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.

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.

(New) Denotes change.

<table>
<thead>
<tr>
<th>UNIFORM NUMBER</th>
<th>EDITION DATE</th>
<th>BUREAU NUMBER</th>
<th>TITLE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC7674</td>
<td>04/51</td>
<td></td>
<td>CANCELLATION NOTICE</td>
<td>AK, 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, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>UG142 A</td>
<td>03/99</td>
<td></td>
<td>FRAUD NOTICE - WARNING (STICKER) (GENERIC TEXT FOR USE ON INSURANCE CLAIM FORMS WHEN STATE-PREScribed LANGUAGE IS NOT MANDATORY)</td>
<td>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</td>
</tr>
<tr>
<td>UG145 B</td>
<td>03/98</td>
<td></td>
<td>FRAUD WARNING (GENERIC TEXT FOR USE ON INSURANCE APPLICATION FORMS WHEN STATE PREScribed LANGUAGE IS NOT MANDATORY) (STICKER)</td>
<td>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</td>
</tr>
<tr>
<td>WC9993</td>
<td>06/15</td>
<td>CM-908</td>
<td>NOTICE OF TERMINATION, SUSPENSION, REDUCTION, OR INCREASE IN BENEFIT PAYMENTS</td>
<td>FD</td>
</tr>
<tr>
<td>UG213 A</td>
<td>10/95</td>
<td>VA FORM 3288</td>
<td>REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS - DEPARTMENT OF VETERANS AFFAIRS</td>
<td>FD</td>
</tr>
<tr>
<td>WC7575</td>
<td>01/96</td>
<td>USRASWGFORMB</td>
<td>SUPPLEMENTAL LOSS REPORT</td>
<td>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</td>
</tr>
<tr>
<td>WC8553</td>
<td>10/96</td>
<td>POC11096</td>
<td>WORKERS COMPENSATION PROOF OF COVERAGE</td>
<td>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, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>WC9123</td>
<td>11/01</td>
<td>POC11101</td>
<td>WORKERS COMPENSATION PROOF OF COVERAGE</td>
<td>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, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>WC8867 B</td>
<td>08/05</td>
<td></td>
<td>CORPORATE OFFICER EXCLUSION</td>
<td>Alabama</td>
</tr>
</tbody>
</table>

(New) Denotes change.
<table>
<thead>
<tr>
<th>UNIFORM NUMBER</th>
<th>EDITION DATE</th>
<th>BUREAU NUMBER</th>
<th>TITLE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG204</td>
<td>02/05</td>
<td></td>
<td>STATE OF ALABAMA FIRE LOSS REQUEST</td>
<td>Alaska</td>
</tr>
<tr>
<td>UG138</td>
<td>01/96</td>
<td></td>
<td>FRAUD NOTICE--ALASKA/WARNING (STICKER)</td>
<td>Alaska</td>
</tr>
<tr>
<td>WC7897</td>
<td>04/92</td>
<td></td>
<td>IMPORTANT NOTICE TO EMPLOYER PETITION FOR EXECUTIVE OFFICER WAIVER</td>
<td>Alaska</td>
</tr>
<tr>
<td>WC1533 D</td>
<td>01/18</td>
<td>076131</td>
<td></td>
<td>Arizona</td>
</tr>
<tr>
<td>WC9331</td>
<td>06/03</td>
<td></td>
<td>COMPLAINT OF BAD FAITH AND/OR UNFAIR CLAIM PROCESSING PRACTICES EMPLOYEE’S NOTICE TO REJECT TERMS OF THE ARIZONA WORKERS’ COMPENSATION LAW</td>
<td>Arizona</td>
</tr>
<tr>
<td>WC1529 F</td>
<td>12/08</td>
<td>ICA0113</td>
<td></td>
<td>Arizona</td>
</tr>
<tr>
<td>WC1536 D</td>
<td>08/16</td>
<td>ICA 0114</td>
<td></td>
<td>Arizona</td>
</tr>
<tr>
<td>UG162 B</td>
<td>03/19</td>
<td>F101/F100</td>
<td>FRAUD REFERRAL FORM SIGNIFICANT EXPOSURE UNDER THE ARIZONA WORKERS’ COMPENSATION ACT</td>
<td>Arizona</td>
</tr>
<tr>
<td>WC9984</td>
<td>01/15</td>
<td></td>
<td></td>
<td>Arizona</td>
</tr>
<tr>
<td>WC7598 C</td>
<td>01/08</td>
<td>FORM AR-A</td>
<td>APPLICATION FOR CERTIFICATE OF NON-COVERAGE</td>
<td>Arkansas</td>
</tr>
<tr>
<td>WC8812 C</td>
<td>07/10</td>
<td>FORM HS-36-A</td>
<td>APPLICATION FOR VOLUNTARY DRUG-FREE WORKPLACE PROGRAM</td>
<td>Arkansas</td>
</tr>
<tr>
<td>UG167 A</td>
<td>05/10</td>
<td></td>
<td>FRAUD REFERRAL FORM--ARKANSAS FRAUD WARNING STICKER</td>
<td>Arkansas</td>
</tr>
<tr>
<td>UG149 A</td>
<td>08/97</td>
<td></td>
<td></td>
<td>Arkansas</td>
</tr>
<tr>
<td>WC9262</td>
<td>04/03</td>
<td></td>
<td>EMPLOYER DECLARATION OF DECLINATION</td>
<td>California</td>
</tr>
<tr>
<td>UG125 B</td>
<td>01/22</td>
<td></td>
<td>FRAUD NOTICE</td>
<td>California</td>
</tr>
<tr>
<td>WC9563</td>
<td>01/05</td>
<td></td>
<td>FRAUD NOTICE (INCLUDE WITH TD BENEFIT CHECK) (ENGLISH/SPANISH)</td>
<td>California</td>
</tr>
<tr>
<td>UG128</td>
<td>11/94</td>
<td></td>
<td>IMPORTANT INFORMATION - CALIFORNIA GUARANTY ASSOCIATION</td>
<td>California</td>
</tr>
<tr>
<td>WC6926 A</td>
<td>05/06</td>
<td>DWCFORMAD30506</td>
<td>REQUEST FOR DWC AUTHORIZATION NUMBER</td>
<td>California</td>
</tr>
<tr>
<td>WC8627 C</td>
<td>02/12</td>
<td>WC-44</td>
<td>EXCLUSION OF COMPENSATED PUBLIC OFFICIALS</td>
<td>Colorado</td>
</tr>
<tr>
<td>UG143 A</td>
<td>08/99</td>
<td></td>
<td>FRAUD WARNING (STICKER) IMPORTANT NOTICE (TO PROVIDE RATE INFORMATION TO EMPLOYERS REGARDING MOTOR VEHICLE ACCIDENTS)</td>
<td>Colorado</td>
</tr>
<tr>
<td>WC8291</td>
<td>10/94</td>
<td></td>
<td></td>
<td>Colorado</td>
</tr>
<tr>
<td>WC8038 S</td>
<td>10/20</td>
<td>WC43</td>
<td>REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED LIABILITY COMPANY (LLC)</td>
<td>Colorado</td>
</tr>
<tr>
<td>WC9736 F</td>
<td>10/20</td>
<td>WC45</td>
<td>REJECTION OF COVERAGE BY PARTNERS AND SOLE PROPRIETORS PERFORMING CONSTRUCTION WORK ON CONSTRUCTION SITES</td>
<td>Colorado</td>
</tr>
<tr>
<td>WC1569 N</td>
<td>12/22</td>
<td>6B1</td>
<td>COVERAGE ELECTION BY EMPLOYEES WHO ARE MEMBERS OF A PARTNERSHIP</td>
<td>Connecticut</td>
</tr>
<tr>
<td>WC8052 R</td>
<td>12/22</td>
<td>75</td>
<td>COVERAGE ELECTION BY SOLE - PROPRIETOR OR SINGLE - MEMBER LLC</td>
<td>Connecticut</td>
</tr>
<tr>
<td>WC7886 R</td>
<td>12/22</td>
<td>6B</td>
<td>NOTICE AND PROOF OF CLAIM FOR DISABILITY BENEFITS</td>
<td>Connecticut</td>
</tr>
</tbody>
</table>

(New) Denotes change.
<table>
<thead>
<tr>
<th>UNIFORM NUMBER</th>
<th>EDITION DATE</th>
<th>BUREAU NUMBER</th>
<th>TITLE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC9578</td>
<td>12/04</td>
<td>DEEXCL1204</td>
<td>AGREEMENT BY EXECUTIVE OFFICER(S) NOT TO BE SUBJECT TO THE DELAWARE</td>
<td>Delaware</td>
</tr>
<tr>
<td>UG150 A</td>
<td>04/98</td>
<td></td>
<td>FRAUD WARNING STICKER (DE)</td>
<td></td>
</tr>
<tr>
<td>WC7949</td>
<td>04/92</td>
<td></td>
<td>POLICYHOLDER NOTICE</td>
<td></td>
</tr>
<tr>
<td>UG197 A</td>
<td>11/16</td>
<td></td>
<td>UNIFORM SUSPECTED INSURANCE FRAUD REPORTING NOTICE - DELAWARE</td>
<td></td>
</tr>
<tr>
<td>WC9452 A</td>
<td>06/19</td>
<td></td>
<td>EMPLOYEE'S RIGHTS AND OBLIGATIONS FRAUD WARNING (STICKER)</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>UG171</td>
<td>04/99</td>
<td></td>
<td>NOTICE OF WC INSURANCE SUPPLEMENTAL NOTICE OF INFORMATION REGARDING</td>
<td></td>
</tr>
<tr>
<td>WC7877</td>
<td></td>
<td>FORM 2 DCWC</td>
<td>WORKERS' COMPENSATION INSURANCE COVERAGE TERMINATION NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC8089</td>
<td></td>
<td>3DCWC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WC7916</td>
<td></td>
<td>4DCWC</td>
<td>NOTICE OF ISSUANCE OF INSURANCE POLICY</td>
<td></td>
</tr>
<tr>
<td>WC9771 A</td>
<td>06/10</td>
<td>CM-921</td>
<td>NOTICE OF ELECTION OF COVERAGE</td>
<td>Federal</td>
</tr>
<tr>
<td>WC8828 D</td>
<td>08/13</td>
<td>DWC 251</td>
<td>NOTICE OF ELECTION OF COVERAGE</td>
<td>Florida</td>
</tr>
<tr>
<td>WC8829 D</td>
<td>08/13</td>
<td>DWC-251R</td>
<td>REVOCATION OF ELECTION OF COVERAGE</td>
<td>Georgia</td>
</tr>
<tr>
<td>WC8827 G</td>
<td>08/13</td>
<td>DWC 250-R</td>
<td>REVOCATION OF ELECTION TO BE EXEMPT</td>
<td>Hawaii</td>
</tr>
<tr>
<td>WC9784 C</td>
<td>07/23</td>
<td>WC131</td>
<td>APPLICATION FOR PERMIT TO WRITE INSURANCE</td>
<td>Idaho</td>
</tr>
<tr>
<td>WC9979 A</td>
<td>07/22</td>
<td></td>
<td>FREQUENTLY ASKED QUESTIONS ABOUT WORKERS' COMPENSATION INSURANCE</td>
<td></td>
</tr>
<tr>
<td>WC7972 K</td>
<td>07/23</td>
<td>WC10</td>
<td>NOTICE OF ELECTION OR REJECTION OF WORKERS' COMPENSATION COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC9978 C</td>
<td>07/23</td>
<td></td>
<td>QUESTIONS AND ANSWERS ABOUT GEORGIA'S WORKERS' COMPENSATION LAW</td>
<td></td>
</tr>
<tr>
<td>WC2040</td>
<td>10/12</td>
<td></td>
<td>REPORT WORKERS' COMPENSATION FRAUD</td>
<td></td>
</tr>
<tr>
<td>WC9977 A</td>
<td>07/19</td>
<td></td>
<td>WORKERS' COMPENSATION EMPLOYEE HANDBOOK</td>
<td></td>
</tr>
<tr>
<td>WC9980</td>
<td>07/03</td>
<td></td>
<td>WORKERS' COMPENSATION EMPLOYEE HANDBOOK (SPANISH)</td>
<td></td>
</tr>
<tr>
<td>WC9575 A</td>
<td>11/04</td>
<td>WC-36</td>
<td>NOTICE OF INSURANCE</td>
<td></td>
</tr>
<tr>
<td>WC8613</td>
<td>03/22</td>
<td>IC53</td>
<td>DECLARATION UNDER IDAHO CODE § 72-212(5) (ELECTION OF EXEMPTION FROM</td>
<td></td>
</tr>
<tr>
<td>WC7961 D</td>
<td>07/14</td>
<td>IC 52</td>
<td>ELECTION OF COVERAGE/REVOCATION OF COVERAGE FRAUD NOTICE</td>
<td></td>
</tr>
<tr>
<td>UG133 A</td>
<td>06/97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WC7894</td>
<td>02/93</td>
<td></td>
<td>NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR</td>
<td>Illinois</td>
</tr>
<tr>
<td>UG189</td>
<td>03/02</td>
<td></td>
<td>ILLINOIS WORKERS' COMPENSATION MEDICAL BENEFITS POLICYHOLDER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NOTIFICATION REGARDING ILLINOIS TERRORISM ENDORSEMENT</td>
<td></td>
</tr>
<tr>
<td>UNIFORM NUMBER</td>
<td>EDITION DATE</td>
<td>BUREAU NUMBER</td>
<td>TITLE</td>
<td>STATE</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
<td>---------------</td>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>WC8989 E</td>
<td>12/12</td>
<td>IC46</td>
<td>REQUEST FOR INFORMATION ON EMPLOYER’S INSURANCE COVERAGE</td>
<td>Indiana</td>
</tr>
<tr>
<td>WC9923</td>
<td>06/13</td>
<td>SF 55310</td>
<td>CERTIFICATION OF INSURANCE CARRIER AS TO NUMBER OF WORKERS'</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPENSATION POLICIES WRITTEN OR RENEWED</td>
<td></td>
</tr>
<tr>
<td>UG166</td>
<td>03/99</td>
<td></td>
<td>FRAUD WARNING - INDIANA (STICKER)</td>
<td>Iowa</td>
</tr>
<tr>
<td>WC8025 G</td>
<td>06/15</td>
<td>SF 36097</td>
<td>NOTICE FOR WORKERS COMPENSATION AND OCCUPATIONAL DISEASES</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COVERAGE</td>
<td></td>
</tr>
<tr>
<td>UG102 B</td>
<td>02/05</td>
<td></td>
<td>NOTICE TO POLICYHOLDERS</td>
<td>Maine</td>
</tr>
<tr>
<td>UG170 B</td>
<td>09/13</td>
<td>K-WC-44</td>
<td>FRAUD REPORTING FORM</td>
<td>Kentucky</td>
</tr>
<tr>
<td>WC9241 C</td>
<td>11/16</td>
<td></td>
<td>NOTICE OF INSURED'S RIGHTS</td>
<td>Kansas</td>
</tr>
<tr>
<td>WC8051</td>
<td>05/97</td>
<td>IFID0903</td>
<td>UNIFORM SUSPECTED INSURANCE FRAUD REPORTING FORM</td>
<td>Kentucky</td>
</tr>
<tr>
<td>UG136 B</td>
<td>09/03</td>
<td></td>
<td>FRAUD REPORTING FORM</td>
<td>Kentucky</td>
</tr>
<tr>
<td>WC9440 B</td>
<td>04/19</td>
<td>FORM 150</td>
<td>WORKERS COMPENSATION - SUBSEQUENT REPORT</td>
<td>Maine</td>
</tr>
<tr>
<td>WC9904</td>
<td>01/13</td>
<td>WCB-322</td>
<td>APPLICATION FOR WAGE CREDIT EMPLOYMENT REHABILITATION FUND</td>
<td>Maryland</td>
</tr>
<tr>
<td>WC2005 B</td>
<td>05/22</td>
<td>WCB7</td>
<td>CERTIFICATE AUTHORIZING RELEASE OF UNEMPLOYMENT INFORMATION</td>
<td></td>
</tr>
<tr>
<td>UG153</td>
<td>04/98</td>
<td></td>
<td>FRAUD WARNING</td>
<td></td>
</tr>
<tr>
<td>WC8277 B</td>
<td>10/15</td>
<td>WCB25</td>
<td>MOTION FOR AWARD OF FEES AND DISBURSEMENTS</td>
<td></td>
</tr>
<tr>
<td>H22R</td>
<td>09/08</td>
<td>H22R</td>
<td>EMPLOYER OR SELF-INSURED EMPLOYER REQUEST FOR CHANGE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>WC8861 E</td>
<td>09/19</td>
<td>IC-16</td>
<td>EXCLUSION FORM</td>
<td></td>
</tr>
<tr>
<td>UG201 B</td>
<td>04/14</td>
<td></td>
<td>FRAUD REFERRAL FORM - MARYLAND</td>
<td></td>
</tr>
<tr>
<td>WC8942 C</td>
<td>09/19</td>
<td>C-15R</td>
<td>INCLUSION FORM - SOLE PROPRIETORS/PARTNERS ELECTION FORM</td>
<td></td>
</tr>
<tr>
<td>C06</td>
<td>11/09</td>
<td>C-06</td>
<td>INSURER'S TERMINATION OF TEMPORARY TOTAL DISABILITY BENEFITS</td>
<td></td>
</tr>
<tr>
<td>WC9944 B</td>
<td>09/19</td>
<td>IC-02</td>
<td>SOLE PROPRIETOR’S STATUS AS A COVERED EMPLOYEE SPECIAL NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC8166 A</td>
<td>05/97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UG200</td>
<td>07/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WC9827 C</td>
<td>07/19</td>
<td>FORM 154</td>
<td>VERIFICATION OF MASSACHUSETTS WORKERS' COMPENSATION COVERAGE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FOR OUT-OF-STATE EMPLOYERS OPERATING IN MASSACHUSETTS</td>
<td></td>
</tr>
<tr>
<td>WC7692 S</td>
<td>08/19</td>
<td>WC-400</td>
<td>INSURER'S NOTICE OF ISSUANCE OF POLICY</td>
<td>Michigan</td>
</tr>
<tr>
<td>WC8077 H</td>
<td>08/19</td>
<td>WC-403</td>
<td>INSURER’S NOTICE OF NAME OR ADDRESS CHANGE</td>
<td></td>
</tr>
<tr>
<td>WC7687 N</td>
<td>08/19</td>
<td>WC-401</td>
<td>NOTICE OF TERMINATION OF LIABILITY</td>
<td></td>
</tr>
<tr>
<td>UNIFORM NUMBER</td>
<td>EDITION DATE</td>
<td>BUREAU NUMBER</td>
<td>TITLE</td>
<td>STATE</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>---------------</td>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>WC9597 J</td>
<td>01/16</td>
<td>SF0138</td>
<td>ELECTION TO EXCLUDE RELATIVES OF EXECUTIVE OFFICERS OF A CLOSELY-HELD CORPORATION</td>
<td></td>
</tr>
<tr>
<td>WC9596 J</td>
<td>01/16</td>
<td>SF0137</td>
<td>ELECTION TO EXCLUDE RELATIVES OF MANAGERS OF A LIMITED LIABILITY COMPANY</td>
<td></td>
</tr>
<tr>
<td>UG122 A</td>
<td>08/97</td>
<td></td>
<td>FRAUD NOTICE (STICKER)</td>
<td>Nevada</td>
</tr>
<tr>
<td>WC9607 A</td>
<td>10/06</td>
<td></td>
<td>INTERVENTION SERVICE AFFIDAVIT</td>
<td></td>
</tr>
<tr>
<td>WC9605 F</td>
<td>06/18</td>
<td>MN MO0001</td>
<td>MOTION/APPLICATION TO INTERVENE (INCLUDES COVER LETTER)</td>
<td></td>
</tr>
<tr>
<td>WC8450 H</td>
<td>06/18</td>
<td>MN RF03</td>
<td>REQUEST FOR FORMAL HEARING (UNDER M.S. 176.106 OR 176.305)</td>
<td></td>
</tr>
<tr>
<td>WC9606 D</td>
<td>06/18</td>
<td>MN LE0032</td>
<td>STIPULATION OF INTERVENTION</td>
<td></td>
</tr>
<tr>
<td>UG140 B</td>
<td>10/11</td>
<td></td>
<td>SUSPECTED FRAUDULENT CLAIM REPORT - NEBRASKA</td>
<td></td>
</tr>
<tr>
<td>WC8663 B</td>
<td>03/01</td>
<td>D25</td>
<td>AFFIRMATION OF COMPLIANCE WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS</td>
<td></td>
</tr>
<tr>
<td>WC8696 A</td>
<td>02/04</td>
<td>D44</td>
<td>ELECTION OF COVERAGE BY EMPLOYER; AND EMPLOYER WITHDRAWAL OF ELECTION OF COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC8661 A</td>
<td>07/99</td>
<td>D23</td>
<td>EMPLOYEE’S DECLARATION OF ELECTION TO REPORT TIPS</td>
<td></td>
</tr>
<tr>
<td>WC8695 B</td>
<td>02/04</td>
<td>D43</td>
<td>EMPLOYEE’S ELECTION TO REJECT COVERAGE; AND ELECTION TO WAIVE THE REJECTION OF COVERAGE FOR EXCLUDED PERSONS</td>
<td></td>
</tr>
<tr>
<td>UG199 B</td>
<td>02/08</td>
<td></td>
<td>FRAUD REFERRAL FORM - NEVADA</td>
<td></td>
</tr>
<tr>
<td>WC8697 A</td>
<td>02/04</td>
<td>D45</td>
<td>SOLE PROPRIETOR COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC8693</td>
<td>10/96</td>
<td>D411096</td>
<td>WORKERS COMPENSATION PROOF OF COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC7814 B</td>
<td>03/13</td>
<td>6WCEX</td>
<td>EXCLUSION OF EXECUTIVE OFFICERS OR MEMBERS</td>
<td>New Hampshire</td>
</tr>
<tr>
<td>WC8194 Q</td>
<td>09/98</td>
<td>6WC</td>
<td>NOTICE OF WORKERS’ COMPENSATION INSURANCE COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC7900 E</td>
<td>10/15</td>
<td>WCSSF</td>
<td>SAFETY SUMMARY FORM DATED SUPPLEMENTAL NOTICE OF INFORMATION REGARDING WORKERS’ COMPENSATION INSURANCE COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC7563 E</td>
<td>09/98</td>
<td>6WCS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UG176 B</td>
<td>09/06</td>
<td>OIFP-1</td>
<td>APPLICATION FRAUD REFERRAL FORM - NEW JERSEY</td>
<td>New Jersey</td>
</tr>
<tr>
<td>UG123 A</td>
<td>06/99</td>
<td></td>
<td>FRAUD NOTICE-WARNING</td>
<td></td>
</tr>
<tr>
<td>UG135 B</td>
<td>04/98</td>
<td></td>
<td>FRAUD WARNING</td>
<td></td>
</tr>
<tr>
<td>UG124 D</td>
<td>04/13</td>
<td>OIFP/BFD-1</td>
<td>INS FRAUDS REPORT FORM</td>
<td></td>
</tr>
<tr>
<td>FORM116B</td>
<td>07/09</td>
<td>FORM116B</td>
<td>NEW JERSEY APPROVED FORM FOR FILING NOTICE OF CANCELATION BY CARRIER</td>
<td></td>
</tr>
<tr>
<td>FORM117A</td>
<td>07/09</td>
<td>FORM117A</td>
<td>NEW JERSEY APPROVED FORM FOR FILING NOTICE OF REINSTATEMENT</td>
<td></td>
</tr>
<tr>
<td>WC9783</td>
<td>07/09</td>
<td>FORM TL-1</td>
<td>NEW JERSEY TRANSMITTAL LETTER</td>
<td></td>
</tr>
<tr>
<td>WC9644 D</td>
<td>10/11</td>
<td></td>
<td>CID SOLE PROPRIETOR AFFIRMATIVE ELECTION FORM</td>
<td>New Mexico</td>
</tr>
<tr>
<td>WC7549 J</td>
<td>12/17</td>
<td></td>
<td>ELECTION TO BE SUBJECT TO WORKERS’ COMPENSATION ACT AND</td>
<td></td>
</tr>
<tr>
<td>UNIFORM NUMBER</td>
<td>EDITION DATE</td>
<td>BUREAU NUMBER</td>
<td>TITLE</td>
<td>STATE</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>WC7544 H</td>
<td>12/17</td>
<td></td>
<td>OCCUPATIONAL DISEASE DISABLEMENT LAW</td>
<td></td>
</tr>
<tr>
<td>UG151</td>
<td>03/98</td>
<td></td>
<td>EXECUTIVE EMPLOYEE AFFIRMATIVE ELECTION FORM</td>
<td></td>
</tr>
<tr>
<td>WC9364 B</td>
<td>02/19</td>
<td></td>
<td>FRAUD WARNING</td>
<td></td>
</tr>
<tr>
<td>WC9365</td>
<td>06/03</td>
<td></td>
<td>JOINT WAIVER OF DISQUALIFICATION</td>
<td></td>
</tr>
<tr>
<td>WC9369</td>
<td>06/03</td>
<td></td>
<td>JOINT WAIVER OF DISQUALIFICATION AND WAIVER OF SERVICE OF PROCESS</td>
<td></td>
</tr>
<tr>
<td>WC9367</td>
<td>06/03</td>
<td></td>
<td>JOINT WAIVER OF SERVICE OF PROCESS</td>
<td></td>
</tr>
<tr>
<td>WC7555 J</td>
<td>12/17</td>
<td></td>
<td>JOINT WAIVER OF TEN DAY WAITING PERIOD</td>
<td></td>
</tr>
<tr>
<td>WC9363</td>
<td>06/03</td>
<td></td>
<td>REVOCAÇÃO</td>
<td></td>
</tr>
<tr>
<td>WC9368</td>
<td>06/03</td>
<td></td>
<td>WAIVER OF DISQUALIFICATION</td>
<td></td>
</tr>
<tr>
<td>WC9366</td>
<td>06/03</td>
<td></td>
<td>WAIVER OF SERVICE OF PROCESS</td>
<td></td>
</tr>
<tr>
<td>WC9564 A</td>
<td>05/06</td>
<td>DB-120.1</td>
<td>WAIVER OF TEN DAY WAITING PERIOD</td>
<td></td>
</tr>
<tr>
<td>WC7786 F</td>
<td>09/07</td>
<td>C-105.2</td>
<td>CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW</td>
<td>New York</td>
</tr>
<tr>
<td>WC9169 B</td>
<td>05/19</td>
<td>DB-130</td>
<td>CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE</td>
<td></td>
</tr>
<tr>
<td>UG156 C</td>
<td>04/21</td>
<td></td>
<td>EMPLOYEE'S STATEMENT OF EXEMPT STATUS</td>
<td></td>
</tr>
<tr>
<td>UG130</td>
<td>01/95</td>
<td></td>
<td>FRAUD REPORTING FORM - NEW YORK</td>
<td></td>
</tr>
<tr>
<td>WC9479</td>
<td>01/04</td>
<td>C105520104</td>
<td>IMPORTANT FLOOD INSURANCE NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC9477</td>
<td>01/04</td>
<td>C105310104</td>
<td>NOTICE OF ELECTION</td>
<td></td>
</tr>
<tr>
<td>WC9481 A</td>
<td>10/17</td>
<td>DB-212.3</td>
<td>NOTICE OF ELECTION</td>
<td></td>
</tr>
<tr>
<td>WC8081 D2</td>
<td>05/04</td>
<td>C10530504</td>
<td>NOTICE OF ELECTION</td>
<td></td>
</tr>
<tr>
<td>WC8330 C2</td>
<td>01/04</td>
<td>C-105.51</td>
<td>NOTICE OF ELECTION OF A CORPORATION WHICH IS REQUIRED TO HAVE COVERAGE FOR ITS EMPLOYEES UNDER THE NEW YORK STATE WORKERS' COMPENSATION LAW TO EXCLUDE THE SOLE SHAREHOLDER</td>
<td>North Dakota</td>
</tr>
<tr>
<td>WC7513 B</td>
<td>04/04</td>
<td>C105.32</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>WC9076 C</td>
<td>10/17</td>
<td>DB-212.5</td>
<td>NOTICE OF ELECTION TO VOLUNTARILY EXCLUDE SPOUSE FROM COVERAGE PURSUANT TO SECTION 212, SUBDIVISION 5 OF THE DISABILITY BENEFITS LAW</td>
<td></td>
</tr>
<tr>
<td>WC9482</td>
<td>01/04</td>
<td>C10541</td>
<td>REVOCAÇÃO DE ELEição</td>
<td></td>
</tr>
<tr>
<td>WC9478</td>
<td>01/04</td>
<td>C105530104</td>
<td>REVOCAÇÃO DE ELEição</td>
<td></td>
</tr>
<tr>
<td>WC9480</td>
<td>01/04</td>
<td>C-105.55</td>
<td>REVOCAÇÃO DE ELEição</td>
<td></td>
</tr>
<tr>
<td>WC9115 D</td>
<td>03/18</td>
<td>DB-820.1</td>
<td>SUPPLEMENT TO CERTIFICATE OF INSURANCE</td>
<td>Ohio</td>
</tr>
<tr>
<td>UG196 A</td>
<td>09/16</td>
<td>SFN52584</td>
<td>FRAUD REPORT</td>
<td></td>
</tr>
<tr>
<td>UG195</td>
<td>02/08</td>
<td>SFN 58333</td>
<td>UNIFORM SUSPECTED INSURANCE FRAUD REPORTING NOTICE - NORTH DAKOTA</td>
<td></td>
</tr>
<tr>
<td>UNIFORM NUMBER</td>
<td>EDITION DATE</td>
<td>BUREAU NUMBER</td>
<td>TITLE</td>
<td>STATE</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>UG134 C</td>
<td>01/11</td>
<td>INS0100</td>
<td>FRAUD DIVISION REPORT FORM - OHIO</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>WC7940 F</td>
<td>10/98</td>
<td></td>
<td>CERTIFICATE OF COVERAGE</td>
<td></td>
</tr>
<tr>
<td>UG118 A</td>
<td>05/98</td>
<td></td>
<td>FRAUD NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC9801</td>
<td>02/10</td>
<td></td>
<td>CANCELLATION AND NONRENEWAL NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC8945 C</td>
<td>02/16</td>
<td>4403245</td>
<td>RELEASE TO RETURN TO WORK</td>
<td></td>
</tr>
<tr>
<td>WC8935 F</td>
<td>12/15</td>
<td>4402842</td>
<td>REQUEST FOR DISPUTE RESOLUTION OF MEDICAL ISSUES AND MEDICAL FEES</td>
<td></td>
</tr>
<tr>
<td>WC9622 C</td>
<td>05/22</td>
<td>4401083</td>
<td>RETURN-TO-WORK PLAN - DIRECT EMPLOYMENT</td>
<td></td>
</tr>
<tr>
<td>WC9621 C</td>
<td>05/22</td>
<td>4401081</td>
<td>RETURN-TO-WORK PLAN - TRAINING SUPPLEMENTAL DISABILITY BENEFITS QUARTERLY REIMBURSEMENT REQUEST</td>
<td></td>
</tr>
<tr>
<td>WC9990</td>
<td>11/09</td>
<td>4403504</td>
<td>WORKER LEASING NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC1018 A</td>
<td>08/18</td>
<td>4402465</td>
<td>WORKER LEASING REINSTATEMENT NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC1021 A</td>
<td>08/18</td>
<td>4405361</td>
<td>WORKER LEASING TERMINATION NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC1020 A</td>
<td>08/18</td>
<td>4403271</td>
<td>WORKER LEASING UPDATE NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC1019 A</td>
<td>08/18</td>
<td>4403270</td>
<td>EXECUTIVE OFFICER'S DECLARATION</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>WC9554 F</td>
<td>01/23</td>
<td>LIBC509</td>
<td>APPLICATION FOR EXECUTIVE OFFICER'S DECLARATION FRAUD NOTICE - PENNSYLVANIA (STICKER)</td>
<td></td>
</tr>
<tr>
<td>WC9555 D</td>
<td>09/22</td>
<td>LIBC513</td>
<td>EXECUTIVE OFFICER'S DECLARATION FRAUD NOTICE - PENNSYLVANIA (STICKER)</td>
<td></td>
</tr>
<tr>
<td>UG131 A</td>
<td>08/97</td>
<td>LIBC513</td>
<td>INSURANCE FRAUD INDUSTRY REFERRAL FORM</td>
<td></td>
</tr>
<tr>
<td>UG198 D</td>
<td>08/16</td>
<td></td>
<td>INSURER'S ANNUAL REPORT OF ACCIDENT &amp; ILLNESS PREVENTION SERVICES</td>
<td></td>
</tr>
<tr>
<td>WC1031</td>
<td>04/19</td>
<td>LIBC-210I</td>
<td>CORPORATE OFFICE NOTICE TO REJECT</td>
<td>South Carolina</td>
</tr>
<tr>
<td>WC1570 C</td>
<td>01/21</td>
<td>DWC36</td>
<td>COORDINATION OF RETIREMENT BENEFITS</td>
<td></td>
</tr>
<tr>
<td>WC1556 E</td>
<td>01/21</td>
<td>DWC03F</td>
<td>FULL-TIME WAGE STATEMENT</td>
<td>Tennessee</td>
</tr>
<tr>
<td>WC7502 B</td>
<td>11/05</td>
<td>DWC-09</td>
<td>INSURANCE COVERAGE CERTIFICATION</td>
<td></td>
</tr>
<tr>
<td>WC8843 B</td>
<td>01/21</td>
<td>DWC32</td>
<td>NOTICE TO EMPLOYEES REGARDING THE EFFECT OF ENDORSEMENT OF BENEFIT CHECK</td>
<td></td>
</tr>
<tr>
<td>WC1557 E</td>
<td>01/21</td>
<td>DWC03P</td>
<td>PART-TIME WAGE STATEMENT</td>
<td></td>
</tr>
<tr>
<td>WC8034 F</td>
<td>01/21</td>
<td>DWC25</td>
<td>REPORT OF EARNINGS</td>
<td></td>
</tr>
<tr>
<td>WC1558 C</td>
<td>01/21</td>
<td>DWC03S</td>
<td>SEASONAL WAGE STATEMENT</td>
<td></td>
</tr>
<tr>
<td>WC8717 D</td>
<td>01/21</td>
<td>DWC30</td>
<td>WAGE TRANSCRIPT</td>
<td></td>
</tr>
<tr>
<td>WC7616 B</td>
<td>05/13</td>
<td>FORM 5</td>
<td>CORPORATE OFFICE NOTICE TO REJECT</td>
<td></td>
</tr>
<tr>
<td>WC8563 C</td>
<td>08/16</td>
<td>I-14/I-16</td>
<td>AGREEMENT OF COMMON CARRIER TO PROVIDE WORKERS' COMPENSATION COVERAGE TO LEASED OPERATOR AND/OR LEASED OWNER/OPERATOR</td>
<td></td>
</tr>
<tr>
<td>WC8564 C</td>
<td>11/15</td>
<td>I-15/I-17</td>
<td>AGREEMENT OF GENERAL CONTRACTOR TO PROVIDE WORKERS' COMPENSATION COVERAGE TO SUBCONTRACTOR</td>
<td></td>
</tr>
<tr>
<td>WC8581 H</td>
<td>10/21</td>
<td>LB1111</td>
<td>DRUG FREE WORKPLACE PROGRAM APPLICATION</td>
<td></td>
</tr>
<tr>
<td>WC8691 D</td>
<td>06/17</td>
<td>I-4</td>
<td>ELECTION OF SOLE PROPRIETOR OR PARTNER TO COME WITHIN THE</td>
<td></td>
</tr>
<tr>
<td>Uniform Number</td>
<td>Edition Date</td>
<td>Bureau Number</td>
<td>Title</td>
<td>State</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>UG186</td>
<td>07/01</td>
<td></td>
<td>PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW</td>
<td></td>
</tr>
<tr>
<td>WC8448 P</td>
<td>05/18</td>
<td>I-8</td>
<td>FRAUD WARNING</td>
<td></td>
</tr>
<tr>
<td>WC8163 F</td>
<td>06/17</td>
<td>I-6</td>
<td>NOTICE OF CORPORATE OFFICER TO EMPLOYER OF ELECTION NOT TO ACCEPT PROVISIONS OF &quot;WORKERS' COMPENSATION ACT&quot; OF TENNESSEE</td>
<td></td>
</tr>
<tr>
<td>WC8556 E</td>
<td>06/17</td>
<td>I-7</td>
<td>NOTICE OF CORPORATE OFFICER'S REVOCATION OF EXEMPTION</td>
<td></td>
</tr>
<tr>
<td>WC8559 C</td>
<td>11/15</td>
<td>I-10/I-11/I-12</td>
<td>NOTICE OF WAIVER OF WORKERS' COMPENSATION BENEFITS FOR SPECIFIC MEDICAL CONDITIONS</td>
<td></td>
</tr>
<tr>
<td>WC8557 C</td>
<td>11/15</td>
<td>I-3</td>
<td>NOTICE OF WITHDRAWAL FROM COVERAGE OF THE TENNESSEE WORKERS' COMPENSATION LAW</td>
<td></td>
</tr>
<tr>
<td>WC8690 D</td>
<td>11/15</td>
<td>I-9</td>
<td>NOTICE OF WITHDRAWAL OF EXEMPT EMPLOYERS' VOLUNTARY ELECTION</td>
<td></td>
</tr>
<tr>
<td>WC8558 E</td>
<td>06/17</td>
<td>I-5</td>
<td>NOTICE OF WITHDRAWAL OF SOLE PROPRIETOR OR PARTNER ELECTION</td>
<td></td>
</tr>
<tr>
<td>WC8562 D</td>
<td>11/15</td>
<td>I-13</td>
<td>NOTICE OF WITHDRAWAL OF WAIVER</td>
<td></td>
</tr>
<tr>
<td>WC7793 C</td>
<td>11/21</td>
<td>DWC102</td>
<td>ACCIDENT PREVENTION PLAN COVER SHEET</td>
<td>Texas</td>
</tr>
<tr>
<td>WC9531 D</td>
<td>10/21</td>
<td>DWC085</td>
<td>AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR TO ESTABLISH INDEPENDENT RELATIONSHIP</td>
<td></td>
</tr>
<tr>
<td>WC8881 E</td>
<td>10/21</td>
<td>DWC081</td>
<td>AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR TO PROVIDE WORKERS' COMPENSATION INSURANCE</td>
<td></td>
</tr>
<tr>
<td>WC8882 F</td>
<td>10/21</td>
<td>DWC082</td>
<td>AGREEMENT BETWEEN MOTOR CARRIER AND OWNER OPERATOR TO PROVIDE WORKERS' COMPENSATION INSURANCE COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC9662</td>
<td>10/05</td>
<td>DWC020A</td>
<td>CORRECTION/REVISION/ENDORSEMENT TO EXISTING POLICY</td>
<td></td>
</tr>
<tr>
<td>WC9697 D</td>
<td>03/22</td>
<td>DWC027</td>
<td>DESIGNATION OF INSURANCE CARRIER'S AUSTIN REPRESENTATIVE</td>
<td></td>
</tr>
<tr>
<td>WC8104</td>
<td>02/93</td>
<td>EL1</td>
<td>EMPLOYEE LEASING FORM EL-1</td>
<td></td>
</tr>
<tr>
<td>WC8107</td>
<td>02/93</td>
<td>EL1A</td>
<td>EMPLOYEE LEASING FORM EL-1A</td>
<td></td>
</tr>
<tr>
<td>WC8815 H</td>
<td>02/18</td>
<td>DWC005</td>
<td>EMPLOYER NOTICE OF NO COVERAGE OR TERMINATION OF COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC9530 E</td>
<td>10/21</td>
<td>DWC084</td>
<td>EXCEPTION TO APPLICATION OF JOINT AGREEMENT TO AFFIRM INDEPENDENT RELATIONSHIP FOR CERTAIN BUILDING AND CONSTRUCTION WORKERS</td>
<td></td>
</tr>
<tr>
<td>WC9661</td>
<td>10/05</td>
<td>DWC020</td>
<td>INSURANCE CARRIER NOTICE OF COVERAGE/CANCELLATION/NON-RENEWAL OF COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC8883 E</td>
<td>10/21</td>
<td>DWC083</td>
<td>JOINT AGREEMENT TO AFFIRM INDEPENDENT RELATIONSHIP FOR CERTAIN BUILDING AND CONSTRUCTION WORKERS</td>
<td></td>
</tr>
<tr>
<td>WC9666 N</td>
<td>11/10</td>
<td>DWC205</td>
<td>LOCATIONS OF EMPLOYERS' BUSINESS(ES)</td>
<td></td>
</tr>
<tr>
<td>WC9673 B</td>
<td>01/13</td>
<td></td>
<td>NOTICE TO NEW EMPLOYEES</td>
<td></td>
</tr>
<tr>
<td>WC9715 A</td>
<td>01/13</td>
<td></td>
<td>NOTICE TO NEW EMPLOYEES (SPANISH)</td>
<td></td>
</tr>
<tr>
<td>UNIFORM NUMBER</td>
<td>EDITION DATE</td>
<td>BUREAU NUMBER</td>
<td>TITLE</td>
<td>STATE</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td>---------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>WC9696 B</td>
<td>08/12</td>
<td>DWC020SI</td>
<td>SELF-INSURED GOVERNMENTAL ENTITY COVERAGE INFORMATION</td>
<td>Utah</td>
</tr>
<tr>
<td>WC8196 H</td>
<td>03/20</td>
<td>FORM205</td>
<td>AUTHORIZATION TO RELEASE INDUSTRIAL ACCIDENT DIVISION RECORDS (DIVISION OF INDUSTRIAL ACCIDENTS)</td>
<td></td>
</tr>
<tr>
<td>WC7818</td>
<td>05/93</td>
<td>FORM307</td>
<td>FRAUD NOTICE - UTAH WARNING  MEDICAL TREATMENT PROVIDER LIST (DIVISION OF INDUSTRIAL ACCIDENTS)</td>
<td></td>
</tr>
<tr>
<td>WC9568 F</td>
<td>01/21</td>
<td>FORM307</td>
<td>SUBPOENA</td>
<td></td>
</tr>
<tr>
<td>WC9034 D</td>
<td>03/16</td>
<td>FORM 113A</td>
<td>SUMMARY OF MEDICAL RECORD - INDUSTRIAL ACCIDENT</td>
<td></td>
</tr>
<tr>
<td>WC9025 A</td>
<td>03/10</td>
<td>FORM29</td>
<td>APPLICATION TO EXCLUDE CORPORATE OFFICERS OR LLC MEMBERS FROM WORKERS' COMPENSATION COVERAGE</td>
<td></td>
</tr>
<tr>
<td>WC8413 N</td>
<td>11/22</td>
<td>FORM61A</td>
<td>CONTRACTOR'S CERTIFICATION OF WORKER'S COMPENSATION LIABILITY</td>
<td>Virginia</td>
</tr>
<tr>
<td>WC9114 G</td>
<td>11/17</td>
<td>FORM 61A</td>
<td>IMPORTANT INFORMATION NOTICE (TO BE ISSUED WITH NEW OR RENEWAL POLICY, CONTRACT, CERTIFICATE OR EVIDENCE OF COVERAGE ISSUED)</td>
<td></td>
</tr>
<tr>
<td>UG159</td>
<td>09/98</td>
<td></td>
<td>FRAUD WARNING</td>
<td></td>
</tr>
<tr>
<td>UG190</td>
<td>03/02</td>
<td></td>
<td>NOTICE OF CHANGE, CANCELLATION OR NON-RENEWAL</td>
<td></td>
</tr>
<tr>
<td>WC9588</td>
<td>07/04</td>
<td>VWC45HGSIA0704</td>
<td>NOTICE OF REINSTATEMENT</td>
<td></td>
</tr>
<tr>
<td>WC7928 K</td>
<td>02/20</td>
<td>FORM16A</td>
<td>OFFICER/MANAGER REJECTION OF COVERAGE</td>
<td></td>
</tr>
<tr>
<td>UG165 C</td>
<td>08/07</td>
<td>SP-292</td>
<td>SUSPECTED FRAUDULENT ACTIVITY FORM - VIRGINIA</td>
<td></td>
</tr>
<tr>
<td>WC7922 B</td>
<td>05/20</td>
<td>VWC9A</td>
<td>WAIVER OF OCCUPATIONAL DISEASE COVERAGE UNDER THE W.C. ACT</td>
<td></td>
</tr>
<tr>
<td>WC9826</td>
<td>08/10</td>
<td>WVWC-RF01</td>
<td>NOTICE OF ELECTION OR REJECTION OF WORKERS' COMPENSATION COVERAGE</td>
<td></td>
</tr>
<tr>
<td>UG217</td>
<td>07/07</td>
<td></td>
<td>UNIFORM SUSPECTED FRAUD</td>
<td></td>
</tr>
<tr>
<td>WC1560 F</td>
<td>06/02</td>
<td>C20062A0602</td>
<td>NOTICE OF REINSTATEMENT</td>
<td></td>
</tr>
<tr>
<td>UG114 A</td>
<td>09/12</td>
<td></td>
<td>NOTICE OF RIGHT TO FILE A COMPLAINT</td>
<td></td>
</tr>
<tr>
<td>WC8397 A</td>
<td>03/03</td>
<td>482</td>
<td>PROOF OF COVERAGE NOTICE</td>
<td></td>
</tr>
<tr>
<td>WC9447 D</td>
<td>07/20</td>
<td>WKC6156E</td>
<td>SOCIAL SECURITY INFORMATION REQUEST</td>
<td></td>
</tr>
<tr>
<td>WC9446 B</td>
<td>06/17</td>
<td>WKC-6119</td>
<td>SOCIAL SECURITY REVERSE OFFSET WORKSHEET</td>
<td></td>
</tr>
<tr>
<td>WC9445 D</td>
<td>07/20</td>
<td>WKC12698</td>
<td>STATEMENT OF SELF-RESTRICTION TO PART-TIME WORK</td>
<td></td>
</tr>
<tr>
<td>WC7978 J</td>
<td>06/17</td>
<td>WKC-9488</td>
<td>VOLUNTARY AND INFORMED CONSENT FOR DISCLOSURE OF HEALTH CARE INFORMATION</td>
<td></td>
</tr>
<tr>
<td>WC1523 M</td>
<td>05/08</td>
<td>C10062</td>
<td>WISCONSIN NOTICE OF TERMINATION</td>
<td></td>
</tr>
</tbody>
</table>