



## **RULE XI**

### **GENERAL RULES**

#### **A. COMPLETION OF DIVISION FORMS**

Information required on Division forms shall be typed, or legibly written in black or blue ink, and completed in full, and in accordance with Division requirements as to form and content. Forms, other than position statements relative to liability, which do not comply with this rule may not be accepted for filing. Position statements relative to liability which do not meet Division requirements will be returned to the carrier.

#### **B. SERVICE OF DOCUMENTS**

1. Whenever a document is filed with the Division, a copy of the document shall be mailed to each party to the claim and attorney(s) of record, if any.
2. A copy of every medical report not filed with the Division shall be exchanged with all parties within fifteen (15) working days of receipt.
  - a. For claims which are not required to be reported to the Division, the parties shall exchange medical information immediately upon request for such information by any interested party. Five (5) working days is considered to be a reasonable time within which to exchange information.
3. When mailing or serving any documents or correspondence on a party, whether it is filed with the Division, a copy shall be mailed to the attorney(s) of record.
4. The claimant or any other person or entity shall have fifteen (15) days from the date of mailing to complete and return any requests for release of medical, financial or other information as allowed by law.

#### **C. LUMP SUM PAYMENT OF AN AWARD**

1. A request for a lump sum payment of permanent partial, permanent total, or dependents benefits shall be made by submitting an application to the insurance carrier on the form prescribed by the Division. Within fifteen (15) days of the date the application was mailed, the insurance carrier shall file the required benefit payment information with the Division, with any objection the insurance carrier may have to the request for a lump sum payment. A copy of this filing shall be mailed to

the claimant, or, if represented, to the claimant's attorney.

2. The claimant shall have ten (10) days from receipt of the benefit payment information provided by the insurance carrier to object to the accuracy of this information. In the absence of an objection, a lump sum order issued by the Division will be based upon such information and the insurance carrier shall pay the lump sum in the amount set forth in the order.
3. When the permanent partial disability award results from the application of C.R.S. 8-42-107(8) where the injury or illness occurred on or after July 1, 1991, the following applies:
  - a. where the injury or illness occurred on or after July 1, 1991, but prior to April 29, 1992, a lump sum payment of \$10,000.00 or the remainder, if less, may be paid on the injured employees written request to the carrier. The insurance carrier shall respond within fifteen (15) days from the date of the mailing of the request as to whether they will grant the lump sum.
  - b. where the injury or illness occurred on or after April 29, 1992, a lump sum of \$10,000.00 or the remainder, if less, shall automatically be paid, less discount, on the injured employees request to the carrier.

The carrier shall calculate the sum certain and issue payment taking applicable offsets (i.e. disability benefits, incarceration, garnishments) within fifteen (15) days from the date of the mailing of the request by the claimant.
  - c. when a claimant requests the initial \$10,000.00 or less, the request shall be directed to the carrier. The director may consider an application for lump sum on the remaining benefits if the claimant has indicated that the admission will be accepted as filed, relative to permanency. Where the claimant is asserting a claim for permanent total disability, the director may consider an application for lump sum on benefits awarded by final admission.
4. The director may consider an application for lump sum on awards for scheduled impairment. The claimant is not limited to payment of the initial \$10,000.00 but may request a lump sum payment for the entire award, up to the maximum as pursuant to section 8-43-406(2), C.R.S.
5. The insurance carrier shall issue payment within fifteen (15) days from the date of the mailing of the order by the director.

**D. APPROVAL OF SETTLEMENT AGREEMENTS**

1. A request for approval of a settlement agreement shall be made by filing the following documents:
  - a. Original settlement agreement signed by all parties to the agreement. The agreement shall be signed and sworn to by the claimant. Where the parties do not request an appearance before the director to review the terms of the settlement, this right must be expressly waived in the agreement.
  - b. A proposed order in the form prescribed by the Division.
2. Whenever a pro se claimant requests approval of a settlement agreement, or whenever a party requests the right to an appearance before the director to review the terms of the agreement, a settlement proceeding shall be scheduled.
3. A settlement proceeding shall be scheduled in the Division of Administrative Hearings at least two days in advance, except for good cause shown. All medical reports contained in the files of the insurance carrier shall be filed with the Division at least two days prior to the proceeding.

**E. EMPLOYER CREDIT FOR WAGES PAID UNDER 8-42-124(2), C.R.S.**

1. An employer who wishes to pay salary or wages in lieu of temporary disability benefits may apply to the director for authorization to proceed pursuant to section 8-42-124(2), C.R.S.
2. The application to the director shall contain the following information:
  - a. a reference to the contract, agreement, policy, rule or other plan under which the employer wishes to pay salary or wages in excess of the temporary disability benefits required by the act, and
  - b. a description of the employees covered by the application and a statement that these employees will not be charged with earned vacation leave, sick leave, or other similar benefits during the period the employer is seeking a credit or reimbursement.
3. An employer who has received authorization from the director to proceed under section 8-42-124(2), C.R.S., shall stamp every employer's first report of injury form involving an employee subject to the authorization with the words, "SUBJECT TO

8-42-124(2)", in letters approximately 3/8 inches high.

**F. NOTARIZATION OF AUTHORIZATION FOR RELEASE OF INFORMATION**

The claimant's signature shall be notarized on all releases filed with the Division of Workers' Compensation pursuant to section 8-47-203(1)(e), C.R.S.

**G. PENALTIES**

Whenever any rule in the Workers' Compensation Rules of Procedure has been violated, the director may:

1. impose penalties pursuant to section 8-43-304, C.R.S.,
2. request that the commissioner of insurance revoke or suspend the insurance carrier's license, pursuant to section 8-44-106, C.R.S.,
3. request that the executive director revoke or suspend an employer's self-insurance permit or impose additional terms and conditions for the permit, or
4. impose penalties otherwise authorized by the Act.

**H. NOTICE OF THIRD PARTY ACTION OR DEMAND**

When a third party action or demand is initiated as a result of an injury or death and the claimant is eligible for workers' compensation benefits, a notice shall be filed by the claimant with the Division as well as with all interested parties indicating what action is being taken. Such notice shall contain the following:

The name and address of the third party and the person and address upon which the demand was made.

The court or forum in which the action is filed, if any.

The case number of the action, if any.

The name and address of the claimant's attorney in the action.

**I. REPEALED AND RESERVED**

**J. REPEALED AND RESERVED**

**K. REQUESTS FOR ORDERS UNDER SECTION 8-47-203(2), 3B C.R.S.**

1. Requests made to the Division of Workers' Compensation pursuant to section 8-47-203(2), 3B C.R.S. (1994 Supp.), for copies or inspection of orders entered by the director or an administrative law judge shall:
  - a. be made in writing and addressed to the director of the Division of Workers' Compensation; and,
  - b. state the name of the person requesting the orders and include the person's mailing address and phone number; and,
  - c. specifically identify the criteria for orders being requested, for example, all orders on the merits from a specific time period or all orders involving specified issues or injuries, etc.; and,
  - d. state the purpose for reviewing the orders.
2. The person identified as the requestor shall provide to the Division, upon request, all information necessary to clarify the request. Within thirty days from receipt of the request, the Division shall acknowledge receipt of the request and provide an estimate of the time required to process the request. Processing the request includes development of a cost estimate. Based on the cost estimate for the request provided by the Division, the requestor shall accept or reject further processing of the request. Acceptance constitutes the requestor's agreement to pay the actual cost before or upon receipt of the orders.
3. To protect the confidentiality of the claimant and the employer named in the requested orders:
  - a. requests shall not be accepted for orders based on claimant or employer names, or other uniquely identifying claimant or employer information; and,
  - b. requests shall not be accepted for any criteria resulting in the inclusion of fewer than 3 claimants or employers in the group of orders inspected, unless approved by the Director or the Director's designee following an in-camera review of the request; and
  - c. the names and other identifying information concerning the claimant and employer shall be excised from all orders requested prior to receipt.

4. Questions regarding the least expensive methods of retrieval may be directed to the Division.