COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

APPLICATION FOR ADMISSION TO THE COLORADO MAJOR MEDICAL INSURANCE FUND

W.C. Number _____ Insurance Carrier _____

Carrier Claim Number _____ Date of Accident/Injury _____

Claimant Name _____ Social Security Number _____

Claimant's Mailing Address _____
Street Address or P.O. Box

_____ _____ _____
City State Zip

On behalf of the above named claimant, we hereby apply for admission to the Colorado Major Medical Insurance Fund. In support of the application, we submit that:

I. The insurance carrier or self-insured employer has expended at least $20,000 in medical benefits as defined in Section 8-42-101(1) C.R.S., as amended, as follows:

a. Treating physician expenses (including dental) $ _____

b. Hospital and nursing expenses $ _____

c. Other (drugs, apparatus, etc.) $ _____

d. Vocational rehabilitation services $ _____

e. Rehabilitation maintenance benefits $ _____
Number of weeks of RMBs _____

Total $ _____ 0.00

In each category list on a separate sheet, or by inclusion of evidence of payment, actual amounts paid and payee. Do not include attorney fees, penalties, interest, investigative costs or administrative costs. Please submit a complete copy of the carrier's file.

If there is need for further medical benefits please explain briefly and include name(s) of present treating physician(s). Include the name of the authorized primary care physician. (Attach additional pages, if needed)

II. Are you aware of any third party activity on this claim? ○ Yes ○ No
If any such action is initiated, claimant agrees to provide prompt and reasonable notice to the Director of the Division of Workers' Compensation.

Date: _____ _____
Claimant's Signature

Date: _____ _____
Insurance Carrier Representative's Signature

_____
Insurance Carrier Representative's Phone Number

Mail the completed form to: Division of Workers' Compensation, Special Funds Section, P.O. Box 300009, Denver, CO., 80203-0009

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."