Georgia Workers Compensation Forms

WC-1 Employer's First Report of Injury

When/why filed

- As of January 1, 2019, all claims must be submitted within ten days of the employer providing notice of the accident.
- Attorney fees could be assessed if the form is not filed.

Where:

- SBWC

Supporting docs needed:

- Potentially file a WC-6

WC-2 Notice of Payment or Suspension of Benefits

When/why filed

- Filed when benefits are being started, converted, modified, or suspended

Where:

- SBWC

Supporting docs needed:

- Possible attachments are WC-104 with light duty release, WC-6, full duty release, and WC-240. They may be filed concurrently with WC-240 and the attached WC-240a, which is a doctor-approved light duty job description.

WC-3 Notice to Controvert

When/why filed

- When any part of a claim is rejected or contested, file a controvert.
- This should be done no later than 21 days after the relevant medical benefit request or notification of disability.
- Attorney fees could be assessed if the form is not filed.

Where:

- SBWC and any other party having a financial stake in the claim, such as the treating physician and attorneys

Supporting docs needed:

- Possible medical records

WC-4 Case Progress Report

When/why filed

- Required to be filed every year
- Required to be filed upon settlement or closure of the lawsuit
- The form's foundation is the Board's ability to track claims.

Where:

- SBWC

Supporting docs needed:

- None

WC-6 Wage Statement

When/why filed

- When a claimant is eligible for indemnity benefits below the maximum permissible rate, this form must be filled out.

Where:

- SBWC

Supporting docs needed:

- Potentially filed simultaneously with WC-1 or WC-2

WC-12 Request for Copy of Board Records

When/why filed

- Filed in response to a request for a copy of Board records to ascertain materials submitted with the present claim or any previous claims.
- Any party that obtains a copy of Board records under WC-12 is required to pay the invoice within thirty days of receiving it.

Where:

- SBWC (must not be filed on ICMS)

Supporting docs needed:

- None

WC-14 Notice of Claim/ Request for Hearing

When/why filed

- At any point in the claim process, either party may file to request a hearing on any matter.
- The claimant may file a notice of claim to toll the statute of limitations.

Where:

- SBWC; all parties to claim

Supporting docs needed:

- None

WC-25 Application for Lump Sum/ Advance Payment

When/why filed

- The claimant may request lump sum or advance payment using this form once benefits have been paid for at least 26 weeks.
- Objecting party has 15 days from the date of certificate of service to file an objection to application for advance payment.

Where:

- Filed with SBWC; claimant is required to forward a copy to employer, insurer, or any other relevant party.

Supporting docs needed:

- Any supporting documents

WC-100 Request for Mediation

When/why filed

- Used when a party requests mediation
- Agreement from all parties is required in order to file

Where:

- SBWC

Supporting docs needed:

- None

WC-102 Request Documents from Parties

When/why filed

- Procedure for requesting documents from parties even in cases where the claim is not being litigated
- Response required within 30 days of the date of serving
- Noncompliance may result in fines

Where:

- SBWC; the party seeking documents from the opposition

Supporting docs needed:

- None

WC-102b Notice of Representation

When/why filed

- Filed by attorney with the employer's or insurer's consent to show representation

Where:

- SBWC

Supporting docs needed:

- None

WC-102d Motion/Objection to Motion

When/why filed

- Document used to submit a motion or objection to a motion
- Response must be submitted by the date specified on the certificate of service, within fifteen days.

Where:

- SBWC; all parties to claim

Supporting docs needed:

- Any document backing a written protest with supporting information, such as medical documents, or both

WC-104 Notice to Employee of Light Duty Release

When/why filed

- Notice of light duty work release and possible benefit modification is tendered to the claimant
- Sent by the employer or insurer no later than 60 days following the date of a light duty work release
- Causes the benefits to be converted by ATP from TTD to TPD following 52 consecutive or 78 total weeks of light duty releases
- Lowers the cap from 400 weeks to 350 weeks.

Where:

- Starting on January 1, 2014, file with the Board at the same time that it is served to the claimant and claimant's counsel. When converting, attach to WC-2 and file with SBWC and any relevant parties.

Supporting docs needed:

- Medical record with light duty release
- Filed concurrently with WC-2 during TTD to TPD conversion

WC-200a Change of Physician/ Additional Treatment by Consent

When/why filed

- Documents the parties' shared agreement to continue receiving additional therapy or to switch doctors.

Where:

- SBWC

Supporting docs needed:

- None

WC-200b Request/Objection for Change of Physician/ Additional Treatment

When/why filed

- This form is sent when one party requests a change in the physician.
- It is also submitted when the other party objects to the request.
- A response must be provided within 15 days of the date on the certificate of service.

Where:

- SBWC; all parties to claim

Supporting docs needed:

- Any document backing a written protest with supporting information, such as medical documents, or both

WC-205 Request for Authorization of Treatment or Testing by Authorized Medical Provider

When/why filed

- In order to request a specific treatment and/or procedure, a medical provider typically sends a form to the insurer or self-insurer via fax or email.
- The insurer or self-insurer must respond to the form within five business days, failing which the requested treatment or procedure is deemed approved.
- If the requested treatment is denied, a WC-3 controversy must also be filed within 21 days of the date of the WC-205.

Where:

- Unless otherwise specified, neither the request nor the answer should be submitted to the Board.

Supporting docs needed:

- None

WC-240 Notice to Employee of Offer of Suitable Employment

When/why filed

- Describes a qualified light duty job offer to a worker receiving disability benefits (not required if the worker chooses to return to work).
- Acknowledges a light duty job description that has been approved by the ATP (the job description needs to be delivered to the claimant and their attorney at the time the claim is tendered to the treating physician).
- Should include the location, day/time of reporting to work, hours/days to be worked, pay rate, and important job duties.
- Must be submitted to the employee at least 10 days before the return to work date, as well as to the attorney if represented.

Where:

- When benefits are truly suspended, WC-2 and WC-240 should be submitted to the Board and sent to any parties seeking reimbursement.

Supporting docs needed:

- Should be given to the worker along with a copy of the job description and a copy of the doctor's clearance for the light duty work.
- A WC-2 form must be filed along with the WC-240 and the doctor's clearance for the light duty work when the worker is placed on leave.

WC-240a Job Analysis

When/why filed

- To be filled out by an employer giving detailed information on a light-duty position
- Not necessary, but advised

Where:

- SBWC; all parties to claim

Supporting docs needed:

- A WC-240 job offer can be included

WC-243 Credit

When/why filed

- For payments provided under wage continuation plans, disability insurance, unemployment insurance, or disability plans, the employer/insurer is entitled to a dollar-for-dollar credit.
- Need to be submitted to SBWC at least ten days before the hearing

Where:

- SBWC; all parties to claim

Supporting docs needed:

- None

WC-PMT

When/why filed

- Filed by the claimant to require the insurer or employer to provide justification for not authorizing a specific treatment or test that has been recommended by an authorized medical provider.
- The ALJ schedules a "show cause" conference over the phone within five business days of the claim being filed.
- The insurer or employer can authorize or controvert treatment or testing by filing a response and completing Section C or D, which cancels the telephone conference.

Where:

- SBWC; all parties to claim

Supporting docs needed:

- None

WC-PMT(b)

When/why filed

- • Filed by the insurance company or employer to require the worker to offer justification for why an order prohibiting the worker from missing a scheduled visit with an approved healthcare practitioner should not be granted
- The ALJ schedules a "show cause" conference over the phone within five business days of the claim being filed.
- Employee may consent to attend the appointment, submit their response, which completes Section C.
- If the employee is unable to attend, the employer or insurer may file Section D of the WC-PMT(b), which sets up an additional conference for the employee to show cause as to why benefits shouldn't be suspended.

Where:

- SBWC; all parties to claim

Supporting docs needed:

- Either documentation showing the employer/insurer is included or employee has been given notice of the appointment by ATP

WC-R1 Request for Rehabilitation

When/why filed

- Employer/insurer is required to file in the following cases:

1. Within 48 hours of catastrophic acceptance appointing a catastrophic supplier
2. Request a Rehab Supplier
3. Upon SBWC request

Where:

- SBWC

Supporting docs needed:

- WC-1 naming catastrophic supplier

WC-R1CATEE Employee Request for Catastrophic Designation

When/why filed

- When an employer or insurer declines an employee's request for catastrophic designation, the employee files an objection.
- The objection must be received within 15 days of the date on the certificate of service.

Where:

- Objection filed with SBWC and all parties to claim

Supporting docs needed:

- Supporting medical and/or written documentation must be filed along with the objection