPLOYEE'S STATEMENT OF EXEMPT STATUS | |
| UG156 B UG130 WC9684 C | 08/01 01/95 07/09 | IFB1REV801 DB-102 | FRAUD REPORTING FORM - NEW YORK IMPORTANT FLOOD INSURANCE NOTICE INFORMATION FOR EMPLOYER RE: DISABILITY BENEFITS LAW | |
| WC9479 WC9477 WC9481 A WC8081 D2 WC8330 C2 | 01/04 01/04 10/17 05/04 01/04 | C105520104 C105310104 DB-212.3 C10530504 C-105.51 | NOTICE OF ELECTION NOTICE OF ELECTION NOTICE OF ELECTION NOTICE OF ELECTION NOTICE OF ELECTION OF A CORPORATION WHICH IS REQUIRED TO HAVE COVERAGE FOR ITS EMPLOYEES UNDER THE NEW YORK STATE | |

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|----------------|--------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| WC7513 B | 04/04 | C105.32 | WORKERS' COMPENSATION LAW TO EXCLUDE THE SOLE SHAREHOLDER NOTICE OF ELECTION OF A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, PROFESSIONAL LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY OR SOLE PROPRIETORSHIP TO BRING PARTNERS, MEMBERS OR SELF-EMPLOYED PERSONS UNDER THE COVERAGE OF THE NEW YORK STATE WORKERS' COMPENSATION LAW | |
| WC9076 C | 10/17 | DB-212.5 | NOTICE OF ELECTION TO VOLUNTARILY EXCLUDE SPOUSE FROM COVERAGE PURSUANT TO SECTION 212, SUBDIVISION 5 OF THE DISABILITY BENEFITS LAW | |
| WC9224 | 02/03 | DB-159.1 | NOTICE OF TERMINATION OF EMPLOYER'S PARTICIPATION IN SELF-INSURED ASSOCIATION UNION OR TRUSTEES PLAN | |
| WC9480 | 01/04 | C-105.55 | REVOCAION OF ELECTION | |
| WC9482 | 01/04 | C10541 | REVOCAION OF ELECTION | |
| WC9478 | 01/04 | C105530104 | REVOCAION OF ELECTION | |
| WC9115 D | 03/18 | DB-820.1 | SUPPLEMENT TO CERTIFICATE OF INSURANCE | |
| | | | North Dakota | |
| UG196 | 05/03 | SFN525840503 | FRAUD INVESTIGATION REFERRAL (USED FOR WC CLAIMS ONLY) | |
| UG195 | 02/08 | SFN 58333 | UNIFORM SUSPECTED INSURANCE FRAUD REPORTING NOTICE - NORTH DAKOTA | |
| | | | Ohio | |
| UG134 C | 01/11 | INS0100 | FRAUD DIVISION REPORT FORM - OHIO | |
| | | | Oklahoma | |
| WC7940 F | 10/98 | | CERTIFICATE OF COVERAGE | |
| UG118 A | 05/98 | | FRAUD NOTICE | |
| | | | Oregon | |
| WC9801 | 02/10 | | CANCELLATION AND NONRENEWAL NOTICE | |
| WC8945 C | 02/16 | 440-3245 | RELEASE TO RETURN TO WORK | |
| WC8935 F | 12/15 | 440-2842 | REQUEST FOR DISPUTE RESOLUTION OF MEDICAL ISSUES AND MEDICAL FEES | |
| WC9622 B | 01/17 | 440-1083 | RETURN-TO-WORK PLAN - DIRECT EMPLOYMENT | |
| WC9621 B | 01/17 | 440-1081 | RETURN-TO-WORK PLAN - TRAINING | |
| WC9990 | 11/09 | 440-3504 | SUPPLEMENTAL DISABILITY BENEFITS QUARTERLY REIMBURSEMENT REQUEST | |
| WC1018 A | 08/18 | 440-2465 | WORKER LEASING NOTICE | |
| WC1021 A | 08/18 | 440-5361 | WORKER LEASING REINSTATEMENT NOTICE | |
| WC1020 A | 08/18 | 440-3271 | WORKER LEASING TERMINATION NOTICE | |
| WC1019 A | 08/18 | 440-3270 | WORKER LEASING UPDATE NOTICE | |
| | | | Pennsylvania | |
| WC9554 E | 04/18 | LIBC-509 | APPLICATION FOR EXECUTIVE OFFICER'S DECLARATION | |
| WC9555 C | 04/18 | LIBC-513 | EXECUTIVE OFFICER'S DECLARATION | |
| UG131 A | 08/97 | | FRAUD NOTICE - PENNSYLVANIA (STICKER) | |

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| UG198 D | 08/16 | | INSURANCE FRAUD INDUSTRY REFERRAL FORM | |
| WC1031 | 04/19 | LIBC-2101 | INSURER'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES | |
| WC7573 B | 05/99 | | NOTICE OF CANCELLATION OR REINSTATEMENT | |
| | | | Rhode Island | |
| WC1570 B | 04/05 | DWC-36 | COORDINATION OF RETIREMENT BENEFITS | |
| WC1556 D | 01/03 | DWC-03F | FULL-TIME WAGE STATEMENT | |
| WC7502 B | 11/05 | DWC-09 | INSURANCE COVERAGE CERTIFICATION | |
| WC8843 A | 01/03 | DWC-32 | NOTICE TO EMPLOYEES REGARDING THE EFFECT OF ENDORSEMENT OF BENEFIT CHECK | |
| WC1557 D | 01/03 | DWC03P | PART-TIME WAGE STATEMENT | |
| WC8034 E | 01/03 | DWC25 | REPORT OF EARNINGS | |
| WC1558 B | 01/03 | DWC03S0103 | WAGE STATEMENT SEASONAL | |
| WC8717 C | 01/03 | DWC30 | WAGE TRANSCRIPT | |
| | | | South Carolina | |
| WC7616 B | 05/13 | FORM 5 | CORPORATE OFFICE NOTICE TO REJECT | |
| | | | Tennessee | |
| WC8563 C | 08/16 | I-14/I-16 | AGREEMENT OF COMMON CARRIER TO PROVIDE WORKERS' COMPENSATION COVERAGE TO LEASED OPERATOR AND/OR LEASED OWNER/OPERATOR | |
| WC8564 C | 11/15 | I-15/I-17 | AGREEMENT OF GENERAL CONTRACTOR TO PROVIDE WORKERS' COMPENSATION COVERAGE TO SUBCONTRACTOR | |
| WC8581 G | 08/16 | LB-1111 | DRUG FREE WORKPLACE PROGRAM APPLICATION | |
| WC8691 D | 06/17 | I-4 | ELECTION OF SOLE PROPRIETOR OR PARTNER TO COME WITHIN THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW | |
| UG186 | 07/01 | | FRAUD WARNING | |
| WC8448 P | 05/18 | I-8 | NOTICE OF ACCEPTANCE OF "WORKERS' COMPENSATION ACT" OF TENNESSEE BY EXEMPTED EMPLOYER | |
| WC8163 F | 06/17 | I-6 | NOTICE OF CORPORATE OFFICER TO EMPLOYER OF ELECTION NOT TO ACCEPT PROVISIONS OF "WORKERS' COMPENSATION ACT" OF TENNESSEE | |
| WC8556 E | 06/17 | I-7 | NOTICE OF CORPORATE OFFICER'S REVOCATION OF EXEMPTION | |
| WC8559 C | 11/15 | I-10/I-11/I-12 | NOTICE OF WAIVER OF WORKERS' COMPENSATION BENEFITS FOR SPECIFIC MEDICAL CONDITIONS | |
| WC8557 C | 11/15 | I-3 | NOTICE OF WITHDRAWAL FROM COVERAGE OF THE TENNESSEE WORKERS' COMPENSATION LAW | |
| WC8690 D | 11/15 | I-9 | NOTICE OF WITHDRAWAL OF EXEMPT EMPLOYERS' VOLUNTARY ELECTION | |
| WC8558 E | 06/17 | I-5 | NOTICE OF WITHDRAWAL OF SOLE PROPRIETOR OR PARTNER ELECTION | |
| WC8562 D | 11/15 | I-13 | NOTICE OF WITHDRAWAL OF WAIVER | |
| | | | Texas | |
| WC7793 B | 08/06 | DWC102 | ACCIDENT PREVENTION PLAN COVER SHEET | |
| WC9531 C | 04/18 | DWC085 | | |

Workers' Compensation Miscellaneous Forms

| UNIFORM NUMBER | EDITION DATE | BUREAU NUMBER | TITLE | STATE |
|----------------|--------------|---------------|------------------------------------------------------------------------------------------------------------------------------|-------|
| | | | AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR TO ESTABLISH INDEPENDENT RELATIONSHIP | |
| WC8881 D | 04/18 | DWC081 | AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR TO PROVIDE WORKERS' COMPENSATION INSURANCE | |
| WC8882 D | 04/18 | DWC082 | AGREEMENT BETWEEN MOTOR CARRIER AND OWNER OPERATOR TO PROVIDE WORKERS' COMPENSATION INSURANCE COVERAGE | |
| WC9662 | 10/05 | DWC020A | CORRECTION/REVISION/ENDORSEMENT TO EXISTING POLICY | |
| WC9697 B | 12/11 | DWC027 | DESIGNATION OF INSURANCE CARRIER'S AUSTIN REPRESENTATIVE | |
| WC8104 | 02/93 | EL1 | EMPLOYEE LEASING FORM EL-1 | |
| WC8107 | 02/93 | EL1A | EMPLOYEE LEASING FORM EL-1A | |
| WC8815 G | 02/18 | DWC-005 | EMPLOYER NOTICE OF NO COVERAGE OR TERMINATION OF COVERAGE | |
| WC9530 C | 04/18 | DWC084 | EXCEPTION TO APPLICATION OF JOINT AGREEMENT TO AFFIRM INDEPENDENT RELATIONSHIP FOR CERTAIN BUILDING AND CONSTRUCTION WORKERS | |
| WC9661 | 10/05 | DWC020 | INSURANCE CARRIER NOTICE OF COVERAGE/CANCELLATION/NON-RENEWAL OF COVERAGE | |
| WC8883 D | 04/18 | DWC081 | JOINT AGREEMENT TO AFFIRM INDEPENDENT RELATIONSHIP FOR CERTAIN BUILDING AND CONSTRUCTION WORKERS | |
| WC9666 A | 11/10 | DWC-205 | LOCATIONS OF EMPLOYERS' BUSINESS(ES) | |
| WC9673 B | 01/13 | | NOTICE TO NEW EMPLOYEES | |
| WC9715 A | 01/13 | | NOTICE TO NEW EMPLOYEES (SPANISH) | |
| WC9696 B | 08/12 | DWC020SI | SELF-INSURED GOVERNMENTAL ENTITY COVERAGE INFORMATION | |
| UG208 B | 09/05 | FR0280905 | SUSPECTED INSURANCE FRAUD REPORT | |
| | | | Utah | |
| WC8196 G | 10/19 | FORM205 | AUTHORIZATION TO RELEASE INDUSTRIAL ACCIDENT DIVISION RECORDS (DIVISION OF INDUSTRIAL ACCIDENTS) | |
| WC7609 E | 02/09 | FORM151 | DEPENDENT'S BENEFIT INFORMATION | |
| WC7818 | 05/93 | | FRAUD NOTICE - UTAH WARNING | |
| WC9568 E | 03/15 | FORM 307 | MEDICAL TREATMENT PROVIDER LIST (DIVISION OF INDUSTRIAL ACCIDENTS) | |
| WC7600 H | 05/16 | FORM 110 | RELEASE TO RETURN TO WORK | |
| WC9034 D | 03/16 | | SUBPOENA | |
| WC9025 A | 03/10 | FORM 113A | SUMMARY OF MEDICAL RECORD - INDUSTRIAL ACCIDENT | |
| | | | Vermont | |
| WC8413 K | 02/13 | FORM 29 | APPLICATION TO EXCLUDE CORPORATE OFFICERS AND CORPORATIONS FROM WORKERS' COMPENSATION COVERAGE | |
| | | | Virginia | |
| WC9114 G | 11/17 | FORM 61A | CONTRACTOR'S CERTIFICATION OF WORKER'S COMPENSATION LIABILITY | |
| UG159 | 09/98 | | FRAUD WARNING | |
| UG190 | 03/02 | | IMPORTANT INFORMATION NOTICE (TO BE ISSUED WITH NEW OR RENEWAL | |

Workers' Compensation Miscellaneous Forms

| UNIFORM NUMBER | EDITION DATE | BUREAU NUMBER | TITLE | STATE |
|----------------|--------------|----------------|---------------------------------------------------------------------------------------------|-------|
| WC9588 | 07/04 | VWC45HGSIA0704 | POLICY, CONTRACT, CERTIFICATE OR EVIDENCE OF COVERAGE ISSUED) | |
| WC7780 E | 10/17 | FORM 17A | NOTICE OF CHANGE, CANCELLATION OR NON-RENEWAL | |
| WC7928 J | 12/17 | 16A | NOTICE TERMINATING PRIOR REJECTION OF COVERAGE UNDER THE VIRGINIA WORKERS' COMPENSATION ACT | |
| UG165 C | 08/07 | SP-292 | OFFICER/MANAGER REJECTION OF COVERAGE | |
| WC7922 A | 10/91 | VWC9A1091 | SUSPECTED FRAUDULENT ACTIVITY FORM - VIRGINIA | |
| WC9826 | 08/10 | WVWC-RF01 | WAIVER OF OCCUPATIONAL DISEASE COVERAGE UNDER THE W.C. ACT | |
| UG217 | 07/07 | | West Virginia NOTICE OF ELECTION OR REJECTION OF WORKERS' COMPENSATION COVERAGE | |
| WC1560 F | 06/02 | C20062A0602 | UNIFORM SUSPECTED FRAUD | |
| UG114 A | 09/12 | | Wisconsin NOTICE OF REINSTATEMENT | |
| WC8397 A | 03/03 | FORM482 | NOTICE OF RIGHT TO FILE A COMPLAINT | |
| WC9447 C | 06/17 | WKC-6156 | PROOF OF COVERAGE NOTICE | |
| WC9446 B | 06/17 | WKC-6119 | SOCIAL SECURITY INFORMATION REQUEST | |
| WC9445 D | 07/20 | WKC12698 | SOCIAL SECURITY REVERSE OFFSET WORKSHEET | |
| WC7978 J | 06/17 | WKC-9488 | STATEMENT OF SELF-RESTRICTION TO PART-TIME WORK | |
| WC1523 M | 05/08 | C10062 | VOLUNTARY AND INFORMED CONSENT FOR DISCLOSURE OF HEALTH CARE INFORMATION | |
| | | | WISCONSIN NOTICE OF TERMINATION | |