



Application for Determination or Increase of Percentage of Permanent Partial Disability (C-92)

Claim number

Instructions

Complete this form and fax it to 1-866-336-8352, or send it to your local BWC claims office.

Injured worker information

Name, Date of injury, Address, Preferred method of contact, City, State, ZIP code, Home phone number, Cell phone number, Primary email address

Application designation

I am applying for one of the options listed below.

- Options for application designation: initial %PPD, newly allowed condition, or increase in %PPD.

Exam availability: Mornings (7 a.m. to 12 p.m.), afternoons (12 p.m. to 5 p.m.)

We will attempt to accommodate your requested exam availability. WARNING! — BWC may dismiss this application if the injured worker fails to respond to an attempt to schedule an exam or fails to attend the exam.

Please check all days of the week and times of the day that you can attend an examination.

Exam availability grid for Monday through Saturday with Morning, Afternoon, Anytime, and Saturday Anytime options.

- Additional exam availability instructions regarding specific dates and times.

Check here if you need an interpreter to attend the exam.

Injured worker signature

- Signature requirements and certification statements for the injured worker.

Signature of injured worker/injured worker representative and Date

Authorized to receive workers' compensation check

Injured worker representative name and Representative ID number

- Authorization requirements for receiving compensation check.

Signature of injured worker and Date