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STATE OF OKLAHOMA

## **WORKERS' COMPENSATION COMMISSION**

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### **ALERT REGARDING NEW COMMISSION FORMS**

**To:** Workers' Compensation Insurance Carriers, Self-Insured Employers, Group Self-Insurance Associations, CompSource Oklahoma, Third-Party Administrators, Injured Workers, Attorneys, Other Interested Persons  
**From:** Rick Farmer, Executive Director  
**Date:** April 23, 2015

This alert is issued to inform that the Commission's recently adopted forms are now available on the Commission's website at <http://ok.gov/wcc/Forms>. The revisions in the majority of forms were minor; however, five (5) new Commission forms were introduced. Please use the following new forms, when applicable:

1. CC-Form-3C- Claim for Workers' Compensation Discrimination or Retaliation
2. CC-Form-10C- Employer's Response to Claim for Workers' Compensation Discrimination or Retaliation
3. CC-Form-211- Request for Review of Adverse Benefit Determination
4. CC-Form-300- Request for Proceeding Regarding Arbitration Agreement
5. Death Claim Settlement Order