



Instructions

- Complete this form when alleging BWC or another party incorrectly named you as the employer on a claim or assigned the claim to the incorrect policy number.
- Please note: You cannot use this form in lieu of an appeal to a decision to allow a claim.

Injured worker name	Date of injury	Claim number
Current assigned employer name		
Current assigned employer policy number	Current assigned employer phone number	
Address		
City	State	ZIP code

I request:

- You remove me from the above-named claim;
- You change the policy number assigned to the claim to another policy number assigned to me.
Assign the claim to policy number _____. (Please attach proof, e.g., contract of hire, that this is the correct policy number.)

Explain why you believe BWC or another party should not assign the claim to your company or the listed policy number. Attach any additional information to support your request.

I certify the information provided is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Signature

X

Title

Date signed