

WORKERS' COMPENSATION COMMISSION
SUMMARY OF PROPOSED NEW FORMS AND REVISIONS
For Public Review and Comment

COMMISSION FORM NUMBER	TITLE	CHANGES SINCE LAST REVISION AND COMMENTS
CC-FORM-1A	Oklahoma Workers' Compensation Notice and Instruction to Employers and Employees	Updates telephone numbers, directs persons to the CEC for questions about CEC claims, updates the revision date.
CC-FORM-1A - Spanish	Aviso e Instruccion de Compensacion de Trabajadores de Oklahoma para Empresarios y Trabajadores	Conforms the Spanish version of the form to the English version of the form.
CC-FORM-2	Employer's First Notice of Injury	Updates telephone numbers and the revision date.
CC-FORM-2A	Employer's Intent to Accept or Controvert Claim	Directs a copy be sent to the attorney for the employee or beneficiary(ies), if known, and updates the revision date.
CC-FORM-2A Extension	Employer's Application and Authorization for Extension of Time to File CC-Form-2A	Updates the revision date.
CC-FORM-3	Employee's First Notice of Claim for Compensation	Requires changes to be highlighted and explained, updates telephone numbers and the revision date.
CC-FORM-3A	Claimant's First Notice of Death and Claim for Compensation	Requires changes to be highlighted and explained, updates telephone numbers and the revision date.
CC-FORM-3B	Employee's First Notice of Occupational Disease and Claim for Compensation	Requires changes to be highlighted and explained, updates telephone numbers and the revision date.
CC-FORM-3C	Claim for Workers' Compensation Discrimination or Retaliation	NEW. Implements 85A OS §7.
CC-FORM-3F	Employee's Notice of Claim for Benefits From the Multiple Injury Trust Fund	Requires changes to be highlighted and explained, updates the revision date.
CC-FORM-4	Report of Compensation Paid/Suspension of Payments	Updates telephone numbers and the revision date.
CC-FORM-5	Physician's Report on Release and Restrictions	Updates the revision date.
CC-FORM-7	Designation of Service Agent	Deletes references to CompSource Oklahoma in view of its mutualization effective 1-1-15, updates the revision date.
CC-FORM-9	Request for Hearing	Updates telephone numbers and the revision date, corrects an internal reference to the MFDR Form 19.

COMMISSION FORM NUMBER	TITLE	CHANGES SINCE LAST REVISION AND COMMENTS
CC-FORM-10	Answer and Notice of Contested Issues	Updates telephone numbers and the revision date, corrects a statutory reference, and clarifies that medical reports are not to be attached to the form when filed.
CC-FORM-10A	Respondent's Response to Claimant's CC-Form-A Application for Change of Physician	Updates telephone numbers and the revision date.
CC-FORM-13	Request for Prehearing Conference	Updates telephone numbers and the revision date, corrects punctuation.
CC-FORM-17	Physician Disclosure Statement	Updates telephone numbers and the revision date.
CC-FORM-20	Proof of Loss (Death Claim)	Updates the revision date.
CC-FORM-71	Authorization for Attorney Representation	Requires disclosure of the name of a deceased worker, if a death claim, updates the revision date.
CC-FORM-93	Application and Order for Leave to Withdraw as Attorney of Record	Updates an internal reference to a Commission rule, updates the revision date.
CC-FORM-99	Pauper's Affidavit	Corrects punctuation, updates the revision date.
CC-FORM-100	Claimant's Application and Order for Dismissal	Updates the revision date.
CC-FORM-211	Request for Review of Adverse Benefit Determination	NEW. Implements 85A OS §211, et seq.
CC-FORM-300	Request for Proceeding Regarding Arbitration Agreement	NEW. Implements 85A OS §300, et seq.
CC-FORM-463	Application for Independent Medical Examiner	Updates telephone numbers and the revision date, corrects punctuation.
CC-FORM-626	Medical Case Manager Application	Updates telephone numbers and the revision date.
CC-FORM-862	Vocational Rehabilitation Services (VRS) Registry Form	Updates telephone numbers and the revision date.
CC-FORM-926	Application for Appointment as Certified Workers' Compensation Mediator	Requires applicants to disclose whether or not they are knowledgeable of the <u>AMA's Guides to the Evaluation of Permanent Impairment, 6th Edition</u> , and the <u>Work Loss Data Institute's Official Disability Guidelines (ODG)</u> , and to describe training and/or experience evidencing such knowledge. Updates reference to a statute and the revision date.

COMMISSION FORM NUMBER	TITLE	CHANGES SINCE LAST REVISION AND COMMENTS
CC-FORM-A	Claimant's Application for Change of Physician and Request for Hearing	Updates the revision date.
CC-FORM-A Order	Order for Change of Treating Physician	Updates the revision date.
CC-FORM-M	Request for Appointment of Independent Medical Examiner, Rehabilitation Evaluator, or Medical Case Manager	Clarifies where the name of the selected health professional must be noted, updates the revision date.
CC-FORM-V	Verification of Permanent Total Disability	Updates telephone numbers and the revision date.
CC-Joint Petition	Joint Petition Settlement	Deletes statutory references, deletes reference to the Self-insurance Guaranty fund assessment since the assessment is paid directly to the Oklahoma Tax Commission.
Certificate to Joint Petition	Certificate to Joint Petition	Updates the revision date.
Death Claim Settlement Order	Death Claim Settlement Order	NEW. Comparable to the CEC Form CSD 337 [Compromise Settlement - Section 337 WC Code (Death Claim)].
FORM JP-Appendix	Joint Petition Settlement Appendix	Updates the revision date.
FORM-SI-BOND	Surety Bond - Sample Form	Updates the revision date.
FORM-SI-EMPLOYER	Application for Individual Own Risk Employer Permit	Updates telephone numbers and the revision date, updates the calendar years for which loss history is to be stated.
FORM-SI-GROUP	Application for Group Self Insurance Association Permit	Updates telephone numbers and the revision date.
FORM-SI-LOC	Letter of Credit - Sample Form	Updates the revision date.
FORM-SI-TPA	Application for Third-Party Administrator Permit	Updates telephone numbers and the revision date.
	Mediation Agreement	Updates the revision date.
	Mediation Conference Report	Renames the form to allow alphabetical grouping with other mediation forms, updates the revision date.
	Mediation Request Form	Updates telephone numbers and the revision date.
MFDR FORM 10M	Response to Provider Request for Medical Fee Dispute Resolution	Updates telephone numbers and the revision date.

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MFDR FORM 19	Provider Request for Medical Fee Dispute Resolution	Updates telephone numbers and the revision date.
	Notice to Injured Workers	Reformats the notice, corrects the web site address, corrects punctuation, updates the revision date.
	Prior Claims Request - Exempt Requestor	Previously known as Requisition for Workers' Compensation File - Exempt Requestor. Updates the revision date.
	Prior Claims Request - Nonexempt Requestor	Previously known as Requisition - Nonexempt Requestor. Changes "WC Agency" to "Commission". Updates the revision date.
	Prior Claims Request By Mail - Nonexempt Requestor	Previously known as Requisition for Workers' Compensation Claims Information By Mail (nonexempt). Updates the revision date.
	Prior Claims Request By Mail With Employer Designation	Previously known as Requisition for Workers' Compensation Claims Information By Mail With Employer Designation. Updates the revision date.
	Subpoena	Adds the Commission seal, clarifies that the name and location of where to appear or produce items must be provided. Updates the revision date
	Workers' Compensation Premium Tax Report	Updates telephone numbers and the revision date.
MISCELLANEOUS FORMS		
	Affidavit of Exempt Status Under the Workers' Compensation Act	This is an Oklahoma Department of Insurance form reformatted on 12-18-14.
	Copy Request Form	NEW. Patterned after the CEC Copy Request Form.
	Subject Line Detail Authorization	Updates telephone numbers and the revision date.