

Troy Wilson
Commissioner

Robert Gilliland
Commissioner



Denise Engle
Commissioner

Rick Farmer
Executive Director

STATE OF OKLAHOMA

WORKERS' COMPENSATION COMMISSION

1915 N. STILES
OKLAHOMA CITY, OKLAHOMA 73105-4918
(405) 522-8600
www.wcc.ok.gov

NOTICE OF COMMISSION FORMS CHANGES

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: March 4, 2014

Commission forms changes were made in an effort to remain responsive to stakeholders' needs. The forms are available on the Commission's website at www.wcc.ok.gov. **The forms are for immediate use.** A description of the new and amended forms follows.

CC-FORM-2A EXTENSION (NEW): This form is used by an employer/carrier to request additional time for investigation before filing the CC-Form-2A (Employer's Intent to Accept or Controvert Claim). The extension request is authorized in 85A O.S., §86(B).

CC-FORM-10A (NEW): This form is used by an employer/carrier to respond to an injured worker's request for a change of physician when the worker is not subject to a certified workplace medical plan. The change of physician process is provided for in 85A O.S., §56(B).

CC-FORM-71 (NEW): This form is used when a party wishes to designate an attorney or law firm to serve as the party's authorized legal representative to provide services in a workers' compensation matter, including the presentation of evidence. 85A O.S., §71(C)(1)(a). The form must be signed by the party making the designation and by the attorney. The completed form is to accompany the Entry of Appearance filed by the attorney or law firm. Commission Rule 810:2-1-10(b)(1).

CC-FORM-M: This form was formerly known as "Request for Appointment of Independent Medical Examiner, Rehabilitation Evaluator, or Medical Case Manager". The change was made to help distinguish the form from a comparable form used by the Court of Existing Claims.

REQUISITION FOR WORKERS' COMPENSATION CLAIMS INFORMATION BY MAIL - NONEXEMPT: The form was amended to clarify that a prior claims search may be performed using the worker's social security number if authorized by the worker as provided in 85A O.S., §120.