

Employer's Protest Of Claim Validity Form or 3rd Party Recovery Information

EMPLOYEE'S NAME _____

DATE OF INJURY _____ CLAIM NUMBER _____

I AM QUESTIONING THE VALIDITY OF THIS CLAIM: (check all that apply)

- The employee was not in the course of employment when the alleged incident occurred.
- The condition is not the result of the injury alleged.
- The condition pre-existed the alleged injury.
- The injury occurred in a parking lot. (Complete parking lot map form)
- The employee was not on the clock at the time of injury (document time clocked in and out on date of _____ incident).
- Other reason _____

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

3rd Party notification by employer is not a basis for questioning the validity of a claim; However this is a benefit to the employer if a claims costs are recovered in a Third Party Action by order.

- There was a third party who caused the employees' injuries. (co-worker does not apply)
- The injury was caused by faulty machinery, defective device, subcontractor, MVA, or animal owner.

Supply all proof; such as video footage, photographs, witness statements, police report, and/or At-Fault party's name, insurance information, internal investigation reports. If due to machinery, provide type of machine, photographs, and manufactures information. (Use separate piece of paper if needed).

SIGNATURE _____

TITLE _____

DATE _____