Workers' Compensation Board of Indiana Updates Requirements

Even in the safest workplaces, occupational accidents or illness can happen. But when they do, Frankenmuth Insurance is committed to serving our policyholders with fast, fair claims service, and working with our agency partners to help minimize the financial impact of work-related injuries.

To make the claims process as easy as possible for injured workers, the Workers' Compensation Board of Indiana has made updates to its enforcement protocol concerning the untimely filing of required forms and payment of benefits on workers' compensation claims.

Please be advised that the assessment of penalties for the untimely filing of forms began on Oct. 1, 2017 by the Workers' Compensation Board of Indiana. Additionally, fines may be escalated if more than one violation occurs per claim. The following forms will be monitored for timely filing:

- **State Form 34401: First Report of Injury**
    - o Must be filed with the Board within 14 days of the employer's knowledge of the employee's injury.
    - o The report shall contain the name, nature, and location of the business of the employer, the name, age, sex, wages, occupation of the injured employee, the date and hour of the accident causing the alleged injury, the nature and cause of the injury, and such other information as may be required by the Board.
- **State Form 53914: Notice of Denial of Benefits**
    - o Must be filed within 30 days of the employer's knowledge of the injury if no request for additional time is previously filed.
    - o Medical-only claims can be filed after 30 days of knowledge of the injury as long as medical treatment is authorized up until the date of the denial.
- **State Form 48557: Notice of Inability to Determine Liability/Request for Additional Time**
    - o Form is filed electronically. You will be given an immediate response from the Board as to whether the additional time is granted.
    - o Provides the employer with an additional 30 days to investigate to determine whether compensable. You can request additional time more than once.
- **State Form 1043: Agreement to Compensation**
    - o Filed when Temporary Total Disability/Temporary Partial Disability benefits are commenced.
- **State Form 38911: Report of Temporary Total Disability (TTD)/Temporary Partial Disability (TPD) Termination/Reduction**
    - o Employer must notify the employee in writing of the employer's intent to terminate the payment of temporary total disability benefits and of the availability of employment, if any, on a State Form 38911.
    - o An additional four days of benefits must be paid from the date the form is mailed or two days after personal service of the form the employee. If the employee disagrees with the proposed termination, the employee must give written notice of disagreement to the board and the employer within seven days after receipt of the notice of intent to terminate benefits.
    - o If the Board and employer do not receive a notice of disagreement under this section, the employee's

temporary total disability benefits shall be terminated.

Should you or your staff have any questions, please contact your field manager or underwriter.

For more information about this update, you may contact the Workers' Compensation Board of Indiana at (317) 232-3808 or visit https://www.in.gov/wcb/.