

## A QUICK LOOK AT THE MOST OFTEN USED GEORGIA WORKERS' COMPENSATION FORMS

WC Form	WC1	WC2	WC3	WC4	WC6	WC12
<b>Purpose of Form</b>	Employer's First Report of Injury	Notice of Payment or Suspension of Benefits	Notice to Controvert	Case Progress Report	Wage Statement	Request for Copy of Board Records
<b>Rules Associated with Form</b>	Upon report of injury, Employer to completely and immediately fill out Section A and submit to Insurer. Complete either Section B or C before filing with SBWC: Section B – commence or suspend benefits for a return to work prior to the filing; Section C – controvert claim; must file within 21 days pursuant to OCGA § 34-9-221(d).	File this form to commence, suspend, or amend weekly benefit payments, or if disability status changes after filing the WC1. Send a copy to all parties.	Use to fully controvert claim if WC1 was previously filed. Also use when denying specific medical treatment or denying treatment for a different part of the body.	File no later than 180 days of disability in any claim; w/in 30 days from last payment for closure; every 12 months from date of last WC4 filing; to reopen a case, with all no-liability settlements; within 90 days of receipt of an open case by new TPA; upon SBWC request.	Complete for all claims. Must be filed when the weekly benefit is less than the maximum. Furnish copy Claimant.	Submit when requesting Board records, including records of prior or subsequent WC claims.

WC Form	WC14	WC14a	WC15	WC100	WC102	WC102b
<b>Purpose of Form</b>	Notice of Claim Request for Hearing or Mediation	Request to Change Information on a Previously Filed WC14	Attorney Certification for No-Liability Stipulations	Request for Settlement Mediation	Request for Documents from Parties	Notice of Representation
<b>Rules Associated with Form</b>	File to request a hearing or mediation. Also filed by Claimant's counsel to open a new claim.	Submit to amend items incorrectly entered on a previously submitted WC-14. May use to change date of injury, party names, incorrect insurers or TPAs and hearing issues.	Certifications by Claimant's counsel that attorney fees comply with WC laws. Must be included with No-Liability settlement agreements submitted to Board for approval.	Used by any party to request a settlement mediation thru SBWC. Copies must be sent to all parties upon filing with the Board.	Prior to a hearing request, or in non-litigated claims, any party may request copies of documents from opposing parties. Requested documents should be provided within 30 days.	Representation for party other than the Claimant. Used by defense counsel to notify all parties of representation.

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WC Form	WC102d	WC104	WC108a	WC108b	WC121	WC200a
<b>Purpose of Form</b>	Motion or Objection to Motion	Notice to Employee of Medical Release to Return to Work with Limitations or Restrictions	Attorney Fee Approval	Attorney Withdrawal/ Attorney Fee Lien	Notice of Change of Servicing Agent/TPA	Change of Physician or Additional Treatment by Consent
<b>Rules Associated with Form</b>	File to submit a motion or object to a motion submitted by opposing party. Copies must be sent to all parties upon filing with SBWC.	File within 60 days of Claimant's medical release to light-duty work. Must send copies to all parties, including the Clmt. TTD will be converted to TPD after 52 consecutive or 78 aggregate weeks. Total number of weeks for benefits is reduced from 400 weeks to 350 weeks.	Claimant's counsel files to request approval of weekly direct payments of 25% of TTD.	Filed by an attorney withdrawing from a case, or terminated by Claimant. May include lien for prior services which must be considered in settlement.	Most commonly filed by Insurers who have changed TPAs on active WC claims	File with the Board upon agreement on change of physician or treatment. Provide copies for all parties. Objections or requests for change of physician when parties do not agree are filed on WC200b.

WC Form	WC205	WC207	WC240	WC240a	WC262	WC-Change of Address	WC-Request to Change Information
<b>Purpose of Form</b>	Request for Authorization of Treatment or Testing by ATPs	Authorization and Consent to Release Information	Notice to Employee of Offer of Suitable Employment	Job Analysis	Documentation of wages for TPD payments	Request for Change of Address	Request to Change Information
<b>Rules Associated with Form</b>	Authorized providers may get treatment approval by sending to insurer who <i>must</i> fax or e-mail response <b>within 5 business days</b> or the treatment is <i>automatically</i> approved. Form is <i>not</i> filed with SBWC.	Claimant must sign to authorize release of medical record. Claimant's refusal to provide signed WC207 may result in suspension of benefits.	Send this form to all parties, including the Claimant, when making an offer of a light-duty job. Form must be sent at least 10 days prior to return to work date. A File copy with SBWC with supporting docs (such as WC-204a).	Detailed listing of job's physical demands including lifting, carrying, pushing, pulling, bending, kneeling, reaching, grasping, etc. Submit to ATP to determine if job meets assigned work restrictions.	Required at 13 week intervals when paying TPD. Must be sent to the Claimant and the Claimant's attorney, if represented.	Use to change address of record, usually for Claimant's change of address. This form is <i>not</i> used to correct a party incorrectly listed on a claim.	Use to correct information on <u>existing</u> claims including SSN, county of injury, insurer, claims office, or employer.