

EMPLOYEE NOTIFICATION OF DENIAL OF CLAIM

TO BE COMPLETED BY INSURANCE CARRIER OR SELF-INSURED EMPLOYER

NOTICE TO INJURED WORKER: This form is to notify you, the injured worker, of the denial or partial denial of an industrial accident or occupational disease claim. If you have questions, please contact the adjuster assigned to your claim as listed below. If further assistance is required you may then contact the Labor Commission, Division of Industrial Accidents.

INJURED WORKER INFORMATION:

Name:	Phone:		
Address:	City:	State:	Zip:
SSN:	Claim Number:	Date of Injury:	

Employer:	Phone:		
Employer Address:	City:	State:	Zip:

Insurance Carrier:	Claim Administrator:		
Adjuster:	Phone:	Adjuster email:	
Adjuster Address:	City:	State:	Zip:

Jurisdiction Claim Number (JCN):

Date of Denial:	Date Insurance or Self-Insured was Notified:
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REASON FOR DENIAL (choose one):

Full Denial	Partial Denial
<input type="checkbox"/> No Compensable Accident (Not in Course and Scope of Employment) <input type="checkbox"/> No Causal Relationship <input type="checkbox"/> No Coverage <input type="checkbox"/> Substance Use/Abuse <input type="checkbox"/> Other (Not Elsewhere Classified)	<input type="checkbox"/> Denying Indemnity in Whole, But Not Medical <input type="checkbox"/> Denying Indemnity in Part, But Not Medical <input type="checkbox"/> Denying Medical in Whole, But Not Indemnity <input type="checkbox"/> Denying Medical in Part, But Not Indemnity <input type="checkbox"/> Denying Indemnity in Whole and Medical in Part <input type="checkbox"/> Denying Medical in Whole and Indemnity in Part <input type="checkbox"/> Denying Both Indemnity and Medical in Part

Reason Narrative:

INSTRUCTIONS FOR INSURANCE CARRIER OR SELF-INSURED EMPLOYER: This form is to be completed by the insurance carrier or self-insured employer on the same day the claim is denied.

Mandatory Reporting Requirements:

Injured Worker: Carrier must mail Form 089 to the injured worker on the same date the claim is denied (full or partial).

Full Denials: Denials on claims with the date of injury of December 31, 2012, and forward must be filed with the Labor Commission using EDI (MTC 04). Claims prior to this date may be filed using EDI or on paper Form 089 and sent to the Division, if preferred.

Partial Denials: Partial denials on claims with a date of injury of July 1, 2019, and forward must be filed with the Labor Commission using EDI (MTC PD). Claims prior to this date may be filed using EDI or on paper Form 089 and sent to the Division, if preferred.

