



EMPLOYER'S PROTEST OF CLAIM VALIDITY

EMPLOYEE'S NAME CLAIM NO.

DATE OF INJURY SSN

I AM REQUESTING A PROTEST OF THIS CLAIM FOR THE FOLLOWING REASONS:

- Checkboxes for reasons: employee not in course of employment, condition not result of injury, condition pre-existed, injury in parking lot, employee not on clock.

3rd Party Notification by Employer : Not a basis for questioning the validity of a claim. This is a benefit to the employer if a true 3rd party recovery is identified.

- Checkboxes for reasons: third party caused injuries, injury caused by faulty machinery.

We question the validity due to the reason above marked and submit the following explanation: (Use a separate piece of paper if more room is needed)

Horizontal lines for providing an explanation.

Please include the Incident Investigation Report, Witness Statements, Authorization for Release of Medical Records and any pictures taken with this protest.

Signature Title Date