

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
 Division of Workers' Compensation
 Special Funds Section

REQUEST FOR OFFSET OF LIABILITY TO SUBSEQUENT INJURY FUND

Claimant _____ W.C. # _____
 Employer _____ Social Security # _____
 Insurance Carrier _____ Carrier Claim _____
 Date of Injury _____

The _____ hereby requests that the Director of the Division of Workers' Compensation be named as an interested party herein on behalf of the Subsequent Injury Fund. In support of this request, petitioner submits the following information:

(claimant, employer, insurance carrier)

If an offset is claimed pursuant to Section 8-46-101, C.R.S., complete section A, and if offset is claimed pursuant to Section 8-41-304, C.R.S., complete section B.

A. Prior Industrial Disability (Section 8-46-101, C.R.S.)

List prior workers' compensation cases below by employer, number, brief description of injury(ies) and award:

	Employer	W.C. Number	Description of Injuries	Award
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

B. Covered Occupational Disease (Section 8-41-304(2), C.R.S.)

Indicate the type(s) of exposure(s) alleged, the approximate dates of each, and the name and location of the employer in whose employ the exposure(s) allegedly occurred.

	Type of Exposure	Approximate Date of Exposure	Employer	Address of Employer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

(attach additional sheet(s) if necessary)

Date of Request _____

 Signature of Requestor

NOTE:

A copy of this request and all pleadings, notices, reports and documents thereafter filed must be served upon the Director of the Division of Workers' Compensation. Submit these with this form to the Division of Workers' Compensation, Special Funds Section, P.O. Box 300009, Denver, CO 80203-0009. Where an assistant attorney general has entered an appearance for the Director in a case, such service shall be made upon that attorney.

C.R.S. Section 10-1-128(6)(a) states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."