

HB

6

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

February 4, 1986

The Honorable Mike Navarre
Chairman, House Labor & Commerce Committee
Alaska State Legislature
Room 102, Capitol Building
Pouch V
Juneau, AK 99811

Dear Representative Navarre:

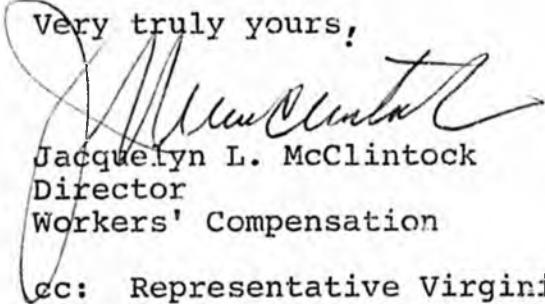
RE: Proposed Revision to Compensation Reporting System (HB6)

This is in follow-up to my October 22, 1985 letter and our earlier discussion concerning second sponsor substitute to HB6.

We fully support the attached proposed revisions to the compensation reporting system which will be submitted by Representative Virginia Collins. The proposed legislation has also been reviewed and approved by the Alaska Workers' Compensation Board and the Labor/Management Ad Hoc Committee.

Please contact me if you have any questions or concerns on the proposed revisions.

Very truly yours,



Jacquelyn L. McClintock
Director
Workers' Compensation

cc: Representative Virginia Collins
Alaska State Legislature
Room 607, Court Building
Pouch V
Juneau, AK 99811

Jim Robison, Commissioner
Department of Labor

PROPOSED REVISIONS FOR COMPENSATION REPORTS & ANNIVERSARY REPORTS

(New language is underlined)

AS 23.30.040

(b) If an employee suffers a compensable injury that results in temporary total disability, temporary partial disability, permanent partial disability, or permanent total disability, the employer or [INSURANCE] carrier shall contribute to the second injury fund. The contribution shall be made ANNUALLY AT THE TIME OF THE REPORT FILING REQUIRED BY AS 23.30.155(m)(1). [BY ONE YEAR FROM THE DATE OF THE INJURY OR ON TERMINATION OF THE EMPLOYEE'S CLAIM, WHICHEVER IS SOONER. IF THIS CLAIM IS NOT TERMINATED WITHIN ONE YEAR, SUBSEQUENT CONTRIBUTIONS SHALL BE MADE YEARLY UNTIL THE TERMINATION OF THE EMPLOYEE'S CLAIM.] The amount of the contribution is the product of the compensation to which the employee is entitled for temporary total disability, temporary partial disability, permanent partial disability, or permanent total disability and the applicable contribution rate set out in column A of this subsection. Payment need not be made to the second injury fund if the total contribution under this subsection is less the \$20. By December 15 of each year the commissioner shall determine and make available to the public the

Proposed Revisions for Compensation Reports & Anniversary Reports

applicable contribution rate for the following calendar year according to the reserve rate of the second injury fund in column B of this subsection:

Column A Second Injury Fund Contribution Rate (Percent)	Column B Reserve Rate	
	At Least (Percent)	But Less Than (Percent)
6	0	50
5	50	75
4	75	100
3	100	125
2	125	150
1	150	175
0	175	

Transition Legislation: The annual report and contribution re-
quired by the amendment to §040(b) applies to all claims
regardless of injury date; the provisions of AS 23.30.040(i)
control the amount and conditions of payment.

The annual report and contribution requirement shall be implemented
as follows:

1. On or before March 1, 1987 the carrier or independent
adjuster shall file a report and make the required contribu-
tion for all claims existing as of December 31, 1986. The
period covered in the report shall be from the date of the
termination report or the last anniversary report filed, if
one has been filed, through December 31, 1986.
2. On or before March 1, 1988 and each March 1 thereafter the
annual report shall be filed and the required contribution
will be made for all compensation payments made from Janu-
ary 1, through December 31, of the preceding year.

3. The time for filing the annual report and making the required contribution shall be extended by 15 days if the insurance carrier or independent adjuster notifies the Commissioner in writing on or before March 1 that the report can not be timely filed.

AS 23.30.155

(c) The carrier or independent adjuster [EMPLOYER] shall notify the board and the employee on a form prescribed by the board that the payment of compensation has begun or has been increased, decreased, suspended, terminated, resumed, or changed in type. An initial report shall be filed with the board and sent to the employee within 28 days after the date of issuing the first payment of compensation. If at any time 21 days or more pass and no compensation payment is issued, a report notifying the board and the employee of the termination or suspension of compensation shall be filed with the board and sent to the employee within 28 days after the date the last compensation payment was issued. A report shall also be filed with the board and sent to the employee within 28 days after the date of issuing a payment increasing, decreasing, resuming or changing the type of compensation paid. If the [EMPLOYER FAILS TO NOTIFY THE] board and the employee are not notified within the 28 days

Proposed Revisions for Compensation Reports & Anniversary Reports

prescribed by this subsection for reporting, the carrier or independent adjuster [EMPLOYER] shall pay a civil penalty of \$100 for the first day plus \$10 for each day thereafter that [THE EMPLOYER FAILED TO GIVE] notice was not given. Total penalties under this section may not exceed \$1,000 for a failure to file a required report. Penalties assessed under this section are due and payable in accordance with AS 23.30.155(m)

AS 23.30.155(m):

(1) On or before March 1 of each year the carrier or independent adjuster shall file a verified annual report on a form prescribed by the Board stating the total amount of all compensation by type, medical and related benefits, vocational rehabilitation expenses, legal fees and penalties paid on all claims during the preceding calendar year. The time for filing the annual report shall be extended by 15 days if the insurance carrier or independent adjuster notifies the Commissioner in writing on or before March 1 that the report can not be timely filed.

(2) If the annual report is timely and complete when received by the board and provides accurate information about each category of payments, the

Proposed Revisions for Compensation Reports & Anniversary Reports

commissioner or his designee shall review the timeliness of the carrier or independent adjuster's reports filed during the preceding year as required by AS 23.30.155(c). If the carrier or independent adjuster timely filed at least 99% of the reports for the preceding year, the penalties assessed under Sec. 155(c) shall be waived. If the carrier or independent adjuster timely filed at least 97%, of the reports for the preceding year, 75% of the penalties assessed under Sec. 155(c) shall be waived. If the carrier or independent adjuster timely filed 95% of the reports for the preceding year, 50% of the penalties assessed under Sec. 155(c) shall be waived. If the carrier or independent adjuster's reports for the preceding year were not timely filed at least 95% of the time, none of the penalties assessed under 155(c) shall be waived. The penalties that are not waived shall be due and payable within 28 days after the Commissioner of Labor mails the notice of the penalties due.

(3) If the annual report is not filed by March 1 of each year, the carrier or independent adjuster shall pay a civil penalty of \$100 for the first day plus \$10 for each day thereafter. This penalty shall be suspended until March 16 in any particular

Proposed Revisions for Compensation Reports & Anniversary Reports

year in which proper notification has been given under §.155(m)(1).

(4) If the payment under §155(m)(2) is not paid timely, the carrier or independent adjuster shall pay a civil penalty of 20% of the penalties due plus interest at the rate prescribed by AS 45.45-.010.

AS 23.30.155(n):

If the employer does not have a carrier or independent adjuster, §155(c) and §155(m) apply to the employer.

Effective date: The amendment to AS 23.30.155(c) and AS 23.30-.155(m) apply to reports due in 1987 and thereafter.

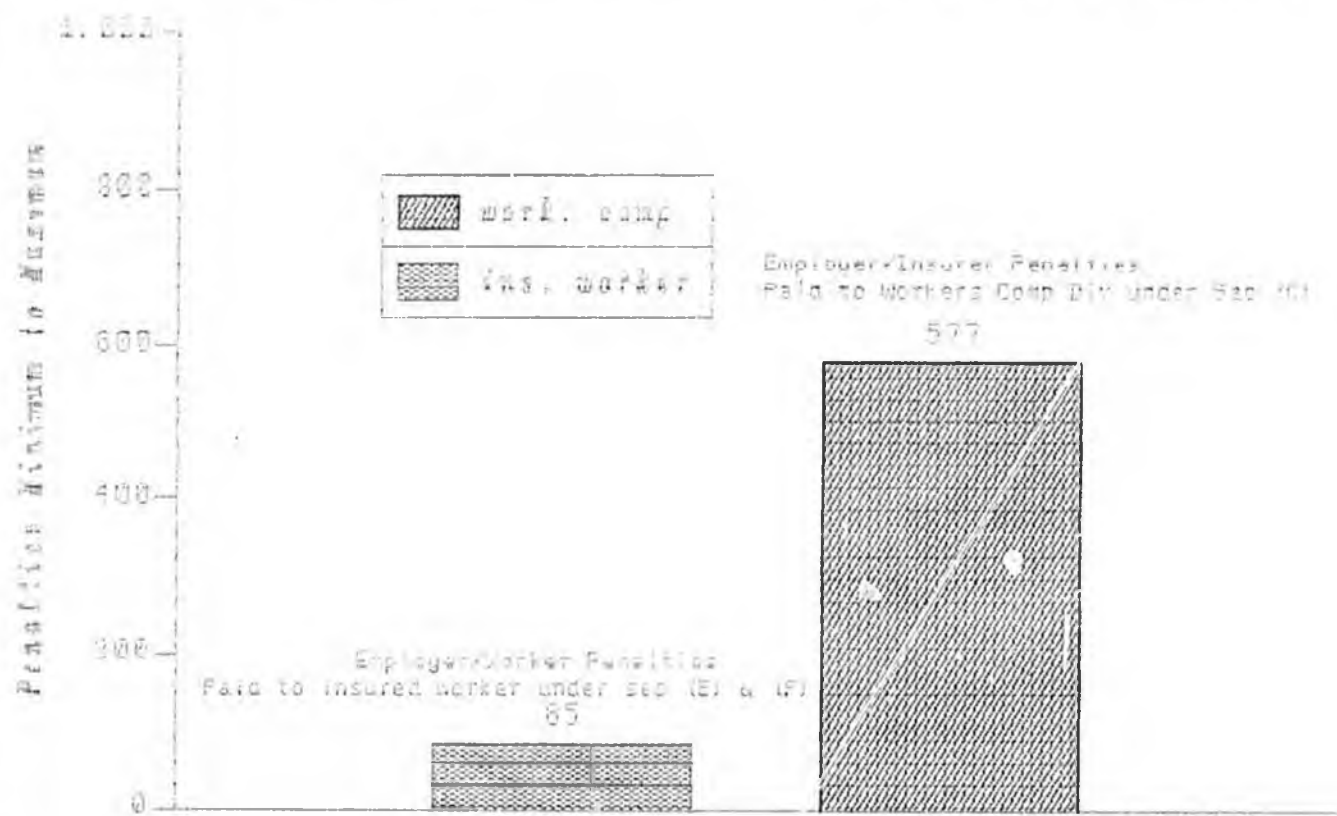
February 28, 1985 Thursday 1:15 pm Room 102 Capitol

HOUSE LABOR AND COMMERCE AGENDA

- 1) CALL MEETING TO ORDER
- 2) NOTE TIME/DAY/HOUR
- 3) NOTE MEMBERS PRESENT AND MEMBERS ABSENT: plus LATE ARRIVALS
- 4) RECOGNIZE ANY VIP'S OR GUESTS PRESENT
- 5) REMIND EVERYONE PRESENT TO SIGN IN AS EITHER A WITNESS OR AS AN OBSERVOR
- 6) EXPLAIN THE ORDER OF BILLS BEFORE THE COMMITTEE
 - a. HB 64 Elevator Safety
 - b. HB 6 Workers Compensation, by Collins (they have people at teleconference sites that are taking a late lunch break to testify on this, so would like to be first)
 - c. HB 138 Relating to Time-Share properties (We have two people from the Anchorage LIO site testifying as a continuation of the hookup from HB 6. HOWEVER, you may want to put them last in order to hear Frank's HB 211 before them, as it looks simple and may go quick; and/or you could ask the two people in Anchorage if we could do a two-wire on them next week--I gather that this bill will get some opposition from the Real Estate people, so it may bog down on teleconference)
 - d. HB 211 Contractor's Payment of Bonds
- 7) ANNOUNCE FIRST BILL BEFORE COMMITTEE, THEN SECOND, ETC.
- 8) MAKE SURE ALL MEMBERS SIGN ANY BILL THAT IS PASSED OUT OF COMMITTEE
- 9) ANNOUNCE TIME OF ADJOURNMENT

NOTE: As each witness comes forth, please request that they state their name and who they represent for the record, and if they are not speaking loudly enough, ask them to speak up.

Average Dollar Amounts of Fines Imposed by §§ 30.155 (C), (E), & (F)





Official Business

Alaska State Legislature

House

Pouch V
State Capitol
Juneau, Alaska 99811

<u>EXAMPLE #</u>	<u>ITEM</u>	<u>RESULT</u>	<u>INJ. WORKER</u>	<u>WORKERS COMP</u>
1.	no resumption report submitted	\$2500 fine	paid timely and on continuous basis	\$2500
2.	error in spelling claimants name	\$1575 fine	no interruption of benefits	\$1575
3.	report 7 days late	\$250 fine	no interruption of benefits	\$250
4.	wrong date due to clerical error	\$750 fine	over payment no interruption of benefits	\$750
5.	failure to timely file suspension report	\$1000 fine	over payment no interruption of benefits	\$1000
6.	small box for initial payment not checked off	\$325 fine	no interruption of benefits	\$325
7.	no compensation report filed (c&r):death claim	\$1000 fine	paid in one lump sum	\$1000
8.	mailing date not inserted proper in box	\$325 fine	no interruption of benefits	\$325

9.	failure to file timely notice of a \$5.57 payment	\$2250 fine	no interruption of benefits	\$2250
10.	failure to file timely notice of a 1.86 payment	\$600 fine	no interruption of benefits	\$600
11.	failure to file suspension resumption report	\$2500 fine	no interruption of benefits	\$2500
12.	report filed timely but lost in mail	\$675 fine	no interruption of benefits	\$675



Official Business

Alaska State Legislature

House

Pouch V
State Capitol
Juneau, Alaska 99811

3/7/85

MEMO

TO: LABOR AND COMMERCE COMMITTEE MEMBERS

FROM: REPRESENTATIVE VIRGINIA COLLINS

RE: HOUSE BILL 6, SPONSOR SUBSTITUTE

This memo will serve to clarify some of the points raised during last weeks committee hearing on HB 6, Sponsor Substitute.

First, and most importantly, HB 6, Sponsor Substitute, does not change any of the reporting requirements and it does not change the maximum amount of the penalty for failure to report (currently \$1000.00). The employer/insurer would continue to report as they currently do but would be given a (21) day grace period to correct reporting errors after the first \$100.00 penalty is assessed.

The Division testified that it would be deluged with additional work under this bill, yet consider this: In the three years the Division has administered this law, they have processed 333 penalties for a total cost to private industry of \$192,000.00 or an average of \$577.00 penalty per claim. At the current rate of claims processing (1500 workers' compensation time loss claims per year), this bill would impose an additional workload of approximately 111 penalty notification letters per year; hardly justification for increased staffing or complex computer programming!

To further clarify statements made by the Division please consider this: It was stated that if the employer/insurer failed to file an initial report, the Division would have no way to follow up or know about the claim; not accurate. First of all, the Division receives the original injury report which shows time loss. Further, the Division receives medical reports directly from the physician. At this point, if the Division failed to hear from the employer/insurer the Division would "flag" the file and notify the insurer.

Also, we heard testimony that the employer/insurer files an average of four compensation reports on every claim. To explain this, these reports have to be done in sequence; it is not possible to file a subsequent

report, such as a suspension report if you fail to file an initial report. If this were to occur the Divisions data entry clerk would "flag" the file and a missing report letter would be computer generated along with a penalty assessment. The absolute minimum reporting requirement is (2) reports per claim; the initial report and termination report. Again, should the employer/insurer fail to file the initial report the error would be "flagged" at the time the termination report is filed - and again a late reporting penalty would be assessed.

The Division has testified that the industry is promptly and timely reporting in 99% of the cases, or an approximate 1% error ratio for which a \$1000.00 penalty is assessed. All this bill does is establish a (21) day grace period for the industry to correct it's timely reporting errors after the first \$100.00 penalty is assessed.

I strongly urge your thoughtful consideration of this bill and ask for your support in passing it out of committee.

HB 6 File Contents
House Labor and Commerce Committee

February 28, 1985

- 1) Bill Summary -- Legislative Reporting Service
- 2) Overview -- R. Poppe, Committee Staff
- 3) Statutory References
- 4) Fiscal Note and Fiscal Analysis -- Dept. of Labor, Worker's Comp.
- 5) Position Paper -- Dept. of Labor
- 6) Case File -- Rep. Collin's Office (Brown file)
 - a) Proposed SS for HB 6 and Cover Memo
 - b) Case Examples on penalties
 - c) Additional Case Files
 - d) Memo on Dept. of Labor Fiscal Note and Position Paper
- 7) Additional Miscellaneous Case Materials -- REp. Collins Office
- 8) Additional Materials from Dept. of Labor
 - a. Letter to Renee Murray from Jacqueline McClintock
 - b. Letter to Rep. Collins from J. McClintock + list of all penalties paid from Jan. 1, 1982 to present

March 7, 1985

- 9) Revised Fiscal Note SSHB 6 -- Dept. of Labor
- 10) Position Paper SSHB 6 -- Dept. of Labor

Bill No. Sponsor Substitute for House Bill 6
Title "An Act relating to Workers' Compensation"

Date March 6, 1985

Contact: *[Signature]* W.L. McClintock
465-2790

The Department of Labor is opposed to the passage of SSHB 6, which implements a new method for monitoring prompt reporting and assessing penalties under AS 23.30.155(c) for failure to timely file compensation reports.

Under AS 23.30.155, the insurer/adjuster independently decides when to begin, change, or stop the payment of compensation benefits to an injured worker. When the insurer/adjuster initiates action that affects the payment of compensation, the insurer/adjuster must notify the board and injured worker of the action taken by filing a compensation report with the board within 28 days and mailing a copy of it to the injured worker. Failure to timely file a report subjects the insurer/adjuster to a civil penalty of \$100 for the first day plus \$10 for each day thereafter until the report is mailed up to a maximum of \$1,000.

This bill provides that when an insurer/adjuster fails to file a report within 28 days of starting, stopping or changing compensation benefits, a \$100 fine would be assessed. This bill provides for two types of penalties. First, when an adjuster/insurer files a report later than 28 days after starting, stopping, or changing compensation benefits, a \$100 fine would be assessed. Second, when the board determines that an adjuster/insurer has failed to report at all, the board would then have to notify the insurer/adjuster that no report had been filed, and upon notification, the insurer/adjuster would have another 21 days to file the report. If the insurer/adjuster failed to file the report within 21 days, a fine of \$10 per day up to a maximum of \$1,000 could be assessed.

In essence, this proposed legislation.

- 1) places the burden on the Alaska Workers' Compensation Board to, first, catch the insurer's/adjuster's failure to file a report on an action they have initiated and, then, to notify them of their oversight;
- 2) sets up a very complicated two-tier monitoring and penalty system that cannot realistically be programmed to enable the board to catch missed reports on actions it would have no way of knowing were initiated by the insurer/adjuster in the first instance and distinguish insurer-initiated from board requested reports in the second instance; and
- 3) has the potential to substantially degrade the reporting system because the time and penalty incentives for completing and filing the report would be markedly reduced.

We oppose this amendment because, in effect, it sets a \$100 penalty for late report filings in the first instance. Before implementation of the compensation reporting system in January 1982, insurers/adjusters filed timely reports on a law and procedure similar to that proposed in SSHB 6 in about 50% of the cases in which they were required. With 28 days to file the report initially, an indeterminate period of time before the

POSITION PAPER/Department of Labor

board may detect the missing report and notice the insurer/adjuster, and another 21 days before the maximum penalty commences, it could be anywhere from two to five months or even up to a year before a report was filed with the board. This proposed change to Section 155(c), which reduces the incentive for completing and filing the report, could adversely affect prompt payment of benefits to the injured worker, and cause delays in explaining to the injured worker how benefits were computed, what benefits are being paid, the reasons for payment changes, and the worker's rights.

The proposed legislation would increase the paperwork and handling of claims by both insurers/adjusters and the board's staff. In addition to the present review for timely reporting upon identifying a missed report, the board would have to send out a notice, set up a follow-up for 21 days, and then review the file again to determine the appropriate action necessary. An audit system would have to be set up and perhaps many unnecessary inquiries would have to be made in order for the board to determine if a report should have been filed.

Our present law, which doesn't require notices and is providing 97-100% compliance, is more efficient, less costly for both the employer/insurer/adjuster, and the State and avoids unnecessary expansion of the State bureaucracy. SSHB 6 seeks to change the law for a small problem (only 3%) which is totally in the control of the insurers to correct by changes in systems, administrative procedures and encouraging more accuracy.

All penalties paid for late reporting, along with a 6% contribution on all compensation paid to injured workers, go into the Second Injury Fund, a dedicated fund. As the law now exists, one-hundred percent of all Second Injury Fund monies paid by private industry for late reporting penalties and contributions under AS 23.30.040, are ultimately reimbursed to private industry, i.e. employers/insurers/adjusters, for subsequent injury claims under AS 23.30.205. Since January 1, 1982, employers/insurers/adjusters paid into the Second Injury Fund a total of \$192,193 in late reporting penalties, with \$83,170 paid during calendar year 1984. During 1984 alone the Second Injury Fund reimbursed \$1,844,917 to employers/insurers/adjusters on §.205 claims for benefits that employers/insurers/adjusters were required to pay injured workers under the Act. Therefore, contrary to the testimony given on February 28, the costs of late reporting penalties are not borne by the employer and ultimately passed on to society, but instead cost employers and society as a whole nothing.

Finally, Section 155(c) has been amended three times in a four-year period; the most recent amendment took effect just nine months ago. Effective January 1, 1984 (Ch. 70 SLA 1983), the maximum penalty was reduced from \$2,500 to \$1,000. Effective July 1, 1984 (Ch. 112 SLA 1984), the maximum time to file a report was increased from 14 days to 28 days. A sufficient period of time should be allowed to fully assess the results of the recent amendments so that future changes can be targeted on those areas that continue to cause problems.

APPROVED:



Jim Robison
Commissioner

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SS for HB6
 Title: "An Act relating to
 Workers' Compensation"
 Sponsor: Collins and Martin
 Requestor: House Labor & Commerce
 Date of Request: 3/5/85

FISCAL DETAIL

Agency Affected: Labor
 Program Category Affected: Public Protection
 BRU, Program or Subprogram(s) Affected: Workers' Compensation

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES		33.3	34.5	35.7	37.0	38.2
200 TRAVEL		-0-	-0-	-0-	-0-	-0-
300 CONTRACTUAL		27.9	10.0	10.0	11.2	11.9
400 SUPPLIES		.5	.5	.6	.6	.6
500 EQUIPMENT		2.7	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	64.4	45.0	46.9	48.8	50.7
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
GENERAL FUND		64.4	45.0	46.9	48.8	50.7
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	64.4	45.0	46.9	48.8	50.7

POSITIONS:

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
FULL-TIME	-0-	1	1	1	1	1
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Prepared By: Jacque McClintock *(Signature)*
 Division: Workers' Compensation

Phone: 465-2790
 Date: 03/06/85

Approved by Commissioner: Jim Roby *(Signature)*
 Agency: Department of Labor

Date: 03/06/85

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84

Fiscal Note

The Legislature of the State of Alaska
Fourteenth Legislature
Bill/Resolution No.: SS for HB6
Title: "An Act relating to Workers' Compensation"
Agency Affected: Department of Labor

In order to meet the requirements of this bill one Workers' Compensation Technician will be needed. Personal service and related costs are detailed on the attached request for new position form.

Other costs associated with the implementation of this bill would include one time data processing changes to re-program the existing system (\$18,500 for 3½ months of one programmers time).

It is assumed that this bill would take affect July 1, 1985.

1.	POSITION TITLE Workers' Compensation Technician		
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	PCN NUMBER

RANGE/STEP 12A	BARG. UNIT GGU	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
BRU PRIORITY	LOCATION Juneau	ELECTION DISTRICT	LEG.		

3.	CONTINUATION LEVEL	ADDITION	
4.	TYPE OF EXPENDITURE		AMOUNT
	1	2	3
	PERSONAL SERVICES*		
5.	Salary	24,864	
6.	Benefits	4,142	
7.	Supplemental Benefits	1,524	
8.	Fixed Benefits	2,732	
9.	TOTAL PERSONAL SERVICES	01	33,262
10.	Travel	02	-0-
11.	Contractual	03	9,400
12.	Commodities	04	500
13.	Equipment	05	2,700
14.	Other		
15.	TOTAL COST		45,862

JUSTIFICATION

The services of a Workers' Compensation Technician are needed to process the additional paperwork that will result from implementation of a notice and follow-up system and to examine and audit an increased number of claim files to determine compliance with the two tier monitoring and penalty system required under SS HB6.

From past experience with a similar law and procedure it is estimated that insurer/adjuster compliance in timely filing compensation reports will deteriorate by 40 to 50 percent as a result of this amendment. This means that a minimum of 10,000 to 12,500 compensation reports will require special review and handling over that required by the current penalty system.

	RECEIPT CODE	FUNDING SOURCE	
16.		Federal Receipts 1002	
17.		G.F. Match 1003	
18.		General Funds 1004	45,862
19.		I-A Receipts 1005	
20.		Program Receipts 1028	
21.		Other	

Failure to provide the additional follow-up and audit services would adversely affect the monitoring of timely benefit payments to injured workers, the collection of meaningful workers' compensation data, and the board's ability to assist injured workers and employers in resolving misunderstandings or disputes over workers' compensation claims.

In addition to personal services costs, the following associated costs would also be incurred: contractual services of 9,400 to cover space rent, indirect costs, and normal fees; 500 for normal supplies, and 2,700 for one-time equipment purchases.

FOR B&M USE ONLY
4A KEY NUMBER _____

13 REQUEST FOR NEW POSITION

AGENCY Department of Labor
PROGRAM Worker Protection
BRU Workers' Compensation
COMPONENT Workers' Compensation

FY 86

Page 1 of 1
Revised Date _____

Mike;

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House Labor and Commerce Committee

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STATE OF ALASKA

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

BILL SHEFFIELD, GOVERNOR

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

February 23, 1985

Randall J. Weddle, Esq.
Faulkner, Banfield, Doogan & Holmes
2550 Denali Street, Suite 700
Anchorage, AK 99503

Dear Randy:

RE: Compromise on Penalty Issues
Your File No. AS048.191C

Thank you for your letter of February 5, in which you expressed your thoughts on Renee Murray's proposed legislation on penalties under AS 23.30.155. Enclosed is a copy of my response to Renee concerning her proposal. As you will note, I oppose the proposed amendment based on the reasons outlined in my letter. As in the past, I would welcome the opportunity to meet with the insurers, the Workers' Compensation Committee of Alaska and the Labor/Management Ad Hoc Committee to further study and discuss the penalty issue and attempt to arrive at an acceptable solution for all concerned.

As you are aware, any changes to the Alaska Workers' Compensation Act since 1981 have been as the result of compromise between labor and management and their joint sponsorship of proposed legislation through the Labor/Management Ad Hoc Committee. The department subscribes to the theory, as I am sure you do, that the two main parties in the workers' compensation system are the injured worker and the employer. Therefore, we feel all legislative proposals affecting these two parties should be thoroughly studied, discussed and endorsed by the Committee. It has been my impression over the past several years that this procedure is also favored by the Alaska Legislature.

Unfortunately, this process was not followed on HB6, which is currently pending before the House Labor and Commerce Committee, nor was it followed on this proposal. Enclosed is a copy of a letter from Jack Thompson, management member of the Committee, in which he advises that it was the unanimous decision of the Committee to oppose HB6. In a recent conversation with Mr. Thompson, he expressed his opinion that we should allow sufficient time to assess the results of the 1983 and 1984 amendments to AS 23.30.155 and then meet with the parties before the next legislative session. I think your input to the Committee would be invaluable.

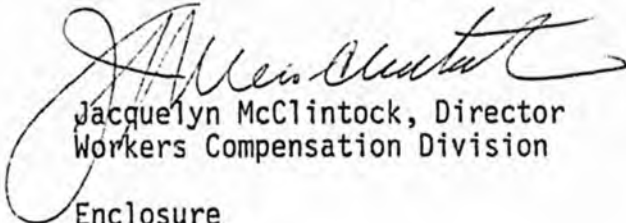
A comment in your letter that needs to be addressed is your mistaken assumption that no one ever attempted to enforce penalties under the law in

effect prior to 1981. That is not correct. While we had no computer system to immediately catch errors and notice insurers of their failure to file required reports, we religiously sent penalty notices when a claim was closed and purged from the system. Voluntary compliance and payment by insurers was very poor due to the time lapse, which in some cases could be several years, and because the maximum penalty was only \$100. It is correct that the Board, as now, had insufficient staff and members to enforce the collection of penalties through the hearing process.

I agree that the industry as a whole is acting in good faith to comply with the reporting requirements. That is why we are opposed to this amendment. We already know from past experience that compliance on a similar law and procedure was poor.

Again, thank you for your interest and input on this very important issue. I hope you will actively participate in any future review and discussion on this with the Labor/Management Ad Hoc Committee.

Very truly yours,



Jacquelyn McClintock, Director
Workers Compensation Division

Enclosure

M E M O R A N D U M

TO: All Members, House Labor and Commerce Committee

FROM: Roger Poppe, Committee Staff

DATE: February 28, 1985 Thursday

SUBJECT: Overview, HB 6

On Thursday, February 28, in Room 102 of the Capitol Bldg., the House Labor and Commerce Committee meets on HB 6, relating to reporting requirements for workers compensation.

This bill was not introduced during the 13th legislative session; and there is no companion legislation in the Senate or any other related legislation in the House.

This bill was initially opposed by the Department of Labor (see Commissioner's memo in your files). However, in response to these concerns, Sponsor Collins has submitted a SS for HB 6 which should meet the Department's objections, and reduce their fiscal note from \$344,300 to zero.

Most of the backup on this bill, including the SS, has been supplied directly to the Committee members by the sponsor in a large brown file; it is assumed that the members have this material to bring with them.

INTRODUCTION OF BILLS (House)(cont'd)

HB 5 (cont'd)

of students of the location of asbestos. School officials are also responsible for contracting for inspection of the building to comply with EPA asbestos regulations, and for contracting for removal of asbestos.

School boards may adopt a shorter school term of not less than 150 days if it is necessary for removal of asbestos and the board has submitted an acceptable plan under which students will receive the approximate educational equivalent of a 180-day term.

Provides Act takes effect immediately.

On January 14 Representatives Goll, Davis, Koponen and Navarre added their names as co-sponsors.

Introduced January 14 and referred to Health, Education & Social Services, Labor & Commerce, then Finance.

Workers' Compensation (reporting requirements)

HOUSE BILL NO. 6, by Rep. Collins. Changes wording of law which requires employers to report certain information regarding payment of workers' compensation to the Workers' Compensation Board. Employers are given 28 days to notify the Board and employee that payment of compensation has begun or has been increased, decreased, suspended, terminated, resumed, or changed in type. The law (AS 23.30.155(c)) presently states that an employer who is tardy with reports "shall pay" a civil penalty of \$100 for the first day plus \$10 for each day thereafter, up to a maximum of \$1,000.

Would be amended to make the penalty provision less restrictive and to give the employer recourse to petition the Board: "If the employer fails to notify the board and the employee within the 28 days ..., unless the board finds that the failure was due to conditions over which the employer had no control, the board may require that the employer [SHALL] pay a civil penalty" (Underlined material added, bracketed material deleted.)

Sec. 1 establishes the intent of the Legislature that "the Workers' Compensation Board review the civil penalties imposed under AS 23.30.155(c) since July 11, 1981, to determine if, under AS 23.30.155(c) as amended by this Act, those penalties should not be imposed, and to determine if any refund of the penalties is due."

Employers and insurers have complained about fines assessed by the Workers' Compensation Division under circumstances where the report was filed on time, but due to minor irregularities or errors in how it was filled out was not processed immediately, then later counted as late by the WC Division.

Introduced January 14 and referred to Labor & Commerce and Finance.

Fish Records (release of confidential)

HOUSE BILL NO. 7, by Rep. Herrmann. Allows the Department of Fish and Game to release confidential records of fish landings and annual statistical reports of buyers and processors to

Johns v. State, Dep't of Hwys., Sup. Ct. No. 424 (File Nos. 732, 743), 431 P.2d 503 (1967).

Attorney's fees held not sufficient. Rose v. Alaskan Village, Inc., Sup. Ct. No. 333 (File No. 623), 412 P.2d 503 (1966).

Award of attorneys' fees under prior award. — See Hunter v. Wagner, 7 Alaska 93 (1926); Bacciglieri v. Ghezzi, 11 Alaska 93 (1946); Alaska Packers Ass'n v. Alaska Indus. Bd., 12 Alaska 465 (1949).

Appeal. — An attorney in a workers' compensation proceeding has the right to appeal from an award of attorney's fees by the board or the superior court. Rose v. Alaskan Village, Inc., Sup. Ct. Op. No. 623, 412 P.2d 503 (1966). Applied in J.B. Warrack Co. v. Roosa, Sup. Ct. Op. No. 366 (File No. 684), 411 P.2d 986 (1966); Ketchikan Gateway Board v. Saling, Sup. Ct. Op. No. 2006 (File No. 320), 604 P.2d 590 (1979).

Appeal in Cooper v. Carlson, Sup. Ct. Op. No. 107 (File No. 1769), 511 P.2d 1305 (1974).

compensation.

Collection of defaulted payments

Construction of provision of act regarding "waiting period." 81 ALR 1301.

Compensation. Compensation for days of the disability, except however, the injury results from negligence shall be allowed from 1959

NOTES TO DECISIONS

Purpose of waiting period. — The purpose underlying the waiting period was to protect workers who are so inclined, from taking advantage of a slight or imaginary strain, as an excuse for obtaining a long vacation on half or two-thirds pay. Hanson v. Benson, 179 F. Supp 130 (D. Alaska 1959).

Return to work is not absolute bar to compensation. — Where an injury is

sufficiently serious to incapacitate an employee for the statutory period, the claimant's return to work before the running of the statutory period is not an absolute bar to compensation since, by the use of expert medical testimony which will expose the malingerer and vindicate those claiming severe injury, the purpose of the waiting period is fulfilled. Hanson v. Benson, 179 F. Supp. 130 (D. Alaska 1959).

Sec. 23.30.155. Payment of compensation. (a) Compensation under this chapter shall be paid periodically, promptly, and directly to the person entitled to it, without an award, except where liability to pay compensation is controverted by the employer. To controvert a claim the employer must file a notice, on a form prescribed by the board, stating

- 1. that the right of the employee to compensation is controverted;
- 2. the name of the employee;
- 3. the name of the employer;
- 4. the date of the alleged injury or death; and
- 5. the type of compensation and all grounds upon which the right to compensation is controverted.

19. The first installment of compensation becomes due on the 14th day after the employer has knowledge of the injury or death. On this date all compensation then due shall be paid. Subsequent compensation shall be paid in installments, every 14 days, except where the board determines that payment in installments should be made monthly or at some other period.

20. The employer shall notify the board and the employee on a form prescribed by the board that the payment of compensation has begun or has been increased, decreased, suspended, terminated, resumed, or changed in type. An initial report shall be filed with the board and sent to the employee within 28 days after the date of issuing the first payment of compensation. If at any time 21 days or more pass and no compensation payment is issued, a report notifying the board and the employee of the termination or suspension of compensation shall be filed with the board and sent to the employee within 28 days after the date the last compensation payment was issued. A report shall also be filed with the board and sent to the employee within 28 days after the date of issuing a payment increasing, decreasing, resuming or changing the type of compensation paid. If the employer fails to notify the board and the employee within the 28 days prescribed by this subsection for reporting, the employer shall pay a civil penalty of \$100 for the first day plus \$10 for each day thereafter that the employer failed to give notice. Total penalties under this section may not exceed \$1,000 for a failure to file a required report.

Legislature

ity compensation had been controverted by the insurance carrier, the employee disputed this action, secured representation by counsel, and filed an application for adjustment of the claim, and subsequently, as a result of medical evidence, the carrier paid the employee the accumulation of past-due payments covering the preceding year and thereafter continued disability payments until the employee had received the statutory maximum for temporary total disability, the employee was entitled to attorney's fees based on the total amount of compensation, not just the amount of the past-due payments. *State, Dep't of Hwys. v. Brown*, Sup. Ct. Op. No. 1935 (File Nos. 3912, 4374), 600 P.2d 9 (1979).

Award to employer-defendant. — Appellate court grant of a torneys' fees to an employer-defendant must be based on finding that claimant's appeal was frivolous, unreasonable, or brought in bad faith. *Whaley v. Alaska Workers' Comp. Bd.*, Sup. Ct. Op. No. 2533 (File No. 5701), 648 P.2d 955 (1982).

Attorney's fees held reasonable. —

See *Johns v. State, Dep't of Hwys.*, Sup. Ct. Op. No. 424 (File Nos. 732, 740, 441), 148 (1967).

Attorney's fees held not sufficient. See *Rose v. Alaskan Village, Inc.*, Sup. Ct. Op. No. 333 (File No. 623), 412 P.2d 333 (1966).

Award of attorneys' fees under private law. — See *Hunter v. Wagner*, Alaska 93 (1926); *Bacciglieri v. [?]*, Alaska 93 (1946); *Alaska Packers Ass'n v. Alaska Indus. Bd.*, 12 Alaska 40 (1924).

Appeal. — An attorney in a workers' compensation proceeding has the right to appeal from an award of attorney's fees either the board or the superior court. *v. Alaskan Village, Inc.*, Sup. Ct. Op. No. 333 (File No. 623), 412 P.2d 333 (1966).

Applied in J.B. Warrack Co. Sup. Ct. Op. No. 366 (File No. 647), 604 P.2d 986 (1966); *Ketchikan Gateway v. Saling*, Sup. Ct. Op. No. 2800, No. 3820, 604 P.2d 590 (1975).

Cited in Cooper v. Carlson. Sup. Ct. Op. No. 907 (File No. 1769), 511 P.2d 500 (1973).

Collateral references. — Compensation of attorneys for services in connection with claims. 159 ALR 912.

Article 4. Payment of Compensation.

Section	Section
150. Commencement of compensation	165. Lien
155. Payment of compensation	170. Collection of defaulted awards
160. Assignment and exemption of claims	

Collateral references. — 82 Am. Jur. 2d, Workmen's Compensation, §§ 649-658.

101 C.J.S., Workmen's Compensation, §§ 826-848.

Construction of provisions regarding "waiting period."

Sec. 23.30.150. Commencement of compensation. Compensation may not be allowed for the first three days of the disability, except the benefits provided for in AS 23.30.095; if, however, the injury results in disability of more than 28 days, compensation shall be allowed at the rate of the disability. (§ 5(1) ch 193 SLA 1959)

Purpose of waiting period. — The purpose underlying the waiting period was to prevent workers who are so inclined from taking advantage of a slight or imaginary strain, as an excuse for obtaining a few days vacation on half or two-thirds pay. *Hanson v. Benson*, 179 F. Supp 130 (D. Alaska 1959).

Return to work is not absolute bar to compensation. — Where an injury is

Sec. 23.30.155. Payment of compensation. Under this chapter shall be paid prior to the person entitled to it, without an appeal, the compensation is controverted by claim the employer must file a notice with the board, stating

- (1) that the right of the employee is controverted;
- (2) the name of the employee;
- (3) the name of the employer;
- (4) the date of the alleged injury or disability;
- (5) the type of compensation and amount of compensation is controverted.

(b) The first installment of compensation shall be paid no later than 10 days after the employer has knowledge of the injury or disability. All compensation then due shall be paid in installments, and the board determines that payment in monthly or at some other period.

(c) The employer shall notify the board of any change in the compensation prescribed by the board that the payment has been increased, decreased, suspended, or changed in type. An initial report shall be filed with the board and sent to the employee within 28 days after the date of payment of compensation. If at any time after the date of compensation payment is issued, a report of change in the compensation is filed with the board and sent to the employee within 28 days of the date of issuing a payment increasing or decreasing the type of compensation paid, the employer shall file with the board and the employee within 28 days of the date of the report, the employer shall be liable for the first day plus \$10 for each day thereafter the employer failed to give notice. Total penalties under this section shall not exceed \$1,000 for a failure to file a required

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: HB6
 Title: "An Act relating to
 Workers' Compensation"
 Sponsor: Collins & Martin
 Requestor: House Labor and Commerce
 Date of Request: 2/7/85

FISCAL DETAIL

Agency Affected: Labor
 Program Category Affected: Public Protection
 BRU, Program or Subprogram(s) Affected: Workers' Compensation

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES		85.7	88.7	91.7	94.9	98.2
200 TRAVEL		34.9	19.1	20.2	21.4	22.7
300 CONTRACTUAL		219.0	30.7	32.6	34.5	36.6
400 SUPPLIES		1.5	1.6	1.7	1.8	1.9
500 EQUIPMENT		3.2	0	0	0	0
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	344.3	140.1	146.2	152.6	159.4

CAPITAL						
----------------	--	--	--	--	--	--

REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND		344.3	140.1	146.2	152.6	159.4
FEDERAL FUNDS						
OTHER						
TOTAL	0	344.3	140.1	146.2	152.6	159.4

POSITIONS:

FULL-TIME	0	2	2	2	2	2
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Analysis attached

Prepared By: ^{MS} Jacque McClintock
 Division: Workers' Compensation

Phone: 465-2790

Date: 2/8/85

Approved by Commissioner: ^{MS} Jim Robison
 Agency: Department of Labor

Date: 2/8/85

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

FISCAL NOTE

The Legislature of the State of Alaska
Fourteenth Legislature
Bill/Resolution No.: HB5
Title: "An Act relating to Workers' Compensation"
Agency Affected: Department of Labor

As a result of this bill we estimate a minimum of 125 workers' compensation hearings would have to be held each year. Also, since the bill is retroactive to July 11, 1981, we estimate that at least half of the 327 penalties assessed since January 1, 1982 would have to be heard the first year the bill is effective.

In order to hold the estimated number of hearings each year the following costs would be incurred:

	<u>FY 86 Costs</u>
A. One full time Workers' Compensation hearing officer and associated costs*	\$ 77.1
B. Clerk typist III and associated costs*	42.3
C. Attorney general's fees	5.0
D. Workers' Compensation Board per diem expenses (2 people x 50 days x \$130 per day)	<u>13.0</u>
Total for normal hearing load	\$137.4

In order to hear the retroactive claims during the first year the following additional resources would be required in FY 86:

A. Contractual hearing officer services	\$150.0
B. Contractual secretary services for hearings	35.0
C. Attorney general's fees	5.0
D. Workers' Compensation Board per diem expenses (2 people x 65 days x \$130/day)	<u>16.9</u>
Total for retroactive hearings	\$206.9

We have assumed an effective date of July 1, 1986 for this bill. Also, in fiscal years 87-90 we assumed an inflation rate of 6% on non personal services costs, and 3.5% on personal services costs.

* See attached New Position Requests for associated costs.

1.	POSITION TITLE Clerk Typist III				RANGE/STEP 8A	BARG. UNIT GGH	FORM 12	PAGE/LINE	COV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Anch.	ELECTION DISTRICT		LEG.		
3.	CONTINUATION LEVEL	ADDITION			JUSTIFICATION						
4.	TYPE OF EXPENDITURE			AMOUNT							
	1	2	3								
	PERSONAL SERVICES										
5.	Salary	19,572									
6.	Benefits	3,261									
7.	Supplemental Benefits	1,200									
8.	Fixed Benefits	2,732									
9.	TOTAL PERSONAL SERVICES	01	26,765								
10.	Travel	02	0								
11.	Contractual	03	12,949								
12.	Commodities	04	1,000								
13.	Equipment	05	1,600								
14.	Other										
15.	TOTAL COST		42,314								
<p>The services of a clerk typist III are needed to process the legal filings and board orders resulting from enactment of HDG.</p> <p>At least 125 penalty cases per year, will be brought before the board for adjudication. This will result in an additional workload for the board's clerks in processing legal documents and issuing the board's decisions and orders that are an integral part of the board's adjudication procedure.</p> <p>Failure to provide the additional clerical resources would adversely affect timely scheduling of disputed claims and issuing the board's decisions.</p> <p>Contractual services costs associated with this position would include rent, \$3,600; indirect, \$2,300; and other average expenses of \$7,049 for a clerical position.</p> <p>Normal commodities of \$1,000 and a one-time expense for equipment of \$1,600 are also included.</p>											
	RECEIPT CODE	FUNDING SOURCE									
16.		Federal Receipts	1002								
17.		G.F. Match	1003								
18.		General Funds	1004	42,314							
19.		I-A Receipts	1005								
20.		Program Receipts	1028								
21.		Other									
<p>FOR B&M USE ONLY</p> <p>4A KEY NUMBER _____</p>											

13 REQUEST FOR
NEW POSITION

AGENCY Department of Labor

PROGRAM Worker Protection

BRU Workers' Compensation

COMPONENT Workers' Compensation

Page _____ of _____

Revised Date _____

FY 86

LEG:F:36

1.	POSITION TITLE Workers' Compensation Hearing Officer				RANGE/STEP 21A	BARG. UNIT GGU	FORM 12 PAGE/LINE	COV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Anch.	ELECTION DISTRICT	LEG.		

3.	CONTINUATION LEVEL	ADDITION		
4.	TYPE OF EXPENDITURE		AMOUNT	
	1	2	3	
	PERSONAL SERVICES			
5.	Salary	45,744		
6.	Benefits	7,621		
7.	Supplemental Benefits	2,804		
8.	Fixed Benefits	2,732		
9.	TOTAL PERSONAL SERVICES	01	58,901	
10.	Travel	02	5,000	
11.	Contractual	03	11,090	
12.	Commodities	04	500	
13.	Equipment	05	1,600	
14.	Other			
15.	TOTAL COST		77,091	

JUSTIFICATION

The services of a board hearing officer are needed to chair hearings on disputed employer/insurer penalty cases resulting from enactment of HB6.

At least 125 penalty cases per year will be brought before the board for adjudication. Although the issues are much less complex to adjudicate, there will be substantial time involved for the hearing officer to chair the hearings and write the board's findings of fact, conclusions of law, and order.

Failure to provide the additional board resources would adversely affect the board's ability to promptly hear and decide disputed claims between injured workers and employers.

	RECEIPT CODE	FUNDING SOURCE	
16.		Federal Receipts 1002	
17.		G.F. Match 1003	
18.		General Funds 1004	77,091
19.		I-A Receipts 1005	
20.		Program Receipts 1028	
21.		Other	

Contractual services expenses associated with this position would include rent, \$3,600; indirect, \$5,490; and other average costs of \$2,000.

Normal commodities of \$500 and one-time equipment charges of \$1,600 are also included.

FOR B&M USE ONLY
4A KEY NUMBER _____

13 REQUEST FOR
NEW POSITION

AGENCY Department of Labor
 PROGRAM Worker Protection
 BRU Workers' Compensation
 COMPONENT Workers' Compensation

FY 86

Page _____ of _____
 Revised Date _____

Bill No. House Bill 6

Date February 7, 1985

Title "An Act relating to Workers' Compensation;
and providing for an effective date."

Contact J. L. McClintock
465-2790

The Department of Labor is opposed to the passage of HB 6, which provides for the discretionary, instead of mandatory, payment of late reporting penalties assessed under AS 23.30.155(c), and requires the board to review all civil penalties imposed since July 11, 1981.

Under AS 23.30.155, the employer/insurer independently decides when to begin, change or stop the payment of compensation benefits to an injured worker. When the employer/insurer initiates action that affects the payment of compensation, the insurance adjuster must notify the board and injured worker of the action taken by filing a compensation report with the board within 28 days and mailing a copy of it to the injured worker. Failure to timely file a report subjects the employer/insurer to a civil penalty of \$100 for the first day plus \$10 for each day thereafter until the report is filed, up to a maximum of \$1,000. The term "notify" or "file with the board" means the date the report was placed in the mail, i.e. postmark date.

This bill allows the board to waive the penalty if it finds that failure to timely file was due to conditions over which the employer/insurer had no control. Since any action to begin, change or stop payment of compensation is initiated by the employer/insurer and the insurer has 28 days to file a report, it is difficult to imagine any circumstance which would be beyond the employer's/insurer's control other than nondelivery of mail. The board has provided for this contingency by allowing the employer/insurer to file an affidavit affirming that a report was mailed to the board. The bill further provides that the requirement to pay a late reporting penalty would be a discretionary decision by the board.

Although the bill is not clear on how the board would proceed in its review of employer/insurer penalties, the only workable procedure is through an appeal process. This means that following the assessment of a penalty by the Second Injury Fund the insurer would have to petition the board for waiver of a disputed penalty, which would then initiate the full board adjudication process.

Statistics show that 133 penalties were paid during CY84, 89 penalties are still pending action by the insurer and 42 penalty cases were referred to the board for order of payment. While it is conceivable that an equal number of cases per year could be appealed to the board as a result of this bill, the fiscal note is based on an assumption that no more than half of all penalties assessed annually will be appealed. Although the issues are much less complex to adjudicate, there would be substantial time and cost involved for the Alaska Workers' Compensation Board to hold hearings, decide the case, and issue its findings of fact, conclusions of law and

POSITION PAPER/Department of Labor

order. From this level, of course, the insurer or Second Injury Fund could appeal the board's decisions to the Superior Court. The increased hearing load will require on-going additional board hearing officer and clerical resources, as well as legal representation for the Second Injury Fund. Additional resources would also be required for one year to conduct hearings on penalties imposed and paid since January 1, 1982.

APPROVED:

A handwritten signature in cursive script that reads "Jim Robison". The signature is written in dark ink and is positioned above a horizontal line.

Jim Robison
Commissioner

UPON MAKING THE FIRST PAYMENT, AND UPON AN INCREASE REDUCTION, TERMINATION, SUSPENSION, RESUMPTION OR A CHANGE IN RATE OR TYPE OF COMPENSATION PAID, THE EMPLOYER SHALL NOTIFY THE BOARD WITHIN 21 DAYS ON A FORM PRESCRIBED BY THE BOARD, THAT PAYMENT OF COMPENSATION HAS BEGUN OR HAS BEEN INCREASED, REDUCED, TERMINATED, RESUMED, CHANGED, OR SUSPENDED, AS THE CASE MAY BE. IF THE EMPLOYER FAILS TO NOTIFY THE BOARD WITHIN 21 DAYS, THE BOARD SHALL ASSESS AGAINST THE EMPLOYER A CIVIL PENALTY OF \$100. UPON NOTIFICATION BY THE BOARD THAT A REPORT HAS NOT BEEN FILED, THE EMPLOYER SHALL HAVE 21 DAYS WITHIN WHICH TO FILE SUCH REPORT AND THEREAFTER, IF THE EMPLOYER HAS FAILED TO COMPLY, THE BOARD SHALL ASSESS A PENALTY OF \$10.00 PER DAY FOR EACH DAY THAT THE EMPLOYER HAS FAILED TO FILE THE REPORT FOLLOWING NOTICE BY THE BOARD. TOTAL PENALTIES UNDER THIS SECTION MAY NOT EXCEED \$1,000.00 FOR EACH FAILURE TO FILE A REQUIRED REPORT.



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

NOVEMBER 15, 1984

JACQUELYN McCLINTOCK, DIRECTOR
ALASKA WORKER'S COMPENSATION DIVISION
P.O. Box 1149
JUNEAU AK 99802

RE: STATUTE AS23.30.155 (c)

DEAR JACKIE:

~~RECENTLY WE HAVE BEEN RECEIVING REQUESTS FOR ANNIVERSARY REPORTS FROM YOUR DEPARTMENT. I WANT TO THANK YOU MOST SINCERELY FOR THESE REMINDERS BECAUSE, ALTHOUGH WE MAKE AN EFFORT TO COMPLY AS REQUIRED, WE REALLY HAVE NO METHOD FOR PULLING UP THIS INFORMATION ON OUR COMPUTER AND SO OUR COMPLIANCE HAS BEEN RATHER HIT AND MISS, AS YOU ARE PROBABLY AWARE. THIS HAS NOT BEEN INTENTIONAL ON OUR PART AND SINCE YOUR SYSTEM DOES ALLOW YOU TO NOTIFY US WHEN ANNIVERSARY REPORTS ARE DUE, IF YOU COULD SET THIS UP AS A REGULAR ROUTINE AND EVEN ONCE A MONTH SEND US A LIST OF ALL ANNIVERSARY REPORTS THAT ARE DUE, WE WILL BE MORE THAN HAPPY TO RESPOND PROMPTLY.~~

AS YOU KNOW, THE PENALTY ASSESSED UNDER 23.30.155 (c) REMAINS A MAJOR CONCERN FOR ALOT US AND I HAVE GIVEN A GREAT DEAL OF CONSIDERATION AS TO HOW WE COULD ANSWER YOUR CONCERNS AND PROVIDE YOU WITH THE INFORMATION THAT YOU REQUIRE AND STILL ALLOW US SOME BREATHING SPACE WHEN WE MAKE AN OCCASIONAL OVERSIGHT AND AFFORD US THE OPPORTUNITY TO CORRECT IT BEFORE IT BECOMES EXCESSIVELY EXPENSIVE.

I AM ATTACHING HERETO A SUGGESTED CHANGE WHICH MAY ANSWER BOTH OF OUR NEEDS IN THAT IT WOULD ASSESS A ONE HUNDRED DOLLAR (\$100.00) PENALTY FOR FAILURE TO NOTIFY THE BOARD WITHIN TWENTY ONE (21) DAYS, AS IS NOW REQUIRED, BUT NO FURTHER PENALTY WOULD BE ASSESSED UNTIL THE BOARD HAD NOTIFIED US OF OUR OVERSIGHT. THEN IF WE FAILED TO RESPOND WITHIN TWENTY-ONE (21) DAYS, THE PENALTY WOULD ACCRUE AT THE RATE OF \$10.00 PER DAY UP TO THE MAXIMUM OF \$1,000.00.

JACKIE, I REALIZE YOUR POSITION AND KNOW THAT THIS DATA IS NECESSARY FOR YOU IN ORDER TO OBTAIN ACCURATE INFORMATION TO PROVIDE TO THE LEGISLATORS AND OTHERS, AND IT HAS NEVER BEEN OUR INTENTION TO PURPOSELY FAIL TO REPORT BUT AS I HAVE STATED SO MANY TIMES BEFORE, OUR CLERICAL PERSONNEL ARE ONLY HUMAN AND THEY DO MAKE OCCASIONAL ERRORS WHICH WE ARE MORE THAN HAPPY TO RECTIFY IMMEDIATELY, IF WE ARE NOTIFIED THAT AN ERROR OR OVERSIGHT HAS OCCURRED. ALL OF THE PENALTIES IN THE WORLD CANNOT MAKE A PERFECT HUMAN BEING WHO WILL BE TOTALLY ERROR FREE, BUT IF WE IGNORE A REQUEST FROM YOUR DIVISION WE ARE CERTAINLY WILLING TO ACCEPT THE PUNISHMENT.

NOVEMBER 15, 1984
PAGE 2

WE HAVE NEVER PURPOSELY FAILED TO FILE A REPORT AND WE BELIEVE OUR ERROR/OVERSIGHT RATE IS QUITE LOW, BUT AS IT CURRENTLY STANDS, EVEN FIFTY CLERICAL ERRORS COULD SUBJECT US TO \$50,000.00 IN PENALTIES WHICH IS WHAT WE ARE PROBABLY FACING AT THIS MOMENT AND ACTUALLY THAT REPRESENTS VERY FEW ERRORS CONSIDERING THE HUNDREDS OR THOUSANDS OF REPORTS THAT WE HAVE FILED CORRECTLY.

I WOULD REALLY APPRECIATE IT IF YOU WOULD GIVE THIS SUGGESTION SERIOUS CONSIDERATION AND LET ME HAVE THE BENEFITS OF YOUR THOUGHTS AS SOON AS POSSIBLE.

THANK YOU VERY MUCH FOR YOUR CONSIDERATION.

SINCERELY,

SCOTT WETZEL SERVICES, INC.



RENEE MURRAY
VICE PRESIDENT

RM/DP

CC: WCCA
JIM ROBINSON - COMMISSIONER OF LABOR

UPON MAKING THE FIRST PAYMENT, AND UPON AN INCREASE REDUCTION, TERMINATION, SUSPENSION, RESUMPTION OR A CHANGE IN RATE OR TYPE OF COMPENSATION PAID, THE EMPLOYER SHALL NOTIFY THE BOARD WITHIN 21 DAYS ON A FORM PRESCRIBED BY THE BOARD, THAT PAYMENT OF COMPENSATION HAS BEGUN OR HAS BEEN INCREASED, REDUCED, TERMINATED, RESUMED, CHANGED, OR SUSPENDED, AS THE CASE MAY BE. IF THE EMPLOYER FAILS TO NOTIFY THE BOARD WITHIN 21 DAYS, THE BOARD SHALL ASSESS AGAINST THE EMPLOYER A CIVIL PENALTY OF \$100. UPON NOTIFICATION BY THE BOARD THAT A REPORT HAS NOT BEEN FILED, THE EMPLOYER SHALL HAVE 21 DAYS WITHIN WHICH TO FILE SUCH REPORT AND THEREAFTER, IF THE EMPLOYER HAS FAILED TO COMPLY, THE BOARD SHALL ASSESS A PENALTY OF \$10.00 PER DAY FOR EACH DAY THAT THE EMPLOYER HAS FAILED TO FILE THE REPORT FOLLOWING NOTICE BY THE BOARD. TOTAL PENALTIES UNDER THIS SECTION MAY NOT EXCEED \$1,000.00 FOR EACH FAILURE TO FILE A REQUIRED REPORT.



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Phone: (907) 561-1725

MARCH 17, 1983

JACQUELINE McCLINTOCK, DIRECTOR
ALASKA WORKERS' COMPENSATION DIVISION
P. O. Box 1149
JUNEAU, AK 99811

RE: PENALTIES ASSESSED UNDER SECTION 23.30.155(c),
ALASKA WORKERS' COMPENSATION ACT

DEAR JACKIE:

THE PURPOSE OF THIS LETTER IS TO VOICE MY CONCERNS OVER WHAT I CONSIDER TO BE EXCESSIVE AND UNNECESSARY PENALTIES WHICH ARE BEING ASSESSED UNDER THE ABOVE SECTION OF THE ALASKA WORKERS' COMPENSATION LAW.

FIRST OF ALL, LET ME ASSURE YOU THAT I AM FULLY COGNIZANT OF THE FACT THAT YOU ARE ACTING AS DIRECTED BY THE LAW AND THAT YOU HAVE NO CHOICE IN THE MATTER. THEREFORE, MY CONCERN IS WITH HAVING THE LAW CHANGED BECAUSE I FEEL IT IS UNREASONABLE AND REQUIRES EXCESSIVE AND REDUNDANT REPORTING AND I OBJECT STRONGLY TO THE POLICING ACTION AND THE HARASSMENT.

THE ENTIRE WORKERS' COMPENSATION ACT IS A LAW WHICH WE OBEY SIMPLY BECAUSE IT IS THE LAW AND WE ATTEMPT TO OBEY IT TO THE BEST OF OUR ABILITY. WE DO THIS WITH OR WITHOUT THE THREAT OF ANY PENALTY.

LET ME ASSURE YOU THAT I HAVE NO OBJECTION TO THE FILING OF THE COMPENSATION REPORT. IN FACT, IT IS QUITE THE CONTRARY. I FEEL THAT IT IS NECESSARY THAT YOU HAVE THIS INFORMATION AND IT IS IMPORTANT TO US AS WELL AS TO THE DIVISION THAT THE ACTUAL COSTS OF ALL OF OUR SYSTEMS ARE KNOWN AND RETRIEVABLE, SO WE WOULD FILE THE REPORT WITH OR WITHOUT THE THREAT OF ANY PENALTY AS WE DO WITH ALL OTHER FORMS WHICH WE ARE REQUIRED TO FILE.

OUR FIRM HAS HAD TO PAY VERY FEW PENALTIES, BUT THAT IS NOT THE ISSUE. THE ISSUE IS THE CONSTANT HARASSMENT BY THE LETTERS WHICH ARE GENERATED BY THE COMPUTER THREATENING US WITH HUGE PENALTIES OF ANYWHERE FROM \$100 TO \$2500, THE MORALE PROBLEM IT HAS CREATED WITH OUR STAFF, AND THE TIME THAT IT TAKES TO ANSWER THESE NUMEROUS INQUIRIES OVER NITPICKY DETAILS AND EXPLAIN WHY WE NEGLECTED OR FORGOT TO MARK AN "X" IN A CERTAIN BOX WHICH HAS CAUSED US TO BE ASSESSED A PENALTY OF SEVERAL HUNDRED DOLLARS. AN EXAMPLE OF THIS IS ATTACHED HERETO.

JACQUELINE McCLINTOCK, DIRECTOR
PAGE TWO
MARCH 17, 1983

IN THIS CASE, YOU WILL NOTE THAT WE FILED OUR INITIAL REPORT AND WE FILED THE TERMINATION REPORT WHICH ALSO INCORPORATED A RATE CHANGE AND WE NEGLECTED TO MARK THE RATE CHANGE BOX. THE PROPER RATE WAS PAID, THE REPORT WAS TIMELY FILED BUT THE FAILURE TO MARK THIS BOX HAS GENERATED A \$800 PENALTY LETTER, COPY ATTACHED.

I FEEL ABSOLUTELY CERTAIN THAT YOU WILL AGREE WITH ME THAT THIS IS WRONG AND THAT THIS WAS NEVER THE INTENT OF THE LAW; IT JUST HAPPENS TO BE THE END RESULT. I GUESS WHAT I'M REALLY OBJECTING TO IS THE BUREAUCRACY THAT THIS HAS CREATED AND ALL OF THE PAPERWORK, THE TIME, THE EXPENSE, THE AURA OF DISTRUST, THE REQUEST FOR AFFIDAVITS WHICH ARE A COMPLETE INSULT TO OUR HONESTY AND INTEGRITY AND THE FACT THAT THERE IS ABSOLUTELY NO ALLOWANCE FOR HUMAN ERROR.

IT GOES WITHOUT SAYING THAT THE PUNISHMENT IS EXCESSIVE AND DOES NOT FIT THE CRIME.

I REALIZE YOU ARE NOT RESPONSIBLE FOR THIS LAW BUT I ALSO REALIZE THAT YOU CAN BE QUITE EFFECTIVE IN HAVING THE NECESSARY CHANGES EFFECTED. THIS COULD EASILY BE REMEDIED BY REMOVING THE WORD "SHALL" ASSESS AND CHANGING IT TO "MAY" ASSESS. THEREFORE, I AM ASKING YOUR ASSISTANCE TO ACCOMPLISH THIS IN THE MOST EXPEDIENT AND REASONABLE MANNER.

THANK YOU SO MUCH FOR YOUR ASSISTANCE AND CONTINUED COOPERATION.

VERY TRULY YOURS,
SCOTT WETZEL SERVICES, INC.

RENEE MURRAY
ALASKA MANAGER

RM/vp

CC: JIM ROBINSON, COMMISSIONER OF LABOR

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99811
(907) 465 2790

DATE 02/25/83

*Paul
3-4-83*

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A
ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 01/04/83, WAS 29 DAYS OVERDUE. ACCORDINGLY, \$800 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECCND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99811.

EMPLOYEE: BAUER, STEPHAN
BOX 9

EMPLOYER: ILIAMMA AK 99606
WIEN AIR ALASKA
4100 INT'L AIRPORT RD.
ANCHORAGE AK 99502

INJURY DATE: 12/09/82
AWCB CASE NO: 226213
REF YOUR CLAIM 794

VERY TRULY YOURS,
Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. THIS INFORMATION ONLY. REAL IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number	226213
3. Injury Date	12 9 182
5. Social Security Number	476-64-7033
6. Birthdate	5 29 154

1. Employee's Name (Last, First, Middle Initial)	Bauer, Stephan
4. Address	Box 9
City	Hianna, AK
State	AK
Zip	99606
Telephone	
7. Employer	Wien Air Alaska
9. Address	4100 Intl Airport Rd.
City	Anch, AK
State	AK
Zip	99502
Telephone	

2. Insurer Claim Number	794
8. Insurer/Adjusting Company	Self-Insured
10. Address	90 Scott Industrial Services
City	
State	
Zip	
Telephone	

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input checked="" type="checkbox"/> 2. Highest of three years, 19 <u>81</u>	
	Documents received: <u>1/3/83</u>	
	Date	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	
	<input type="checkbox"/> 5. Volunteer policeman, etc.	

14. RATE \$ <u>320.90</u>	15. HOW RATE WAS FIGURED
<input checked="" type="checkbox"/> a. Alaska TTD, PYD, death or scheduled PPD	a. Gross Wages Employee Avg. Wk. Wage Alaska Weekly Rate Alaska Max. or Min.
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage Earning Capacity Difference Alaska Weekly Rate Alaska Max. or Min.
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage Alaska Avg. Wk. Wage State Ratio Alaska Weekly Rate State Weekly Rate
(1) State or Country	(2) Date Left / / (3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
1-4-83	TTD	12-13-82	1-3-83	3 / 1	\$ 320.90	\$ 1008.54 *
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ 1008.54

18. Impairment Rating: % of ; % of ; % of

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began	1/14/83	22. a. Employee Attorney Fees	\$ 0	b. Late Report Penalties	\$ 0
b. First Payment Date	12/28/82	c. Employer Attorney Fees	\$ 0	d. Medical	\$ 1150.00
21. Date Disability Ended	1/3/83	e. Second Injury Fund	\$ 1008.54	f. Rehabilitation	\$ 0
		<input type="checkbox"/> s	Check to SIF Attached	g. Other	\$ 0

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <u>1/14/83</u>	24. <input type="checkbox"/> Released for Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input checked="" type="checkbox"/> At Same Job	Date / /	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 076105)
Occupation	<input type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: CC: AWCB Wien File
Rate change report only. Final filed 1/4/83. See ATTACHED.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print)	35. Signature	36. Date		
Julia Fackelheim Examiner	Julia Falke	2/18/83		
37. Address (if different from No. 10)	City	State	Zip	Telephone
741 Serrano St Ste 1-11	Anch, AK	AK	99503	501-1725

EMPLOYEE: KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READING IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
3. Injury Date 12/9/82
5. Social Security Number 476-64-7033
6. Birthdate 5/29/54

1. Employee's Name (Last, First, Middle Initial) Bauer, Stephen
4. Address Box 9 City: Hoonah, AK 99806 State: Zip: Telephone:
7. Employer Wien Air Alaska
9. Address 4100 International City: Anch, AK 99503 State: Zip: Telephone:

2. Insurer/Adjusting Company 794 Self-Insured
8. Insurer/Adjusting Company Self-Insured
10. Address c/o Scott Weber Services City: State: Zip: Telephone:

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input checked="" type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input type="checkbox"/> 2. Highest of three years, 19____	
	Documents received: <u>1/1</u> Date	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	

14. RATE \$65.00	15. HOW RATE WAS FIGURED
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages Employee Avg. Wk. Wage Alaska Weekly Rate Alaska Max. or Min. \$ 52 weeks = \$ X 66 2/3% = \$ \$ 65.00
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage Earning Capacity Difference Alaska Weekly Rate Alaska Max. or Min. \$ -\$ = \$ X 66 2/3% = \$ \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage Alaska Avg. Wk. Wage State Ratio Alaska Weekly Rate State Weekly Rate \$ \$ % X \$ = \$
(1) State or Country	(2) Date Left / / (3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
12/28/82	TTD	12/13/82			\$ 65.00	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____
19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 12/10/82	22. a. Employee Attorney Fees \$ -0	b. Late Report Penalties \$ -0
b. First Payment Date 12/28/82	c. Employer Attorney Fees \$ -0	d. Medical \$ -0
21. Date Disability Ended / /	e. Second Injury Fund \$ -0	f. Rehabilitation \$ -0
	<input type="checkbox"/> S Check to SIF Attached	g. Other \$

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work <u>1/1/83</u> <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation _____ Weekly Pay Rate \$ _____	24. <input type="checkbox"/> Released for Work Date <u>1/1/83</u> <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
		27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach O7 G105)
		29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:
CC: HWSLB + WIETU AIR AK

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Julia Falke, Claims Examiner	35. Signature Julia Falke	36. Date 12/28/82
37. Address (if different from No. 10) Scott Weber Services, 741 Sesame St, Anch AK 99503	City: Anch, AK State: AK Zip: Telephone:	



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc.

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone (907) 276-2111

February 9, 1982

The Honorable Terry Martin
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Re: David Butler/Municipality of Anchorage

Dear Mr. Martin:

The attached decision from the Workers' Compensation Board is a classic example of the serious problems inherent in our current Workers' Compensation laws.

This employee, who had a minor hearing loss, basically corrected by a hearing aid, was kept on full salary through non-cashable sick leave for the period 4/1/80 through 12/8/80 while he was awaiting action on his request for retirement from the Municipality, which was subsequently granted. After he was retired and after he had received full payment in the amount of \$27,658.67 from his employer for the period 4/1/80 through 12/8/80, he filed for worker's compensation for the same period of time and the Board has now ruled that the employer must also pay him compensation benefits of an additional \$21,668.04 for the exact same period of time loss. The employee has therefore recovered in excess of 200% of his normal salary for a period of 9 months. Full payment by an employer, regardless of what fund it is paid from, or what they call it, should certainly satisfy the requirements of the Workers' Compensation Board.

Your comments will be appreciated.

Very truly yours,

SCOTT WETZEL SERVICES, INC.

Renee Murray
Claims Manager

RM/vb

*We need an offset
in W.C. for other
benefits that
duplicate these payments.*
Renee
1/9/83



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc.

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

January 9, 1985

Elaine VanderSande
Workers Compensation Officer
Second Injury Fund
Box 1149
Juneau, Alaska 99802

RE: David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511

Dear Ms. VanderSande:

This will acknowledge receipt of your letter of December 28, 1984 notifying us of your decision that we owe a \$750.00 penalty and your filing of the notice of Statement of Readiness to Proceed hearing.

We don't owe this penalty. Marion Berry attempted to explain it, but it is a complicated situation, so I am going to try again.

First of all, I will tell you the facts and then explain our error which created this whole scenario.

The fact is that we paid Mr. Ford TTD benefits from 3/14/83 through 6/2/83. The last payment was made on 6/2/83. (Copies of the last 3 checks issued are attached.)

After making the final payment on 6/2/83, we filed a Termination Report on 6/15/83. When that report was completed, WE MADE AN ERROR AND INCORRECTLY INDICATED THAT THE FINAL PAYMENT HAD BEEN MADE ON 5/6/83 RATHER THAN 6/2/83.

I frankly have no idea why our clerical personnel picked up the incorrect date, but the fact is she did and we, therefore, filed a corrected report on 6/30/83 indicating the error and showing the final payment made on 6/2/83.

This final check was, in fact, returned to us by the claimant inasmuch as he had returned to work at an earlier date. We had an overpayment from 5/9/83 through 5/19/83, but for the purposes of the Compensation Report and the alleged penalty, the fact remains that we did issue the final check on 6/2/83 and we did file the Termination Report within the 14 day period following the final payment.

David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511
Page 2

If we were to accept your reasoning, every time we overpay someone we would owe a late reporting penalty because we continued payment beyond their return to work date - for whatever reason. In this case, we relied on the doctor's report, which indicated he was not released for work. However, as you know, he returned to work without a doctor's release, and for this you want us to pay a \$750.00 penalty. Can you possibly believe this is justified?

If so, we request a formal hearing in Anchorage before the full Board.

You will note from the attached copies that we had to file SIX Compensation Reports, and it still isn't good enough for you. No wonder we are up in arms.

Very truly yours,

Renee Murray
Vice-President

RM/jlh
Enclosures

cc: WCCA Committee
cc: Rep. Virginia Collins
cc: Randy Weddle, Esq.
cc: SWS-Bremerton

3009

NATIONAL BANK OF ALASKA
OPENARD BRANCH
ANCHORAGE, ALASKA 99503

89-5/1252

CLAIM NO.
390-110-647
DATE ISSUED
5/6/83
TYPE PMT.
3
CLOSE

SCOTT WETZEL SERVICES, INC.
741 SESAME STREET, SUITE 1A
ANCHORAGE, ALASKA 99503

CLAIMANT
FORD, DAVID P.
DATE OF LOSS
3/10/83
LOCATION
CHUGIAK

PAYEE FEDERAL I.D. NO. IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY--5/11 thru 5/15/83 (5 day wait
period) PLUS TTD ADJUSTMENT 5/14 thru 5/5/83 (2wks) 30/222

PAY ---TWO THOUSAND, ONE HUNDRED, FORTY THREE & 74/100----- DOLLARS \$ 2,143.74**

TO: DAVID P. FORD
1547 E. 27th Avenue
Anchorage, Alaska 99504

STATE OF ALASKA
W/C CLAIMS PAYMENT ACCOUNT
BY SCOTT WETZEL SERVICES, INC.

NOT NEGOTIABLE

3145

NATIONAL BANK OF ALASKA
SPENARD BRANCH
ANCHORAGE, ALASKA 99503

89-7/252

CLAIM NO.
390-110-647
DATE ISSUED
5/18/83
TYPE PMT.
3
CLOSE

SCOTT WETZEL SERVICES, INC.
741 SESAME STREET, SUITE 1A
ANCHORAGE, ALASKA 99503

CLAIMANT
FORD, DAVID P.
DATE OF LOSS
3/10/83
LOCATION
CHUGIAK, AK.

PAYEE FEDERAL I.D. NO. IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY 5/6 THRU 5/10/83 (2 WEEKS) 30/222

PAY FIVE HUNDRED EIGHTY EIGHT DOLLARS AND 72/100----- DOLLARS \$ 588.72

TO: DAVID P. FORD
1547 E 27th AVE
ANCHORAGE, AK. 99504

STATE OF ALASKA
W/C CLAIMS PAYMENT ACCOUNT
BY SCOTT WETZEL SERVICES, INC.

NOT NEGOTIABLE

3308

NATIONAL BANK OF ALASKA
SPENARD BRANCH
ANCHORAGE, ALASKA 99503

89-5/1252

CLAIM NO.
390-110-647
DATE ISSUED
6/2/83
TYPE PMT.
3
CLOSE

SCOTT WETZEL SERVICES, INC.
741 SESAME STREET, SUITE 1A
ANCHORAGE, ALASKA 99503

CLAIMANT
FORD, DAVID P.
DATE OF LOSS
3/10/83
LOCATION
CHUGIAK, AK.

PAYEE FEDERAL I.D. NO. IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY--5/20 thru 6/2/83 (2 wks) 30/222

PAY ----FIVE HUNDRED, EIGHTY EIGHT & 72/100----- DOLLARS \$ 588.72**

TO: DAVID P. FORD
1547 E. 27th Avenue
Anchorage, Alaska 99504
6/16/83

STATE OF ALASKA
W/C CLAIMS PAYMENT ACCOUNT
BY SCOTT WETZEL SERVICES, INC.

NOT NEGOTIABLE

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

December 28, 1984

Ms. Marion C. Berry
Scott Wetzel Services
741 Sesame Street, Suite 1-A
Anchorage, AK 99503


Dear Ms. Berry:

Re: David P. Ford vs. State of Alaska
D/A 3-10-83 Case No. 304511
Insurer Claim No. 647

You responded on June 28, 1983 to J. Paul House's June 23, 1983 notice of late report penalty and explained that the adjuster was not notified of David Ford's return to work several weeks before it was anticipated.

AS 23.30.155(c) does not provide an option to waive penalty, and the Fund cannot excuse notice not timely filed even though the period of disability changed after receipt of additional information. If the employer did not notify the adjuster of the return to work, you should discuss this failure with the employer as the employer/insurer/adjuster are jointly responsible for prompt filing.

Very truly yours,


Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund

COPY SERVED ON
(HSS) State of AK / Scott Wetzel Services
C-RRR

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, Alaska 99811

PETITIONED ON 12-28-84

AWCB Case Number

304511

(Not to be used by injured employee)

1. Employee's Name (Last, First, Middle Initial) Ford, David P.				2. Insurer Claim No. 647		3. Date of Injury 3 / 10 / 83	
4. Address						5. Social Security Number 329 - 80 - 0804	
City	State	Zip Code	Telephone			6. Date of Birth 5 / 6 / 49	
7. Employer State of Alaska (HSS)				8. Insurer Self Insured / Scott Wetzel Services			
9. Address 400 Gambell, Suite 201				10. Address 741 Sesame St. Suite 1-A			
City	State	Zip Code	Telephone	City	State	Zip Code	Telephone
Anchorage, Alaska 99503				Anchorage, Alaska 99503 561-1725			

REASON FOR PETITION - CHECK APPROPRIATE BOXES AND COMPLETE QUESTIONS IN DETAIL.

JOIN ADDITIONAL EMPLOYER AND/OR INSURER: (ATTACH PROOF OF SERVICE ON EMPLOYER AND/OR INSURER)

11. Name of Employer to be Joined				12. Insurer			
13. Address				14. Address			
City	State	Zip Code	Telephone	City	State	Zip Code	Telephone
15. Dates Injured Employee Worked for Employer to be Joined				16. Dates of Coverage (Use when joining only insurer)			
17. Date of Alleged Injury		18. Nature of Alleged Injury					

If more than one employer and/or insurer to be joined, attach additional page and provide above information for each employer and/or insurer.

PETITION TO TERMINATE BENEFITS (CHECK TYPE TO BE TERMINATED):

Temporary Total Disability Temporary Partial Disability Permanent Partial Disability Permanent Total Disability Medical Benefits
 Other:

20. Reason for termination:

21. If you are seeking termination of temporary compensation and allege the disability is permanent, report total compensation paid:

Type	From	Through	Weeks and Days	Rate	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$

22. Date When Disability Became Permanent

OTHER (STATE IN DETAIL BELOW; ATTACH ADDITIONAL PAGE IF NECESSARY):

Request Board Order on late reporting penalty of \$750.00 per AS 23.30.155(c) based upon compensation report termination payment of May 6, 1983 which was 27 days late.
The Second Injury Fund requests a determination based upon the information in the case file.

COMPLETE AND ATTACH A MEDICAL SUMMARY (Form 07-6103).
ATTACH PROOF OF SERVICE

23. Name of Individual Submitting this Form (Print or Type) Claine VanderSande			24. Signature Claine VanderSande		25. Date 12/28/84	
26. Address Second T...			City	State	Zip Code	

COPY SERVED ON
 (HSS) State of AK/ Scott Wetzel Services

C-RRR

FILED AWCB ON 12-28-84

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 P.O. Box 1149
 Juneau, Alaska 99802

STATEMENT OF
 READINESS TO PROCEED

AWCB Case Number

304511

BEFORE YOU COMPLETE AND SUBMIT THIS FORM, READ CAREFULLY.

1. Use only to request the scheduling of a pre-hearing or hearing after employee has filled an "Application for Adjustment of Claim" (Form 07-6106) or employer/insurer has filed a "Petition" (Form 07-6111).
2. Note that once a hearing has been scheduled, a continuance will be permitted only for good cause following a written stipulation filed with the Board before the hearing or an oral motion at the time for the hearing. If a continuance is granted, there may be a significant delay before your case is rescheduled.
3. You should complete and submit this form only if you are fully prepared for a hearing.
4. Plan to be present at the hearing in person or represented by an attorney.

1. Employee's Name (Last, First, Middle Initial) Ford, David P.		2. Insurer Claim Number 647	3. Date of injury 3 / 10 / 83
4. Address		5. Social Security Number 329-80-0804	
City	State	Zip Code	Telephone
7. Employer State of Alaska (HSS)		8. Insurer/Adjusting Company Self Insured / Scott Wetzel Services	
9. Address 400 Gambell, Suite 201		10. Address 741 Sesame St. Suite 1-A	
City	State	Zip Code	Telephone
Anchorage, Alaska 99503		Anchorage, Alaska 99503 561-1725	

Before your case will be scheduled for a pre-hearing or hearing, you MUST comply with the following instructions:

Section 1

11. Complete the entire form except (a) Section 4 if requesting a pre-hearing, or (b) Section 3 if requesting a hearing.
12. Attach a "Medical Summary" (Form 07-6103).
13. Attach proof of service upon opposing parties of the "Medical Summary" form and this form.
14. Mail this form to the Board's address in the city you want the pre-hearing or hearing held. If you request "Other", mail to the Board's Juneau address.

Section 2

15. The Employee, Employer, Insurer, or Physician requests that this case be set for a Pre-hearing or Hearing in:

<input type="checkbox"/> Anchorage Pouch 7-019 Anchorage, AK 99510 (907) 264-2424	<input type="checkbox"/> Fairbanks 675 7th Avenue Station "J" Fairbanks, AK 99701 (907) 452-1509	<input checked="" type="checkbox"/> Juneau Box 1149 Juneau, AK 99802 (907) 465-2790	<input type="checkbox"/> Other (Check one) <input type="checkbox"/> Ketchikan <input type="checkbox"/> Sitka
--	--	--	--

16. Employee is now receiving compensation payments: YES NO Weekly Rate \$ _____

Section 3

17. A pre-hearing is requested to:

Frame Issues, Record Stipulations, Join Necessary Parties, or Other (Explain): _____

Section 4

18. A regular hearing is requested. If there are additional issues not listed on the "Application for Adjustment of Claim" or "Petition", please attach an amended Application or Petition.

19. I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for my portion of the hearing will be _____ minutes.

20. Comments: no testimony/witness

21. Name of Individual Submitting this Form (Print or Type) Elaine VanderSande	22. Signature <i>Elaine VanderSande</i>	23. Date 12 12 84
24. Address Second Injury Fund P.O. Box 1149, Juneau, Alaska 99802		Zip Code 99802
25. Attorney's Name and Firm Name (if represented)		26. Telephone
27. Attorney's Address		City

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

Paul House

DATE 06/29/83

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A

ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.15(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 05/06/83, WAS 27 DAYS OVERDUE. ACCORDINGLY, \$750 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECOND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99802.

EMPLOYEE: FORD, DAVID P.
1547 E 27TH AVE

ANCHORAGE AK 99504
ALASKA, STATE OF (HESS)
HEALTH & SOCIAL SERVICES
3601 C ST., FRONTIER BLD
ANCHORAGE AK 99503

EMPLOYER:

INJURY DATE: 03/10/83
AWCB CASE NO: 304511
REF YOUR CLAIM 647

VERY TRULY YOURS,
Paul House
PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

6/28/83
DEAR PAUL,
Pls be advised that we
have submitted a corrected
report, because our last
payment made was on 6-2-83
paying clmt thru 6-2-83, but
was returned by clmt
6-9-83 indicating that he
had Rtu 5-7-83 without
a doctor's release. I do not
feel we owe \$750.00 on
any amount.

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647	3. Injury Date 3 / 10 / 83
4. Address 1547 E 27th AVE City State Zip Telephone ANCHORAGE AK 99504 276-5427		5. Social Security Number 329 - 80 - 0804	
7. Employer STATE OF ALASKA		8. Insurer/Adjusting Company SELF INSURED	
9. Address 400 GAMBELL, SUITE 201 City State Zip Telephone ANCHORAGE AK 99503		10. Address SCOTT WETZEL SERVICES, INC. City State Zip Telephone	

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents

2. Highest of three years, 19 _____
Documents received: _____ / _____ / _____
Date

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	52 weeks = \$	X 662/3% = \$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	= \$	X 662/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	\$	% X \$	= \$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) **CORRECTION**

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
6/2/83	TTD	5/11/83	5/19/83	10	\$ 294.36	\$ 3406.16
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$: 3406.16

18. Impairment Rating: _____ % of _____ : _____ % of _____ : _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ 39,041.49
21. Date Disability Ended 5 / 19 / 83	e. Second Injury Fund \$ 148.86	f. Rehabilitation \$ _____
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work **5 / 9 / 83** Released for Work _____

At New Job At Same Job

Occupation _____

Weekly Pay Rate \$ _____

24. Regular Work Modified Work

25. Moved from Alaska

26. Compromise and Release

27. Returned to Alaska

28. Controversy (Attach 076105)

29. Recomputation

30. Board Order

31. Other

32. Lack Recent Medical Report

33. Remarks: **OVERPAYMENT 5/9/83 THRU 5/19/83 = 1 WEEK 4 DAYS = 462.56 OVERPAYMENT LAST PAYMENT MADE ON 6/2/83, PAYING CLAIMANT THRU 6/2/83, BUT WAS RETURNED BY CLAIMANT ADVISING HE RETURNED TO WORK 5/9/83.**

CC: AWCB CC: SOA PR CC: FILE CC: SOA RISK MANAGEMENT CC: SWS BREMERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY/CLAIMS EXAMINER	35. Signature <i>[Signature]</i>	36. Date 6 / 30 / 83
37. Address (if different from No. 10) 741 SESAME ST SUITE 1-A ANCHORAGE AK 99503 541-1775		

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCS Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647	3. Injury Date 3 / 19 / 83
4. Address 1547 F 27th AVE		5. Social Security Number 329 - 80 - 0804	
City ANCHORAGE	State AK	Zip 99504	6. Birthdate AGE 37 /
7. Employer STATE OF ALASKA (HSS)		8. Insurer/Adjusting Company SELF INSURED	
9. Address 400 GAMBELL, SUITE 201		10. Address SCOTT NETZEL SERVICES, INC.	
City ANCHORAGE	State AK	Zip 99503	City ANCHORAGE
			State AK
			Zip 99503
			Telephone 276-5427

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19____
 Documents received: ____/____/____
 Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$		15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employer Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.	
	\$	52 weeks = \$	X 66 2/3% = \$	\$	
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate	Alaska Max. or Min.
	\$	-\$	= \$	X 66 2/3% = \$	\$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	\$	% X \$	\$	\$
(1) State or Country	(2) Date Left / /	(3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly			

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
5/6/83	TTD	3/11/83	5/19/83	10	\$ 294.36	\$ 3406.16
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$ 3406.16

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ 37,401.4
21. Date Disability Ended 5 / 19 / 83	e. Second Injury Fund \$ 148.86	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ 148.86 Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work **5 / 9 / 83** At New Job At Same Job
 Occupation _____ Weekly Pay Rate \$ _____
 Released for Work Date / / Moved from Alaska
 Regular Work Modified Work Returned to Alaska
 Recompensation Other
 Compromise and Release Controversy (Attach 07 G105)
 Board Order Lack Recent Mer Report

33. Remarks: **OVERPAYMENT FROM 5/9/83 THRU 5/19/83, PERIOD OF 1 WEEK 4 DAYS, OF \$462.56.**

CC: AWCB
 CC: SOA PR
 CC: FILE
 CC: SOA RISK MANAGEMENT

CC: SWS BREMERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY/CLAIMS EXAMINER	35. Signature <i>[Signature]</i>	36. Date 6 / 15 / 83
37. Address (if different from No. 10) 741 SESAME ST., SUITE 1-A	City ANCHORAGE	State AK
	Zip 99507	Telephone 561-1725

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.				2. Insurer Claim Number 647		3. Injury Date 3 / 10 / 83	
4. Address 1547 E. 27th Avenue						5. Social Security Number 239 - 80 - 0804	
City ANCHORAGE, ALASKA		State 99504		Zip 276-5427		6. Birthdate / AGE 33/	
7. Employer STATE OF ALASKA (HSS)				8. Insurer/Adjusting Company SELF INSURED c/o SCOTT WEITZEL SERVICES, INC.			
9. Address 400 GAMBELL, SUITE 201				10. Address 741 Sesame Street			
City ANCHORAGE, ALASKA		State 99503		Zip 99503		Telephone 561-1725	

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages? _____	
	<input checked="" type="checkbox"/> 2. Highest of three years, 19 <u>82</u>		
	Documents received: <u>5 / 4 / 83</u>	Date	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured: _____	
	<input type="checkbox"/> 4. Minor or apprentice		
<input type="checkbox"/> 5. Volunteer policeman, etc.			

14. RATE \$ 294.36		15. HOW RATE WAS FIGURED			
<input checked="" type="checkbox"/> a. Alaska (TTD, PTD, death or scheduled PPD)	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate		
	\$ 22,959.64	52 weeks = \$ 441.53	x 66 2/3% = \$ 294.36		
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate	
	\$	-\$	= \$	x 66 2/3% = \$	
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	\$	% x \$	\$	\$
(1) State or Country		(2) Date Left / /		(3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly	

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain):

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
5/6/83	TTD	3/11/83			\$ 294.36	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
(If additional space is needed, use chart on reverse.)						TOTAL
						\$

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began <u>3 / 11 / 83</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>3 / 24 / 83</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended <u>CONTINUING</u>	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work _____ / _____ / _____ <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job	24. <input type="checkbox"/> Released for Work _____ / _____ / _____ <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
Occupation _____ Weekly Pay Rate \$ _____		27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach D7G105)
		29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:

CC: ANCB
CC: SOA-PAYROLL
CC: FILE

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY, CLAIM EXAMINER	35. Signature <i>[Signature]</i>	36. Date 5 / 6 / 83
37. Address (if different from No. 10) City _____ State _____ Zip _____ Telephone _____		

Chancy Croft, Attorney

738 H Street — Suite 200

Anchorage, Alaska 99501

907-272-3508

February 27, 1985

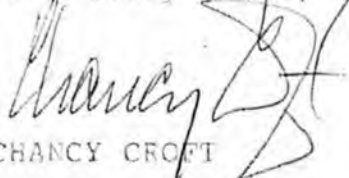
Honorable Mike Navarre
Chairman, Labor & Commerce Committee
Alaska House of Representatives
Juneau, Alaska 99801

Dear Mike:

As a lawyer, I represent only injured workers before the Alaska Workers Compensation Board. The present reporting and penalty provisions of the Alaska Workers Compensation Act are a real benefit to injured workers. The present system provides needed information by which all parties can make informed decisions. Equally important, and some of the time even more important, the penalty provisions help to insure prompt payment of benefits to injured workers. Often, prompt payment of benefits is all that keeps a disabling injury from becoming a huge personal tragedy. While the present system does not guarantee prompt payment in all cases, it is a strong incentive in that direction and certainly should be strengthened and not weakened.

In the early 1980's, I was a public member of a committee created by the legislature to analyze our workers compensation system. Both the committee and the legislature spent countless hours considering possible changes. While in the end we were unable to agree on such things as the benefit level or rehabilitation, there was unanimous and emphatic agreement for the adoption of the present reporting and penalty provisions. As a former member of that committee, I believe the legislative changes made then have worked well to accomplish their purpose and I hope they will all be retained.

Very truly yours,


CHANCY CROFT

CC:ols

STATE OF ALASKA

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

BILI SHEFFIELD, GOVERNOR

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

February 27, 1985

The Honorable Virginia Collins
Alaska State Representative
Pouch V
Juneau, AK 99811

Dear Representative Collins:

In follow-up to our discussion last month regarding late reporting penalties, enclosed is information on the amount of penalties paid for both calendar year 1984 and total penalties paid for the past three-year period that the compensation reporting system has been in effect. On the latter report I have included the total penalties paid by insurers/adjusters to injured workers for late payment of compensation benefits.

The current update of penalties paid to the Second Injury Fund shows that since January 1, 1982 a total of \$192,193 has been paid by insurers/adjusters on 333 claims. Penalties paid to injured workers by insurers/adjusters for late payment of compensation benefits total \$179,776 on 2,099 claims. For the convenience of insurers/adjusters requesting break-outs of penalties paid, I have listed the penalties by the Division claim number. For each independent adjusting agency I have listed, by insurance company or self-insured employer for whom claims are being adjusted, the total number of claims penalized and amount of penalties. Concerning the status of outstanding penalties due the Second Injury Fund, records show that since November 1984 the Second Injury Fund has filed petitions with the Board for non-payment of penalties on 41 cases. Three cases were subsequently resolved through payment or filing of an affidavit by the insurer/adjuster, and seven cases were referred to the Board for order of payment. Twenty-one cases are pending insurer/adjuster response to the petition or referral to the Board. The forty-one petitions were served on the following:

Providence Washington Insurance	7
Alaska Pacific Assurance Company	6
Scott Wetzell Services	8
Wilton Adjustment Services	1
Crawford and Company	5
American International Adjusting Company	2
State Farm Insurance	1
Wausau Insurance	1
Louisiana Pacific - Ketchikan	1
Industrial Indemnity Insurance	9

It was my understanding that one particular adjuster stated to you that he refused to pay Second Injury Fund penalties and, in fact, had never paid

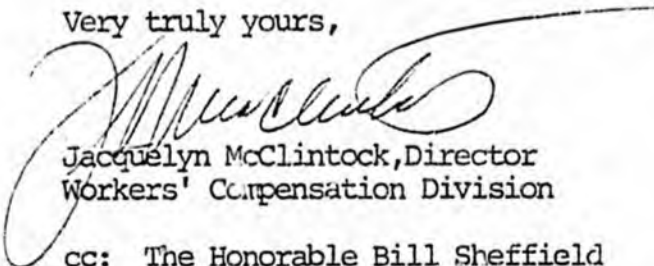
any penalties. You, therefore, questioned whether the law was being equitably enforced. Since I do not know the name of the adjuster it is difficult to research this statement. However, in comparing the above companies who have been served petitions for non-payment of penalties with the list of companies who have paid penalties, it is noted that all the above companies appear on the payment listing. We have no long outstanding unpaid penalties other than those listed above. Therefore, it would appear this adjuster has either never been assessed a late reporting penalty or the penalty was waived upon filing of an affidavit or corrected report with the Board. Please advise if you wish me to research this further.

As you may be aware, Randy Weddle of the law firm of Faulkner, Banfield, Doogan and Holmes, on behalf of the insurers/adjusters listed below, and the Attorney General's office, on behalf of the Second Injury Fund, signed a stipulation on June 8, 1984 staying action on ten penalty cases pending a constitutional challenge to the court on the assessment of Second Injury Fund penalties. On February 11, 1985 the Attorney General's office was advised by Randy Weddle that the insurers/adjusters had decided not to proceed with the case because the litigation costs exceeded the amount of penalties. We have heard nothing further from the parties and assume this action has been dropped. The insurers/adjusters who had been involved in these cases are as follows:

Northern Adjusters	3
Alaska Pacific Assurance Company/ Insurance Company of No. America	1
Scott Wetzel Services	3
Travelers Insurance	1
Industrial Indemnity Insurance	1
Fireman's Fund Insurance	1

If you have further questions, please contact me.

Very truly yours,



Jacquelyn McClintock, Director
Workers' Compensation Division

cc: The Honorable Bill Sheffield
Governor, State of Alaska

The Honorable Mike Navarre, Chairman
House Labor and Commerce Committee

Jim Robison, Commissioner
Department of Labor

Jack Thompson, Management Member
Labor/Management Ad Hoc Committee

Kevin Dougherty, Labor Member
Labor/Management Ad Hoc Committee

Randall J. Weddle, Esq.
Faulkner, Banfield, Doogan and Holmes

PENALTIES PAID FROM JANUARY 1, 1982 - PRESENT

<u>INSURER/ADJUSTING/AGENCY/ SELF-INSURED EMPLOYER</u>	<u>LATE COMPENSATION PAYMENT PENALTY (TO INJURED WORKER)</u>		<u>LATE REPORTING PENALTY (TO SIF)</u>	
	<u>No. of Claims</u>	<u>Amount</u>	<u>No. of Claims</u>	<u>Amount</u>
Alaska Insurance Company	1	26		
Alaska National Insurance Company	32	1,005	2	550
Alaska Timber Insurance Exchange	25	1,391	12	2,450
Alaska Pacific Assurance Company/ Insurance Company of North America	108	7,060	46	27,380
American International Adjusting	54	4,506	10	5,075
Arctic Adjusters	15	865		
Argonaut Insurance Company	1	12		
Consolidated Freightways	2	65	1	1,240
Crawford and Company	171	13,405	12	7,365
Foss Alaska Lines			1	325
Fireman's Fund Insurance	46	1,559	5	750
General Adjustment Bureau	59	2,566	1	925
Great American Insurance Company	56	3,079	8	8,625
Home Insurance Company	17	757	9	2,425
Industrial Indemnity Company	536	39,517	65	33,658
Liberty Mutual Insurance Company	2	64	2	286
Marathon Oil	1	56		

LATE COMPENSATION PAYMENT PENALTYLATE REPORTING PENALTY

Mission Insurance Company	1	21		
Northern Adjusters	24	2,659	4	2,325
Pacific Marine Insurance Company	156	13,209	17	4,655
Providence Washington Insurance Company	477	58,575	67	57,189
Rosenurgy and Company	9	1,100	6	2,800
Scott Wetzel Services	145	14,308	6	1,200
Sears Roebuck			5	1,345
Shell Oil Company	2	78		
St. Paul Fire and Marine	3	62		
Standard Oil Company/Chevron U.S.A.			6	2,350
State Farm Fire and Casualty	29	1,176	1	150
Surety of Alaska	2	59	3	1,750
Traveler's Insurance Company	4	498	6	1,885
Underwriters Adjusting Company	1	376	1	400
Union Oil Company			2	425
U.S. Fidelity and Guaranty	5	1,815	2	1,750
Wausau Insurance Company	54	5,485	27	20,945
Wilton Adjusting Company	<u>61</u>	<u>4,422</u>	<u>6</u>	<u>1,970</u>
	2,099	179,776	333	192,193

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

REPORTING PENALTY
SIF)

	<u>No. of Claims</u>	<u>Amount</u>	<u>No. of Claims</u>	<u>Amount</u>
ALASKA TIMBER INSURANCE EXCHANGE	21	829	9	1,900
(Louisiana Pacific Corporation)	4	562	3	550
Total	25	1,391	12	2,450

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims

Amount

No. of Claims

Amount

ALPAC/INA - Anchorage/ INSURANCE CO. OF NORTH AMERICA	102	6,767	46	27,380
(Pacific Employers Ins. Co.)	4	46		
(Industrial Indemnity of No. America)	1	214		
(Aetna Fire Underwriters)	1	33		
Total	108	7,060	46	27,380

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims

Amount

No. of Claims

Amount

AMERICAN INTERNATIONAL ADJUSTING

(National Union Fire Ins.)

19

1,943

6

2,090

(Alaska Insurance Co.)

26

2,137

3

2,875

(Granite State Insurance Co.)

2

174

(American Home Inc.)

2

46

1

110

(A.I.U. Insurance)

5

206

Total

54

4,506

10

5,075

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims Amount

No. of Claims Amount

ARCTIC ADJUSTERS

(American Motorists)	7	349
(American Mfg. Mutual)	1	26
(U.S. Fidelity & Guarantee)		490
Total	5	865

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYERLATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)LATE REPORTING PENALTY
(TO SIF)No. of ClaimsAmountNo. of ClaimsAmount

CRAWFORD AND COMPANY

(Aetna Casualty & Surety)	37	2,615	4	5,565
(American & Foreign Insurance)	2	19		
(Continental Casualty)	1	1,500		
(American Mutual Liability)	3	58		
(Maryland Casualty Co.)	2	30		
(Royal Indemnity Co.)	6	357		
(Transportation Insurance Co.)	5	112		
(Argonaut Ins. Co.)	51	4,504	3	545
(General Accident Ins. Am.)	1	4		
(Royal Globe Ins.)	4	193	1	130
(Safeco Ins. Co.)	1	154		
(Ideal Mutual)	1	5		
(South Carolina Ins. Co.)	1	120		
(Security Ins. Co. of Hartford)	1	9		
(Royal Ins. Co. of America)	13	360		
(Trans Pacific Ins. Co.)	1	6		
(Mission Ins. Co.)	3	280	2	325
(National Union Fire Ins.)	3	676		
(ALPAC/INA)	10	1,465	1	325
(State Farm Fire & Casualty)	3	77		

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims Amount

No. of Claims Amount

CRAWFORD & CO. cont.

(Transamerica Ins. Co.) 1 13

(Tokio Marine & Fire Ins.) 7 184

(Traveler's Ins. Co.) 1 110 1 475

(Home Ins. Co.) 2 24

(Liberty Mutual Ins.) 3 148

(Transport Ins.) 2 90

(Litton Industries) 1 117

(Montgomery & Ward) 3 86

(Western Geophysical) 2 88

Total 171 13,405

12 7,365

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

	<u>No. of Claims</u>	<u>Amount</u>	<u>No. of Claims</u>	<u>Amount</u>
FIREMAN'S FUND INS. CO. (Seattle)	6	274	1	110
FIREMAN'S FUND INS. CO. (Anchorage)	7	448		
(American Ins. Co.)	15	275	2	280
(Associated Indemnity-Portland)	1	42		
(American Auto Ins.)	1	28		
(Associated Indemnity-Seattle)	2	47		
(National Surety Corp.)	1	6		
(American Ins. Co.)	13	439	2	360
Total	46	1,559	5	750

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims

Amount

No. of Claims

Amount

GENERAL ADJUSTMENT BUREAU

1

3

(Employers Fire Ins.)

3

125

(Hartford Ins. Co.)

6

404

1

925

(International Ins. Co.)

4

67

(Twin City Fire Ins.)

1

63

(John Deere Ins. Co.)

1

3

(Commercial Union Ins. Co.)

5

363

(Houston General Ins. Co.)

1

22

(Occidental Fire & Casualty)

15

727

(Peninsular Fire Ins. Co.)

8

314

(Ideal Mutual Ins. Co.)

1

18

(National Union Fire Ins.)

3

183

(Juneau City & Borough)

10

274

Total

59

2,566

1

925

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

	<u>No. of Claims</u>	<u>Amount</u>	<u>No. of Claims</u>	<u>Amount</u>
GREAT AMERICAN INS. CO.	19	899	6	5,200
(American National Fire Ins.)	37	2,180	2	3,425
Total	56	3,079	8	8,625

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

	<u>No. of Claims</u>	<u>Amount</u>	<u>No. of Claims</u>	<u>Amount</u>
INDUSTRIAL INDEMNITY CO.	531	38,954	64	33,558
(U.S. Fire Ins. Co.)	5	563	1	100
Total	536	39,517	65	33,658

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims Amount

No. of Claims Amount

NORTHERN ADJUSTERS

(Electric Mutual Liability)	1	44		
(Allstate Ins.)	1	98		
(Compass Ins. Co.)	1	122		
(Western Employers Ins.)	2	217		
(Northbrook Property & Casualty)			1	1,125
(Employers Casualty Co.)	5	481		
(Reliance Ins. Co.)	1	7		
(State of Alaska)	2	120	2	600
(Fred Meyer)	1	26		
(Georgia Pacific Corp.)	1	6		
(Kenai Peninsula Borough)	5	1,187	1	600
(University of Alaska)	3	259		
(Fairbanks North Star Borough)	1	92		
Total	24	2,659	4	2,325

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims

Amount

No. of Claims

Amount

PACIFIC MARINE INS. CO.-(Anchorage)

128

9,751

14

3,935

PACIFIC MARINE INS. CO.-(Ketchikan)

18

2,526

3

720

(Carr-Gotstein)

3

401

(Nana Regional Corp.)

3

141

(Alaska Airlines)

4

390

Total

156

13,209

17

4,655

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

	<u>No. of Claims</u>	<u>Amount</u>	<u>No. of Claims</u>	<u>Amount</u>
PROVIDENCE WASHINGTON INS. CO.	470	58,113	67	57,189
(Motor Vehicle Casualty)	7	462		
Total	477	58,575	67	57,189

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYEE

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims

Amount

No. of Claims

Amount

ROSEMURGY & CO.

(Lloyds of London)

4

611

5

1,825

(Transit Casualty Co.)

4

475

(Northwest Insurance Co.)

1

14

1

975

Total

9

1,100

6

2,800

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYEE

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims

Amount

No. of Claims

Amount

SCOTT WETZEL SERVICES

(State of Alaska)	63	6,885	2	275
(Ranger Ins. Co.)	1	50		
(National Union Fire Ins.)	1	322		
(Home Ins. Co.)	8	973		
(Sentry Ins.)	2	36		
(Alascom)	2	100		
(Alaska Airlines)	2	15		
(Alaska Rural Electric)	1	298		
(Alaska Lumber & Pulp)	2	33	4	925
(AMFAC)	1	44		
(Municipality of Anchorage)	11	1,335		
(Anchorage School District)	10	1,186		
(Fairbanks North Star Borough)	5	146		
(NANA Regional Comp. Inc.)	1	278		
(Pay-N-Save)	1	91		
(Safeway Stores)	2	173		
(Sealaska Corp.)	9	383		
(Wien Air Alaska)	10	281		

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims Amount

No. of Claims Amount

SCOTT WETZEL (cont.)

(Nabors Alaska Drilling)

3 1,404

(Carr-Gotstein)

10 270

Total

145 14,308

6 1,200

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims

Amount

No. of Claims

Amount

SURETY O. ALASKA

(National Union Fire Ins.)

1

27

3

1,750

(Reliance Ins. Co.)

1

32

Total

2

59

3

1,750

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims Amount

No. of Claims Amount

UNDERWRITERS INS./ADJUSTING CO.

(National Union Fire Ins.)

1 400

(Continental Ins. Co.)

1 376

Total

1 376

1 400

INSURER/ADJUSTING AGENCY/
SELF-INSURED EMPLOYER

LATE COMPENSATION PAYMENT
PENALTY (TO INJURED WORKER)

LATE REPORTING PENALTY
(TO SIF)

No. of Claims Amount

No. of Claims Amount

WILTON ADJUSTING SERVICE

(Commercial Ins. Co.)	2	26		
(Fidelity & Casualty Co.)	5	1,234		
(Niagra Fire Ins.)	1	195		
(Continental Ins. Co.)	38	1,981	2	580
(National Union Fire Ins.)	9	799	2	265
(Continental Ins. Co.)	4	137	1	125
(Providence Washington)	1	41	1	1,000
(Carriers Ins. Co.)	1	9		
Total	61	4,422	6	1,970

PENALTIES PAID TO SIF CALENDAR YEAR 1984

(From SIF Check Register)

	<u>No. of Penalties</u>	<u>Amount Paid</u>
Providence Washington	44	\$44,605
Industrial Indemnity	37	15,730
Wausau	10	5,720
ALPAC/INA	8	4,445
Crawford & Co.	8	4,350
National Union/AIAC	4	4,190
Scott Wetzel	3	1,180
Pacific Marine	8	1,255
Fireman's Fund	4	710
Wilton Adj.	2	425
Alaska Timber Ins. Exchange	3	335
Alaska National	<u>2</u>	<u>225</u>
	133	\$83,170

STATE OF ALASKA

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

BILL SHEPHERD, GOVERNOR

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JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

February 23, 1985

Randall J. Weddle, Esq.
Faulkner, Banfield, Doogan & Holmes
2550 Denali Street, Suite 700
Anchorage, AK 99503

Dear Randy:

RE: Compromise on Penalty Issues
Your File No. AS048.191C

Thank you for your letter of February 5, in which you expressed your thoughts on Renee Murray's proposed legislation on penalties under AS 23.30.155. Enclosed is a copy of my response to Renee concerning her proposal. As you will note, I oppose the proposed amendment based on the reasons outlined in my letter. As in the past, I would welcome the opportunity to meet with the insurers, the Workers' Compensation Committee of Alaska and the Labor/Management Ad Hoc Committee to further study and discuss the penalty issue and attempt to arrive at an acceptable solution for all concerned.

As you are aware, any changes to the Alaska Workers' Compensation Act since 1981 have been as the result of compromise between labor and management and their joint sponsorship of proposed legislation through the Labor/Management Ad Hoc Committee. The department subscribes to the theory, as I am sure you do, that the two main parties in the workers' compensation system are the injured worker and the employer. Therefore, we feel all legislative proposals affecting these two parties should be thoroughly studied, discussed and endorsed by the Committee. It has been my impression over the past several years that this procedure is also favored by the Alaska Legislature.

Unfortunately, this process was not followed on HB6, which is currently pending before the House Labor and Commerce Committee, nor was it followed on this proposal. Enclosed is a copy of a letter from Jack Thompson, management member of the Committee, in which he advises that it was the unanimous decision of the Committee to oppose HB6. In a recent conversation with Mr. Thompson, he expressed his opinion that we should allow sufficient time to assess the results of the 1983 and 1984 amendments to AS 23.30.155 and then meet with the parties before the next legislative session. I think your input to the Committee would be invaluable.

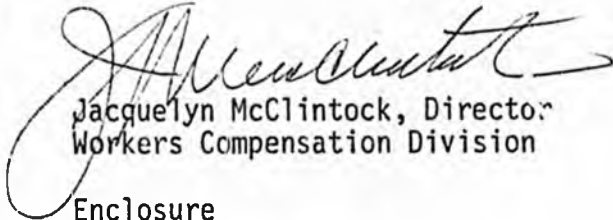
A comment in your letter that needs to be addressed is your mistaken assumption that no one ever attempted to enforce penalties under the law in

effect prior to 1981. That is not correct. While we had no computer system to immediately catch errors and notice insurers of their failure to file required reports, we religiously sent penalty notices when a claim was closed and purged from the system. Voluntary compliance and payment by insurers was very poor due to the time lapse, which in some cases could be several years, and because the maximum penalty was only \$100. It is correct that the Board, as now, had insufficient staff and members to enforce the collection of penalties through the hearing process.

I agree that the industry as a whole is acting in good faith to comply with the reporting requirements. That is why we are opposed to this amendment. We already know from past experience that compliance on a similar law and procedure was poor.

Again, thank you for your interest and input on this very important issue. I hope you will actively participate in any future review and discussion on this with the Labor/Management Ad Hoc Committee.

Very truly yours,



Jacquelyn McClintock, Director
Workers Compensation Division

Enclosure

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February 5, 1985

Jackie McClintock
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, AK 99811

RE: Compromise on Penalty Issues
Our File No.: AS048.191C

Dear Jackie:

Renee Murray sent me a package of materials which included your letter to her of January the 4th and her response. Also included was a document which is Renee's proposed compromise on the penalty issue. For what it's worth, I would like to make a few comments.

First, I know from our previous conversations that you have focused heavily upon the fact that prior to 1981, the carriers failed to file the required reports and you have attributed this fact to the existence of a relatively low penalty. I think that your assumption as to the reason for the lack of reports is inaccurate. Even if there had been a \$1,000.00 penalty or a \$5,000.00 penalty I doubt the carriers would have filed reports in those days, simply because no one attempted to enforce the penalties.

In our prior conversations concerning this subject, you convinced me that your office does have a legitimate need for some of the statistics that are compiled. You also convinced me that there's a need to ensure that the statistics are accurate, which means that reports need to be filed on time. However, no data base is 100% accurate and in the case of the statistics which you are gathering, there will always be inaccuracies which result from various mistakes in reporting, even if there was a \$100,000.00 penalty for each error. Obviously, some sort of balance must be struck between the competing needs of an accurate data base and a penalty system which is financially tolerable to the insurance industry. It is the value which one places upon each of these competing needs that determines the size of the penalty.

FEB 07 1985

Jackie McClintock
Our File No.: AS048.191C
February 5, 1985
Page Two

After considering this matter for some time and after having spoken to both you and Renee, it is my feeling that the current system would probably lose only a small margin of accuracy in its data base through the compromise suggested by Renee Murray. I have spoken with literally dozens of adjusters about the efforts which they go through in attempting to comply with the report filing system and I'm absolutely convinced that the industry as a whole is acting in good faith to comply with the reporting requirements. While some errors are being made and will continue to be made, I believe that the proposal suggested by Renee would not result in significant decrease in the conscientious efforts of adjusters and thus, would not seriously impair the accuracy of the data which you maintain.

Thank you for your consideration of my comments.

Very truly,

FAULKNER, BANFIELD,
DOOGAN & HOLMES'

By: 

Randall J. Weddle

RJW/ar

AWCO
Bureau FEB 07 1985

STATE OF ALASKA

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

BILL SHEFFIELD, GOVERNOR

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

January 4, 1985

Renee Murray, Vice-President
Scott Wetzel Services Incorporated
741 Sesame Street, Suite 1A
Anchorage, AK 99503

Dear Renee:

Re: AS 23.30.155

Please excuse my long overdue response to your November 15 letter concerning the compensation reporting system under §.155.

I am somewhat surprised that a change to §.155 is again being proposed considering that this section was just amended by the Legislature last year under HCS CSSB 517. It was my impression that last year's amendment, endorsed and supported by the Workers' Compensation Labor/Management Ad Hoc Committee, was agreed upon by all parties to our system.

I have reviewed your proposed statutory language and while I am sure you have given a great deal of thought to this, it would be impossible for the reporting system to operate as you propose under the current provisions of the Act. As happened last year in your review of HCS CSSB 517, there seems to be continuing confusion and misinterpretation of §.155 and how the reporting system actually works. Perhaps some of the confusion stems from the anniversary report, which is also mentioned in your letter.

If I am reading it correctly you are suggesting, in simple terms, that the Board notify the employer/insurer if the employer/insurer has not filed with the Board, and mailed to the injured worker, a report advising that the employer/insurer has begun or has increased, reduced, terminated, resumed, changed or suspended the payment of compensation. Under the Alaska Workers' Compensation system, it is the employer/insurer who independently decides when to begin, change or stop the payment of compensation to an injured worker, unless there has been a Board order issued on a specific case. Therefore, how could the Board possibly know that the employer/insurer failed to file a report advising that action had been taken on a claim when the Board has no way of knowing until the employer/insurer notifies us by filing the report? In other words, how can the Board tell you that you have not reported an action that you independently decide and take in the first place? An employer/insurer could conceivably make numerous changes in the payment of compensation to an injured worker and the Board never be aware of the changes until an inquiry or other filing was received triggering a review of a specific

file. With over 30,000 injuries per year, this would obviously be a very small percentage of the cases in the compensation reporting system.

As mentioned in your letter, and again this may be confusing you, we are able to tell from a computer listing that an employer/insurer has not filed an anniversary report as required under §.155(m). This is done by calling up all files that have not had a termination report filed and on which no anniversary report has been filed one year from the date of injury. This is possible because we are looking for a known - a specific type of report that is to be filed on all open claims at a specific time. This is not the case with the other compensation report filings.

The only way your proposal could possibly work in a compensation reporting system is if the employer/insurer had to obtain Board approval prior to beginning, changing or terminating compensation payments, or any such action was taken only at or upon Board direction. This "agreement" type system is used in some jurisdictions and, in fact, has been suggested for our system by various labor groups and legislators over the past several years, particularly on those cases where the employer/insurer is controverting an injured worker's benefits. We have always opposed enactment of an agreement system as, I assume, would employer and insurer groups.

While the data from the computer reporting system is necessary in order to provide accurate information to the Legislature, as pointed out in your letter, the system provides a much more important service to the two main parties in a workers' compensation program - the injured worker and employer. Injured workers are now apprised of what is happening on their claims and the Board, because it is also informed of any action, is able to resolve many disputes between the injured worker and employer/insurer before the problem ends up in litigation. We believe this process, which is only made possible by accurate and timely filing of compensation reports by the insurer, has substantially reduced litigation and the related costs. For the first time the Board is able to provide comprehensive data in support of testimony on proposed legislation, such as the net spendable concept passed in 1983. Again, this is only made possible by the input of information into the Board's information handling system from reports filed by insurers.

Prior to the 1981 amendment to §.155, which implemented the present compensation reporting system, the insurer was required to file with the Board an initial report upon making first payment of compensation, and within 16 days after final payment of compensation, was required to file a final report. For failure to timely file a final report, the insurer was subject to a \$100 penalty. Under the old law, insurers only filed final reports on about 50% of their claims even though there was a specific statutory requirement and penalty for not doing so. For this reason, the Legislature in 1981 imposed greater penalties of up to \$2,500 for failure to file compensation reports within 14 days. The 1984 amendment decreased the maximum penalty to \$1,000 (\$100 for the first day plus \$10 for each day thereafter), and extended the report filing time to 28 days, which is a longer time period than was allowed even under the law prior to 1981.

Our statistics show that for FY84 insurance carriers timely filed compensation reports within 14 days on 97% of their claims and adjusting companies timely filed on 99% of their claims. In fact, the last quarter of FY84 shows 99% and 100% for insurance carriers and adjusting companies respectively. Timely filing will no doubt be even better now that insurers have 28 days. This performance record contrasts sharply with that in years prior to 1981 and with the reporting track record on the current requirement that insurers file anniversary reports. As previously mentioned, the penalty for not timely filing final reports under the old law was \$100. Since insurers only filed reports on about 50% of their claims, the penalty was obviously not much of a motivating force. As you are aware, insurers are required to file anniversary reports under AS 23.30.155(m), however, there is no penalty for not filing the required report. According to our last computer run, insurers are only filing anniversary reports on about 18% of the claims in which anniversary reports are due. Hence, our requests reminding you to file anniversary reports. We believe, and the record seems to support it, that the wide differences in the insurers' track records for filing the reports required under the Act is directly attributable to whether or not there is a penalty assessed and the amount of that penalty for failure to file the report. This is also rather obvious from your letter. Despite the fact that the anniversary report was required under the same 1981 amendment, you state ". . . although we make an effort to comply as required, we really have no method for pulling up this information on our computer and so our compliance has been rather hit and miss . . ." (emphasis mine). Your statement begs the question, would your "compliance" not be hit and miss and would you file as "required" if the same penalty was assessed for not filing an anniversary report as for not filing a compensation report? Our statistical information will, of course, never be completely accurate without the anniversary report filings because it is this report that shows the total medical, rehabilitation and litigation costs on a claim. Most important is the fact that if you have no way to pull up the information on your on-going claims, it must mean that proper payment to the Second Injury Fund is not being made yearly on those on-going claims as required under AS 23.30.040(b). This could perhaps account for a part of the substantial shortfall in SIF funding.

Renee, I can understand your opposition to being assessed penalties for failing to file reports. However, when we met with employer and insurer groups last year to discuss the 1984 proposed legislation, it was my understanding that the biggest problem was the 14 day reporting requirement. The filing time was, therefore, extended from 14 to 28 days because it was felt the adjusters would catch any report filing oversight in their periodic file review, which hopefully occurs within that time period on all open claims. And remember, the term "notify" or "file with the Board" means the date the report was placed in the mail, i.e. postmark date, not the date the report is received in Juneau.

By the way, I note in your letter and proposed amendment that you have shortened the insurer's filing time requirement from 28 days to 21 days. Was this intended or are you confusing the compensation report with the

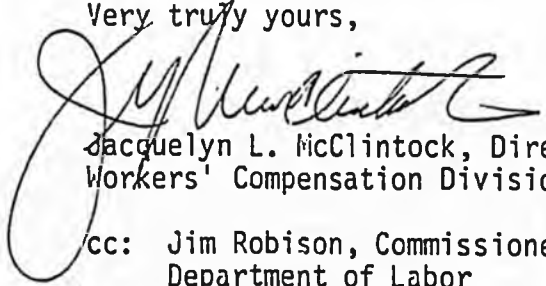
controversion notice? The controversion provision under §.155 was amended last year extending the time period to controvert a claim from 14 days to 21 days, allowing the employer/insurer more investigative time to verify a claim. Or you may be confusing the time period to pay compensation with the time period to report compensation payments. The time period to pay benefits under §.155(a) was shortened from 28 days to 21 days to conform with the controversion time period. The time period for the compensation report filing is, of course, clearly stated as 28 days in §.155(c) and was explained in detail in the Board's 84-06 bulletin issued July 1, 1984. You may wish to refer to the Section-by-Section Analysis and the payment and report charts on pages 1984-1 and 2 in the 1984 Amendment section and page 6104-1 in the Forms Section of your manual. If the 21 days was intended we would, of course, have no problem if the insurers want to shorten their report filing time period. If it was a misinterpretation you have more time than you thought you did.

I did not intend to write an epistle on this, but did feel it was necessary to further explain the amendments to §.155 and some of the related history; and to present my position, and hopefully that of the Board, on this matter. In response to your letter and numerous requests from insurers, I had hoped to have a computer run this week on the total amount of penalties paid by individual insurers during the past year. Unfortunately, it will be next week before I can obtain and mail out the information.

Concerning your request to send a list of outstanding anniversary reports, we have requested a computer run on this for all insurers. However, we cannot set up a "regular routine" for sending this information to all insurers once a month. Since anniversary reporting on claims is a specific requirement under the Act it is the responsibility of insurers to program their computers in order to obtain and report this information. We had originally proposed an annual instead of anniversary report, but the insurer representative on the 1981 workers' compensation legislative committee testified that the insurance community would prefer a report to be filed on the anniversary of the injury date. I understand that not all insurers agree. If it would be easier to provide this information on an annual rather than anniversary basis, we would wholeheartedly support the change.

If you have any questions concerning this or would like to meet with Commissioner Robison or any of the Board's staff, please contact me.

Very truly yours,



Jacquelyn L. McClintock, Director
Workers' Compensation Division

cc: Jim Robison, Commissioner
Department of Labor
P.O. Box 1149
Juneau, AK 99802

cc: Continued

Jack Thompson, President
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2216 Post Road
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Joe Butler, Member
Workers' Compensation Labor/Management Ad Hoc Committee
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Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

NOVEMBER 15, 1984

JACQUELYN McCLINTOCK, DIRECTOR
ALASKA WORKER'S COMPENSATION DIVISION
P.O. Box 1149
JUNEAU AK 99802

RE: STATUTE AS23.30.155 (c)

DEAR JACKIE:

RECENTLY WE HAVE BEEN RECEIVING REQUESTS FOR ANNIVERSARY REPORTS FROM YOUR DEPARTMENT. I WANT TO THANK YOU MOST SINCERELY FOR THESE REMINDERS BECAUSE, ALTHOUGH WE MAKE AN EFFORT TO COMPLY AS REQUIRED, WE REALLY HAVE NO METHOD FOR PULLING UP THIS INFORMATION ON OUR COMPUTER AND SO OUR COMPLIANCE HAS BEEN RATHER HIT AND MISS, AS YOU ARE PROBABLY AWARE. THIS HAS NOT BEEN INTENTIONAL ON OUR PART AND SINCE YOUR SYSTEM DOES ALLOW YOU TO NOTIFY US WHEN ANNIVERSARY REPORTS ARE DUE, IF YOU COULD SET THIS UP AS A REGULAR ROUTINE AND EVEN ONCE A MONTH SEND US A LIST OF ALL ANNIVERSARY REPORTS THAT ARE DUE, WE WILL BE MORE THAN HAPPY TO RESPOND PROMPTLY.

AS YOU KNOW, THE PENALTY ASSESSED UNDER 23.30.155 (c) REMAINS A MAJOR CONCERN FOR ALOT US AND I HAVE GIVEN A GREAT DEAL OF CONSIDERATION AS TO HOW WE COULD ANSWER YOUR CONCERNS AND PROVIDE YOU WITH THE INFORMATION THAT YOU REQUIRE AND STILL ALLOW US SOME BREATHING SPACE WHEN WE MAKE AN OCCASIONAL OVERSIGHT AND AFFORD US THE OPPORTUNITY TO CORRECT IT BEFORE IT BECOMES EXCESSIVELY EXPENSIVE.

I AM ATTACHING HERETO A SUGGESTED CHANGE WHICH MAY ANSWER BOTH OF OUR NEEDS IN THAT IT WOULD ASSESS A ONE HUNDRED DOLLAR (\$100.00) PENALTY FOR FAILURE TO NOTIFY THE BOARD WITHIN TWENTY ONE (21) DAYS, AS IS NOW REQUIRED, BUT NO FURTHER PENALTY WOULD BE ASSESSED UNTIL THE BOARD HAD NOTIFIED US OF OUR OVERSIGHT. THEN IF WE FAILED TO RESPOND WITHIN TWENTY-ONE (21) DAYS, THE PENALTY WOULD ACCRUE AT THE RATE OF \$10.00 PER DAY UP TO THE MAXIMUM OF \$1,000.00.

JACKIE, I REALIZE YOUR POSITION AND KNOW THAT THIS DATA IS NECESSARY FOR YOU IN ORDER TO OBTAIN ACCURATE INFORMATION TO PROVIDE TO THE LEGISLATORS AND OTHERS, AND IT HAS NEVER BEEN OUR INTENTION TO PURPOSELY FAIL TO REPORT BUT AS I HAVE STATED SO MANY TIMES BEFORE, OUR CLERICAL PERSONNEL ARE ONLY HUMAN AND THEY DO MAKE OCCASIONAL ERRORS WHICH WE ARE MORE THAN HAPPY TO RECTIFY IMMEDIATELY, IF WE ARE NOTIFIED THAT AN ERROR OR OVERSIGHT HAS OCCURRED. ALL OF THE PENALTIES IN THE WORLD CANNOT MAKE A PERFECT HUMAN BEING WHO WILL BE TOTALLY ERROR FREE, BUT IF WE RECEIVE A REQUEST FROM YOUR DIVISION WE ARE CERTAINLY WILLING TO ACCEPT THE PUNISHMENT.

NOV 19 1984

NOVEMBER 15, 1984

PAGE 2

WE HAVE NEVER PURPOSELY FAILED TO FILE A REPORT AND WE BELIEVE OUR ERROR/OVERSIGHT RATE IS QUITE LOW, BUT AS IT CURRENTLY STANDS, EVEN FIFTY CLERICAL ERRORS COULD SUBJECT US TO \$50,000.00 IN PENALTIES, WHICH IS WHAT WE ARE PROBABLY FACING AT THIS MOMENT AND ACTUALLY THAT REPRESENTS VERY FEW ERRORS CONSIDERING THE HUNDREDS OR THOUSANDS OF REPORTS THAT WE HAVE FILED CORRECTLY.

I WOULD REALLY APPRECIATE IT IF YOU WOULD GIVE THIS SUGGESTION SERIOUS CONSIDERATION AND LET ME HAVE THE BENEFITS OF YOUR THOUGHTS AS SOON AS POSSIBLE.

THANK YOU VERY MUCH FOR YOUR CONSIDERATION.

SINCERELY,

SCOTT WETZEL SERVICES, INC.



RENEE MURRAY
VICE PRESIDENT

RM/DP

cc: WCCA
JIM ROBINSON - COMMISSIONER OF LABOR

NOV 15 1984

UPON MAKING THE FIRST PAYMENT, AND UPON AN INCREASE REDUCTION, TERMINATION, SUSPENSION, RESUMPTION OR A CHANGE IN RATE OR TYPE OF COMPENSATION PAID, THE EMPLOYER SHALL NOTIFY THE BOARD WITHIN 21 DAYS ON A FORM PRESCRIBED BY THE BOARD, THAT PAYMENT OF COMPENSATION HAS BEGUN OR HAS BEEN INCREASED, REDUCED, TERMINATED, RESUMED, CHANGED, OR SUSPENDED, AS THE CASE MAY BE. IF THE EMPLOYER FAILS TO NOTIFY THE BOARD WITHIN 21 DAYS, THE BOARD SHALL ASSESS AGAINST THE EMPLOYER A CIVIL PENALTY OF \$100. UPON NOTIFICATION BY THE BOARD THAT A REPORT HAS NOT BEEN FILED, THE EMPLOYER SHALL HAVE 21 DAYS WITHIN WHICH TO FILE SUCH REPORT AND THEREAFTER, IF THE EMPLOYER HAS FAILED TO COMPLY, THE BOARD SHALL ASSESS A PENALTY OF \$10.00 PER DAY FOR EACH DAY THAT THE EMPLOYER HAS FAILED TO FILE THE REPORT FOLLOWING NOTICE BY THE BOARD. TOTAL PENALTIES UNDER THIS SECTION MAY NOT EXCEED \$1,000.00 FOR EACH FAILURE TO FILE A REQUIRED REPORT.

APCS NOV 18 1964
APCS NOV 19 1964

Clarice M. Hiratsuka
517 Craig
Fairbanks, AK 99701

April 2, 1985

Senator Bettye Fahrenkamp
Pouch V
Juneau, Alaska 99811

Re: Sponsor Substitute House Bill 6

Dear Senator Fahrenkamp:

House Bill 6 does not provide for the discretionary payment of late reporting penalties for filing untimely reports. The penalties would still be mandatory. The exception is that the penalty would be \$100.00 automatically in the event of an untimely report, and an additional penalty up to \$1000.00 (as now) would apply if the report wasn't submitted upon notification by the AWCB.

The Workers Compensation Board does not have accurate statistics as to how many reports were or were not filed prior to the amendment in 1981. In some cases the Board does not even have complete files prior to 1981 (see attached request from Elaine VanderSande). This is not the fault of the insurance industry.

It isn't the penalty provision that is responsible for the timely compensation reports; it is the reports themselves. The old reports didn't contain much information; the new reports are very informative and are completed many times during the life of the file.

I personally have only worked in two insurance related businesses, Alpac/INA and Scott Wetzel Services. Both of these companies stressed the importance of filing reports with the AWCB. This was both before and after the amendment.

In paragraph three of your 3/14/85 letter you state, "It is difficult to imagine any circumstance which would be beyond the employer's/insurer's control..." I suppose human error is not beyond our control but I can assure you that it probably will always exist, just because none of us function perfectly at all times. Adjusters typically handle over 200 claims at a time. We request reports and expect our clerical personnel to complete them as requested. Sometimes they make a mistake. Sometimes we err and forget to request the report. If we don't catch this immediately we usually catch it later. As soon as the oversight is noticed the report is submitted. Generally the AWCB requests a penalty AFTER we submit the report because it is only after we submit the report (usually) that they notice it is late.

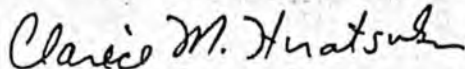
Page two

We do police our own files and comply with the law to the best of our ability. The penalty as it currently stands does not serve any purpose other than to increase the stress load on the adjuster, which as you may or may not know is already a high stress job. A few years ago a liability adjuster committed suicide, reportedly job related. There is a large turnover among adjusters. Some cannot cope with the pace and stress and change to easier jobs. You mention that legislative proposals should be thoroughly studied, discussed and endorsed by those most affected. House Bill 6 most affects adjusters and believe me it most certainly has been studied, discussed and endorsed by all adjusters.

The injured workers with whom I've talked have agreed that the penalty provision as it currently stands is most unfair. I'll be happy to provide you names, addresses and telephone numbers if you wish. I also invite you to stop in our office the next time you're in Fairbanks (545 Third Ave., Rm. 205, over Nerland's) so I can show you how the compensation system works in actual practice.

I am aware of Jack Thompson's position and believe he has been sold a bill of goods on House Bill 6. It appears to me that decisions are being made emotionally (whose side are you on?) rather than objectively (what is fair?) and I doubt House Bill 6 will survive this legislature. However, if it does somehow make it to the Senate I will appreciate your careful consideration and would request that you obtain information from all sides before making any decisions.

Thank you.



Clarice M. Hiratsuka
Fairbanks Claim Manager
Scott Wetzel Services

cc: Mike Nevar
Jack Thompson



Alaska State Legislature

House

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

MEMO

DATE: 2/24/85
TO: LABOR AND COMMERCE COMMITTEE
FROM: REPRESENTATIVE VIRGINIA COLLINS
RE: HB 6, SPONSOR SUBSTITUTE

OVERVIEW

Sec. 2. AS 23 30.155 (c) Assesses penalties which are payable to the State of Alaska, Second Injury Fund for failure to file certain reports with the Division of Workers Compensation within a 28 day time period required by the statute. There is no forgiveness clause for oversight due to human error. Various reports required by the Workers Compensation Division are relevant to activities regarding the progress of a workers compensation claim.

However the purpose of this labor report is primarily for "data collection" purposes for the Workers Compensation Division. Under no circumstances does the reporting or lack of it affect any benefits due to the injured worker.

The penalties assessed under AS 23.30.155 (c) have been of major concern for employers and insurance carriers since 1981. While it is agreed that the Division of Workers Compensation does have a legitimate need for the data that are compiled from these reports it is clear that the level of penalties assessed places an unfair burden on the employer and insurance carrier and ultimately these costs are then passed on to the consumer.

PURPOSE OF BILL

The purpose of House Bill 6 Sponsor Substitute is to establish a balance between the competing needs of a accurate data base and a penalty system which recognizes the "occasional" fallibility of human office workers.

WHAT THE BILL ACCOMPLISHES

- * It establishes a 21 day "grace period" to correct timely reporting errors.

WHAT THE BILL DOES NOT DO

- * Does not relieve the employer or insurance carrier of any responsibilities for timely reporting.
- * It Does not require that the Division of Worker's Compensation change any of its procedures or relevant to reporting mechanisms.
- * It is not in any way adverse to the effect of the delivery of services to the injured worker.
- * It does not change the intent of AS 23. 35. 155 (c) to encourage timely reporting and payments.
- * More importantly, it does not carry a fiscal note

The role of the bureaucracy in government is to encourage compliance, punishing wrong-doer's is an issue for the courts.

For

1 IN THE HOUSE

BY COLLINS AND MARTIN

2 SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 6
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to workers' compensation."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 23.30.155(c) is amended to read:

9 (c) The employer shall notify the board and the employee on a
10 form prescribed by the board that the payment of compensation has
11 begun or has been increased, decreased, suspended, terminated, re-
12 sumed, or changed in type. An initial report shall be filed with the
13 board and sent to the employee within 28 days after the date of issu-
14 ing the first payment of compensation. If at any time 21 days or more
15 pass and no compensation payment is issued, a report notifying the
16 board and the employee of the termination or suspension of compen-
17 sation shall be filed with the board and sent to the employee within
18 28 days after the date the last compensation payment was issued. A
19 report shall also be filed with the board and sent to the employee
20 within 28 days after the date of issuing a payment increasing, de-
21 creasing, resuming or changing the type of compensation paid. If the
22 employer fails to notify the board and the employee within the 28 days
23 prescribed by this subsection for reporting, the board shall assess
24 against the employer [SHALL PAY] a civil penalty of \$100. Upon noti-
25 fication by the board that a report has not been filed, the employer
26 shall have 21 days within which to file the report and if the employer
27 fails to comply, the board shall assess a civil penalty of \$10 for
28 each day thereafter that the employer fails to file the report [FOR
29 THE FIRST DAY PLUS \$10 FOR EACH DAY THEREAFTER THAT THE EMPLOYER

Introduced: 1/14/85
Referred: Labor & Commerce and
Finance

1 IN THE HOUSE

BY COLLINS AND MARTIN

2

HOUSE BILL NO. 6

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act relating to workers' compensation; and pro-
7 viding for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. It is the intent of the legislature that the Workers'
10 Compensation Board review the civil penalties imposed under AS 23.30.155(c)
11 since July 11, 1981, to determine if, under AS 23.30.155(c) as amended by
12 this Act, those penalties should not be imposed, and to determine if any
13 refund of the penalties is due.

14 * Sec. 2. AS 23.30.155(c) is amended to read:

15 (c) The employer shall notify the board and the employee on a
16 form prescribed by the board that the payment of compensation has
17 begun or has been increased, decreased, suspended, terminated, re-
18 sumed, or changed in type. An initial report shall be filed with the
19 board and sent to the employee within 28 days after the date of issu-
20 ing the first payment of compensation. If at any time 21 days or more
21 pass and no compensation payment is issued, a report notifying the
22 board and the employee of the termination or suspension of compen-
23 sation shall be filed with the board and sent to the employee within
24 28 days after the date the last compensation payment was issued. A
25 report shall also be filed with the board and sent to the employee
26 within 28 days after the date of issuing a payment increasing, de-
27 creasing, resuming or changing the type of compensation paid. If the
28 employer fails to notify the board and the employee within the 28 days
29 prescribed by this subsection for reporting, unless the board finds

1 that the failure was due to conditions over which the employer had no
2 control, the board may require that the employer [SHALL] pay a civil
3 penalty of \$100 for the first day plus \$10 for each day thereafter
4 that the employer failed to give notice. Total penalties under this
5 section may not exceed \$1,000 for a failure to file a required report.
6 * Sec. 3. Section 2 of this Act is retroactive to July 11, 1981.
7 * Sec. 4. This Act takes effect immediately in accordance with AS 01.-
8 10.070(c).

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NOTES TO DECISIONS

Purpose of waiting period. — The purpose underlying the waiting period was to prevent workers who are so inclined, from taking advantage of a slight or imaginary strain, as an excuse for obtaining a few days vacation on half or two-thirds pay. *Hanson v. Benson*, 179 F. Supp 130 (D. Alaska 1959).

Return to work is not absolute bar to compensation. — Where an injury is

sufficiently serious to incapacitate an employee for the statutory period, the claimant's return to work before the running of the statutory period is not an absolute bar to compensation since, by the use of expert medical testimony which will expose the malingerer and vindicate those claiming severe injury, the purpose of the waiting period is fulfilled. *Hanson v. Benson*, 179 F. Supp. 130 (D. Alaska 1959).

Sec. 23.30.155. Payment of compensation. (a) Compensation under this chapter shall be paid periodically, promptly, and directly to the person entitled to it, without an award, except where liability to pay compensation is controverted by the employer. To controvert a claim the employer must file a notice, on a form prescribed by the board, stating

- (1) that the right of the employee to compensation is controverted;
- (2) the name of the employee;
- (3) the name of the employer;
- (4) the date of the alleged injury or death; and
- (5) the type of compensation and all grounds upon which the right to compensation is controverted.

(b) The first installment of compensation becomes due on the 14th day after the employer has knowledge of the injury or death. On this date all compensation then due shall be paid. Subsequent compensation shall be paid in installments, every 14 days, except where the board determines that payment in installments should be made monthly or at some other period.

(c) The employer shall notify the board and the employee on a form prescribed by the board that the payment of compensation has begun or has been increased, decreased, suspended, terminated, resumed, or changed in type. An initial report shall be filed with the board and sent to the employee within 28 days after the date of issuing the first payment of compensation. If at any time 21 days or more pass and no compensation payment is issued, a report notifying the board and the employee of the termination or suspension of compensation shall be filed with the board and sent to the employee within 28 days after the date the last compensation payment was issued. A report shall also be filed with the board and sent to the employee within 28 days after the date of issuing a payment increasing, decreasing, resuming or changing the type of compensation paid. If the employer fails to notify the board and the employee within the 28 days prescribed by this subsection for reporting, the employer shall pay a civil penalty of \$100 for the first day plus \$10 for each day thereafter that the employer failed to give notice. Total penalties under this section may not exceed \$1,000 for a failure to file a required report.

State of Alaska Bill Sheffield Governor	Alaska Workers' Compensation Board P.O. Box 1149, Juneau, Alaska 99802					
Department of Labor Jim Robison Commissioner	BULLETIN	<table border="1"> <tr> <th data-bbox="1055 194 1273 232">Number</th> <th data-bbox="1278 194 1638 232">Date</th> </tr> <tr> <td data-bbox="1055 238 1273 320">84-03</td> <td data-bbox="1278 238 1638 320">February 15, 1984</td> </tr> </table>	Number	Date	84-03	February 15, 1984
Number	Date					
84-03	February 15, 1984					
SUBJECT Compensation Reporting Penalty						

Although the penalty under AS 23.30.155(c) is automatic and no hearing should be required [Wilson v. Erickson, 477 P.2d 998 (Alaska 1970)], the Administrator of the Second Injury Fund has decided to notify insurers and employers of the Fund's penalty request. The employer/insurer will be given an opportunity to be heard, and then the Board will consider the issue and enter an order.

The procedure is as follows:

1. The Fund's Administrator will file with the Board a Petition (form 07-6111) requesting assessment of the penalty. It will be accompanied by a copy of the compensation report that was allegedly untimely filed and, if necessary, an affidavit stating when the compensation report was received at the Board's office and when it was postmarked. The Administrator will also file a Statement of Readiness to Proceed indicating he is ready for the Board to decide the issue, requesting that the Board review the material in its file to make its decision, and stating that no in-person hearing is necessary.
2. A copy of all of the above documents will be sent to the employer and its insurer (as well as the adjuster if appropriate).
3. Under the Board's regulations, the employer/insurer has 20 days from the date of service to answer the Petition and the Administrator has 7 days to reply. If no in-person hearing is requested during this time, the Board will then act on the petition. 8 AAC 45.050(c)(2). If a hearing is requested, one will be scheduled.
4. The Board will issue an order regarding the penalty. A copy will be sent to the employer by certified mail (unless an attorney has appeared on the employer's behalf) and a copy will be sent to the insurer (as well as the adjuster if appropriate) by regular mail.

There are some important points to remember regarding the penalty issue under AS 23.30.155(c): They are:

- * 1. The fact that the applicant was timely paid and only the report was late makes no difference. The penalty under AS 23.30.155(c) is intended to encourage timely reporting. Timely payments are encouraged by the penalties under AS 23 30.155(e) and (f).

The legislature enacted AS 23.30.155(c) to obtain statistical information for future law changes. Timely and accurate information about payments is needed if the data is to be valid and useful.

- * 2. Oversight, mistake or inadvertently forgetting to file the report does not make a difference in assessing the penalty. The penalty is mandatory as the law says "the board shall assess . . . a civil penalty". This makes it different from a penalty under AS 23.30.155(e) which may be excused by the Board or a penalty under AS 23.30.070(f) which shall be assessed "if so required by the board."

Again the legislature wanted to assure compliance and wanted to penalize an employer/insurer who causes the data to be inaccurate. Therefore, the employer's/insurer's response should be directed to errors by the administrator in reading the postage date or compensation payment date or incorrectly counting the number of days between payment and mailing of the compensation report.

3. The date used in computing the penalty is the date the compensation payment is made (date in line 17a of Compensation Report) not the date compensation is paid through.

There are two reasons for using the date payment is mailed to the employee rather than the ending date of the compensation payment. First, using payment date avoids a late reporting penalty when you pay a past period of compensation. For example, an employee is injured January 1, 1984 and disabled from that date to January 30, 1984. However, due to employee's late reporting, payment is not made until May 1, 1984. If the ending payment date was used (January 30, 1984) a penalty would be due under AS 23.30.155(c).

Secondly, when a lump sum payment is made for permanent partial disability the report would not be due until the benefit had been expended which could be more than a year after the payment date. The long delay in obtaining the information about this payment would effect the reliability and validity of the statistical data being collected for the legislature and groups working to improve the system.

4. To keep expenses to a minimum, we suggest the employer/insurer submit all information and arguments in writing, rather than requesting a formal hearing, so the Board can decide the penalty issue on the written record.
5. It isn't necessary for an attorney to represent the employer/insurer in this issue. Arguments can be submitted by letter. If you have some information relating to the filing or mailing of the compensation report, it should be submitted in an affidavit.

71st year

Tuesday

The

60 pages.

Wage policy delayed mail, carriers say

Workers say hours rule forced backlog in daily mail delivery

by Tim Leslie
Times Writer

A new wage agreement for some U.S. Postal Service employees appears to have frustrated what neither snow, nor rain, nor heat, nor gloom of night could prevent — the swift completion of Anchorage letter carriers' appointed rounds.

The agreement, adopted Jan. 19 as part of a national postal employees' union contract, guarantees mail carriers and other classes of postal workers twice their hourly rate for work in excess of 10 hours per day or 56 hours per week.

While Anchorage mail is being delivered on sched-

double-time hours. The result, Moore said, was that mail was going undelivered and began piling up at the already overcrowded Arctic Boulevard Carrier Annex.

"There was a spell there, from Jan. 19 to the beginning of February, where it was just chaos," Moore said. "It didn't affect the whole city, but a lot of the routes were behind."

Moore blamed most of the problem on management's fear of overspending.

"Local management had a lot of problems understanding the new contract," Moore said. "They were so afraid of that double time."

Moore said the problem was compounded when man-

Committee denies involvement in borough investigations

acknowledge no one has asked him as a member of the committee — to start any review of the matter.

Pourchot did note that the ethics committee requires a written complaint, signed under oath, before a proceeding may commence: "A complaint may be initiated by any person," according to state law.

Sen. Dick Eliason, D-Sitka, the third Senate member of the

committee, said no one has contacted him to request an ethics committee investigation of possible involvement of legislators with North Slope Borough contractors.

Referring to press reports detailing the financial involvement of Rep. Al Adams, D-Kotzebue, with certain North Slope contractors, Eliason said, "I have a lot of respect for Al Adams and I'm not about to throw him to the wolves without a proper hearing."

The Sitka senator added, "I'm not in favor of starting anything on my own. I'm not in favor of witch hunting," noting that the committee needs a formal complaint before it can institute any action.

Adams has been found to be financially tied to a company named in the audit. Under terms of his contract with the firm, Adams earned a base salary of \$60,000 a year, along with other payments that could have exceeded \$300,000. Adams said the

contract is not a conflict of interest with his duties as a legislator.

Adams is the House Finance Committee chairman, and is responsible for the review of projects that potentially could go to the North Slope Borough.

The borough's financial dealings are the subject of investigations by two agencies, the FBI and the state Department of Labor, following an audit that found several contracts in the borough were awarded questionably during the last months and

days of Mayor Eugene Brower's term.

Several of the contracts have since been cancelled or suspended by his successor, George Ahmaogak.

Companies named in the audit funneled nearly \$100,000 to Brower during his mayoral tenure in 1981 through 1984.

The third House member of the committee, Rep. Walt Furnace, R-Anchorage, could not be reached for comment Monday night.



Workers say wage policies delayed mail

Continued from page A-1

would not work," Moore said.

William Ball, general manager of postal service operations in Anchorage, said some station foremen may have instructed carriers to limit their overtime hours, but he said the prompt delivery of mail receives priority.

"Supervisors are instructed that under no circumstances will they delay the mail," Ball said.

Moore said the postal employees' union requested the double-pay clause in its recent con-

tract in an attempt to reduce the amount of overtime carriers were being asked to work. He said some routes in Anchorage and in other cities have grown too large to complete during an 8-hour shift, requiring carriers to work mandatory overtime.

"The union is trying to get away from mandatory overtime," Moore said.

Moore said concessions in the union's new contract provide incentives for the postal service to hire additional employees to handle the mail. He said those incentives include substantially

reduced pay levels for new employees, but he added that understaffing remains a problem in Anchorage.

Although mail is now being delivered on schedule, local postal service employees say overcrowding is another problem which continues to plague operations at the Arctic Boulevard Carrier Annex. Moore agreed and added that employees are forced to leave parcels outside in freezing weather during the day because there is no room for them inside the Arctic carrier annex.

"Conditions are so crowded

that when they unload the trucks, sometimes they can't unload some of the first-class mail," Moore said. "If it's in the back of the truck, they bring out the second-, third- and fourth-class mail and the first class has to wait another day."

Ball said about 200 of the city's 360 carriers work out of the Arctic carrier annex. He said 60 or 70 carriers will be transferred to a new facility on Minnesota Boulevard within three weeks and added that additional carrier facilities will be opening in April.

Reagan's budget

Ticket prices drop

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*ADMITTED IN WASHINGTON ONLY
**ADMITTED IN WASHINGTON & ALASKA
OTHERS NOT ADMITTED IN WASHINGTON

February 5, 1985

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Jackie McClintock
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, AK 99811

RE: Compromise on Penalty Issues
Our File No.: AS048

Dear Jackie:

Renee Murray sent me a package of materials which included your letter to her of January the 4th and her response. Also included was a document which is Renee's proposed compromise on the penalty issue. For what it's worth, I would like to make a few comments.

First, I know from our previous conversations that you have focused heavily upon the fact that prior to 1981, the carriers failed to file the required reports and you have attributed this fact to the existence of a relatively low penalty. I think that your assumption as to the reason for the lack of reports is inaccurate. Even if there had been a \$1,000.00 penalty or a \$5,000.00 penalty I doubt the carriers would have filed reports in those days, simply because no one attempted to enforce the penalties.

In our prior conversations concerning this subject, you convinced me that your office does have a legitimate need for some of the statistics that are compiled. You also convinced me that there's a need to ensure that the statistics are accurate, which means that reports need to be filed on time. However, no data base is 100% accurate and in the case of the statistics which you are gathering, there will always be inaccuracies which result from various mistakes in reporting, even if there was a \$100,000.00 penalty for each error. Obviously, some sort of balance must be struck between the competing needs of an accurate data base and a penalty system which is financially tolerable to the insurance industry. It is the value which one places upon each of these competing needs that determines the size of the penalty.

Jackie McClintock
Our File No.: AS048.191c
February 5, 1985
Page Two

After considering this matter for some time and after having spoken to both you and Renee, it is my feeling that the current system would probably lose only a small margin of accuracy in its data base through the compromise suggested by Renee Murray. I have spoken with literally dozens of adjusters about the efforts which they go through in attempting to comply with the report filing system and I'm absolutely convinced that the industry as a whole is acting in good faith to comply with the reporting requirements. While some errors are being made and will continue to be made, I believe that the proposal suggested by Renee would not result in significant decrease in the conscientious efforts of adjusters and thus, would not seriously impair the accuracy of the data which you maintain.

Thank you for your consideration of my comments.

Very truly,

FAULKNER, BANFIELD,
DOOGAN & HOLMES

By: 

Randall J. Weddle

RJW/ar
bcc: Renee Murray



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc.

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone. (907) ~~222-0000~~ 561-1725

January 25, 1985

State of Alaska - Department of Labor
1111 West 8th, Rm 305
Box 1149
Juneau, AK 99802
Attn: Elaine VanderSande

Re: Penalties

Re: Employee: David Ford
Employer: State of Alaska
Date of Injury: 3-10-83
Claim Number: 647
AWCB Number: 304511

Dear Ms. VanderSande:

In regards to your letter of 1-15-85 addressed to Renee Murray, I wish to comment on your third paragraph.

Prior to compensation payments going out, there are three calls made - one to the physician, one to the claimant, and one to the employer. Most of the time the claimant is the hardest to reach.

In Mr. Ford's case, he was not at home at the time. According to the doctor's office, no release to work was given (to this date we have not received one), and per the department/office he works for, he had not returned to work per the leave slips they had, which are never current.

It seems all the state departments and the various offices do not have a guideline they follow regarding reporting requirements. Very rarely does a state department ever report a return to work. More than 50% of the time the different departments, if they do not have the current leave slips, can not tell if that person returned to work or not, unless the person happens to work in the same room or is within sight of the person you are questioning on the claimant's work status.

It is my understanding that no State of Alaska employee is allowed to return to work without a slip from his/her treating physician, so this should be the most reliable source and most of the time it is.

In addition most of the State employees are on salary continuation so the only department which is really interested is the payroll department so that they can keep their internal records straight, and they can do that long after the fact.

Elaine VanderSande
January 25, 1985
Page 2

When you stated that the employer, particularly the State of Alaska, should be educated to report the return to work, I totally agree. There are alot of areas that each department and all offices should be educated on regarding workers' compensation for an injured employee. Hopefully one day this will occur, but you are not talking about a "Mom and Pop" type of operation. You are speaking of a very large governmental operation and I don't think you can educate that many individuals. It is most certainly unfair to penalize the adjusters in this type of a situation.

Very truly yours,

SCOTT WETZEL SERVICES, INC.

Marion C. Berry
Claims Examiner

MCB/cs

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

January 15, 1985

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Ms. Renee Murray
Vice-President
Scott Wetzel Services Incorporated
741 Sesame Street, Suite 1A
Anchorage, AK 99503

Dear Ms. Murray:

Re: David Ford vs. State of Alaska
D/A 3-10-83 Case No. 304511

Although I thought I had carefully reviewed all cases on which Second Injury Fund petitions for late reporting were prepared, in this instance I believe you are correct, and a penalty should not be pursued.

Using the June 2, 1983 corrected payment date, your June 15, 1983 report would have been timely. I believe the date benefits were terminated may be subject to question concerning whether the correct date or the actual date should be used. The statute was changed July 1, 1984 in an attempt to clarify the date to be used in assessing penalties, and clarification of the earlier version does not appear critical now.

A similar question may arise, however, under the law change when a claim is paid beyond the return-to-work date. The 28 days allowed to file the report should reduce the frequency, although my understanding of the intent of the new provision is that the last correct payment date will be the one enforced. The reasoning is that the adjuster has an obligation to follow the claim carefully enough to know what is happening and report accurately. Particularly when the former employer is the same one where the worker returns to work, the employer should be educated to report the return to work or have to pay the late reporting penalty himself, passed on by the insurer.

That will be a question to resolve if and when the circumstances arises.

Very truly yours,



Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

January 9, 1985

Elaine VanderSande
Workers Compensation Officer
Second Injury Fund
Box 1149
Juneau, Alaska 99802

RE: David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511

Dear Ms. VanderSande:

This will acknowledge receipt of your letter of December 28, 1984 notifying us of your decision that we owe a \$750.00 penalty and your filing of the notice of Statement of Readiness to Proceed hearing.

We don't owe this penalty. Marion Berry attempted to explain it, but it is a complicated situation, so I am going to try again.

First of all, I will tell you the facts and then explain our error which created this whole scenario.

The fact is that we paid Mr. Ford TTD benefits from 3/14/83 through 6/2/83. The last payment was made on 6/2/83. (Copies of the last 3 checks issued are attached.)

After making the final payment on 6/2/83, we filed a Termination Report on 6/15/83. When that report was completed, WE MADE AN ERROR AND INCORRECTLY INDICATED THAT THE FINAL PAYMENT HAD BEEN MADE ON 5/6/83 RATHER THAN 6/2/83.

I frankly have no idea why our clerical personnel picked up the incorrect date, but the fact is she did and we, therefore, filed a corrected report on 6/30/83 indicating the error and showing the final payment made on 6/2/83.

This final check was, in fact, returned to us by the claimant inasmuch as he had returned to work at an earlier date. We had an overpayment from 5/9/83 through 5/19/83, but for the purposes of the Compensation Report and the alleged penalty, the fact remains that we did issue the final check on 6/2/83 and we did file the Termination Report within the 14 day period following the final payment.

David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511
Page 2

If we were to accept your reasoning, every time we overpay someone we would owe a late reporting penalty because we continued payment beyond their return to work date - for whatever reason. In this case, we relied on the doctor's report, which indicated he was not released for work. However, as you know, he returned to work without a doctor's release, and for this you want us to pay a \$750.00 penalty. Can you possibly believe this is justified?

If so, we request a formal hearing in Anchorage before the full Board.

You will note from the attached copies that we had to file SIX Compensation Reports, and it still isn't good enough for you. No wonder we are up in arms.

Very truly yours,

Renee Murray
Vice-President

RN/jlh
Enclosures

cc: WCCA Committee
cc: Rep. Virginia Collins
cc: Randy Weddle, Esq.
cc: SWS-Bremerton

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

December 28, 1984

Ms. Marion C. Berry
Scott Wetzel Services
741 Sesame Street, Suite 1-A
Anchorage, AK 99503


Dear Ms. Berry:

Re: David P. Ford vs. State of Alaska
D/A 3-10-83 Case No. 304511
Insurer Claim No. 647

You responded on June 28, 1983 to J. Paul House's June 23, 1983 notice of late report penalty and explained that the adjuster was not notified of David Ford's return to work several weeks before it was anticipated.

AS 23.30.155(c) does not provide an option to waive penalty, and the Fund cannot excuse notice not timely filed even though the period of disability changed after receipt of additional information. If the employer did not notify the adjuster of the return to work, you should discuss this failure with the employer as the employer/insurer/adjuster are jointly responsible for prompt filing.

Very truly yours,


Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc.

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) ~~273-0000~~ 561-1725

January 24, 1985

Governor Bill Sheffield
State of Alaska
Pouch A
Juneau, AK 99811

Dear Governor:

Enclosed herewith is a packet of information concerning heavy penalties being assessed against the workers' compensation claims industry by the Division of Workers' Compensation.

Director McClintock flatly refuses to address this problem and in fact alleges that a problem does not exist and further alleges that I am the sole individual even concerned with this intolerable situation.

The enclosed correspondence from many insurance carriers, adjusters, and attorneys will prove her assessment to be incorrect.

Briefly, Alaska Statute AS 23.30.15 (c) assesses penalties which are payable to the State of Alaska - Second Injury Fund for failure to file certain reports with the Division of Workers' Compensation within a 28 day time period required by this statute. There is no forgiveness clause for oversight due to human error. The attached letter dated 1-4-85 from Director McClintock indicates that the insurance industry is filing timely reports 97% to 99% of the time, but for the margin of error of 1% to 3%, private industry has paid in excess of \$190,000.00 in penalties into the coffers of the State of Alaska - Second Injury Fund.

I realize you are much too busy with many serious matters to give this great concern, but if you could just take the time to read my attached letter of 1-22-85 to Ms. McClintock, you will see that I have proposed a reasonable compromise which will give her department the information they require, will assess us a reasonable penalty and provide us an opportunity to correct our oversight before we are subject to a penalty of up to \$1,000.00 for each report we fail to file.

There is a lot of information and correspondence relative to these penalties attached to this letter and if a member of your staff could review these documents, I think it would be self evident that we really have a serious problem.

January 24, 1985

The Workers' Compensation Division has become a huge bureaucracy under Ms. McClintock's supervision and the relationship between her division and the insurance industry is at an all time low. The fact that she is unwilling to even consider a reasonable compromise is an indication of her attitude toward this industry.

Many people are afraid to voice their opinions to Ms. McClintock because of her obvious power. Because I do, she is of the opinion that it is a personal vendetta. It is not, but as a senior member of the workers' compensation claims community in Alaska, having practiced in this industry in Alaska for 30 years, I frequently act as a spokesperson for my constituents. I do believe she has abused her power and has shown a total lack of concern for the industry she polices so diligently.

All of us in the claims business would really like to get back to the business of handling claims and assisting the injured workers to return to viable employment and try to reduce the overall cost to society as a whole, but we are becoming lost in a maze of bureaucratic forms, regulations, and penalties and we need help.

Thank you so much for your concern.

Sincerely,

SCOTT WETZEL SERVICES, INC.

Renee Murray
Vice President

RM/cs



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc.

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 263-0001 561-1725

January 22, 1985

Jacquelyn McClintock, Director
Alaska Workers' Compensation Division
State of Alaska
P.O. Box 1149
Juneau, AK 99802

Re: AS 23.30.155 (c) - Penalties Payable to the State of Alaska-Second Injury Fund

Dear Jackie:

Thank you for your letter of January 4, 1985 and your points are well taken. Please accept my rebuttal argument.

In paragraph 3 of your first page you pose a question as to how the Board would know the answers (or even the questions to ask) if the carriers did not file the Compensation Reports as required by AS 23.30.155.

That statement assumes that the industry would purposely not file the Compensation Reports as required by law and that is just simply untrue and preposterous.

As you know, we are required to file a minimum of two reports; an initial report and a termination report and not infrequently, we file six or more reports during the life of a claim. We might, and sometimes do, overlook the filing of one report, but when a subsequent report has to be filed, the error of course shows up and we file the missing report at that time, which subjects us to a penalty, but there is no way the filing of the report can be avoided even if we tried and we would certainly have no reason to try because the failure to file any report subjects us to penalty.

Assume, for the sake of argument that we filed an initial report and there were no other interim reports required and we closed the file, failing to file the termination report. As your system is now set up, if you did not receive a termination report, you would eventually send us a request for an anniversary report on the assumption that having received no termination report, the file was still open. When we received your request for an anniversary report, we would pull the closed file and would see that we had overlooked filing the termination report and the report would be filed. (We just recently had such a case.) As you can see, the system is fool proof and if you could not catch our error in the beginning, you definitely could at the end.

January 22, 1985
Page 2

In a reverse scenario, assume we failed to file the initial report. When the benefits were terminated and we filed the final report we would again catch our error and make the necessary initial filing.

In most instances, we have to make several filings on each claim and with each filing it is impossible not to correct any previous errors. A subsequent report can not be filed until the prior report has been corrected, as you know.

So it is obvious that we would not and could not purposely fail to file a report. The error would always be caught and would always subject us to a penalty of \$100.00 to \$1,000.00. Why would anyone prefer paying a penalty to the filing of a report?

Your letter indicates that 97% to 99% of all insurance carriers and adjusters filed timely reports in 1984. That means the industry is doing a superior job, but there was still that 1% to 3% of margin of human error that amounted to approximately \$190,000.00 in collected penalties being paid by private industry into the coffers of the State of Alaska - Second Injury Fund.

Short of creating a perfect human being that is 100% totally error free, I know of no way to cover that 1% to 3% margin and stop the heavy penalties, but short of that, our only alternative is to pay in excess of \$100,000.00 yearly in penalties.

Jackie, that just isn't justice. My proposed compromise "gives you your cake and lets you eat it to". Under my proposal, when we make an error and miss a filing of a report we will owe a \$100.00 penalty, regardless of whether we catch the error and make the necessary correction, or your division catches the error and notifies us.

Once the division has notice of the oversight and notifies the carrier or adjuster, we then would have 21 days to file the report before any additional penalty (over and above the \$100.00 mandatory penalty) is due. From the 21st day on, additional penalties shall accrue at the rate of \$10.00 per day up until a report is filed, to the present maximum of \$1,000.00.

Obviously, Jackie, there is nothing in my proposed compromise which would cause the carriers or adjusters to fail to file the Compensation Report because we are still subject to the same penalties. It simply gives us one chance (after paying a \$100.00 penalty) to correct our oversight and avoid further penalty. If a carrier or adjuster fails to file a report after it has been called to their attention, then they certainly deserve the \$1,000.00 penalty and my compromise law would allow for that.

I am asking you again to reconsider your stand on this issue.

I would very much like to see the industry and the Workers' Compensation Division start working together in a spirit of cooperation for the benefit of injured workers as it used to do, as opposed to the "us against them" current mentality. I feel that your support of this compromise would go along ways toward accomplishing that end.

January 22, 1985
Page 3

For the benefit of the individuals to whom I am addressing a copy of this letter, I would like to make it clearly understood that the filing of, or the failure to file the Compensation Report has no bearing on the benefits paid to the injured worker. In fact it is payment to the injured worker that triggers the filing of the report. If for whatever reason, we fail to file the report, the injured worker's benefits continue and any penalty assessed by your division is paid to the State of Alaska - Second Injury Fund - and not to the injured worker.

Thank you for your consideration.

Sincerely,

SCOTT WETZEL SERVICES, INC.

Renee Murray
Vice President

RM/cs

cc: Governor Bill Sheffield

Jim Robison - Commissioner of Labor

Jack Thompson, President
Workers' Compensation Committee of Alaska
2216 Post Road
Anchorage, AK 99501

Representative Virginia Collins
Alaska State Legislature
Pouch 5
Juneau, AK 99811

Joe Butler, Member
Workers' Compensation Labor/Management Ad Hoc Committee
900 West Northern Lights, #200
Anchorage, AK 99503

Kevin Dougherty, Member
Workers' Compensation Labor/Management Committee of Alaska
2501 Commercial Drive
Anchorage, AK 99504

Marilyn Murphy - Workers' Compensation Claims Manager
Alaska National Insurance
P.O. Box 3440
Anchorage, AK 99510

January 22, 1985
Page 4

cc: Continued

Kathy Smith
Workers' Compensation Supervisor
Industrial Indemnity Insurance
P.O. Box 307
Anchorage, AK 99510

Virginia Parker
Workers' Compensation Claims Supervisor
Crawford Adjusters
3300 Arctic Blvd.
Anchorage, AK 99503

Dick Stone
Northern Insurance Adjusters
2609 Arctic Blvd.
Anchorage, AK 99503

Alaska Adjusters Association, Anchorage, AK

Randall J. Weddle, Esq.
Faulkner, Banfield, Doogan & Holmes
Denali Towers North
Anchorage, AK 99503

Harry Sjoberg, Risk Manager - Municipality of Anchorage



Alaska Timber Insurance Exchange

111 Stedman St., Suite 201
Ketchikan, Alaska 99901
(907) 215-9451

January 15, 1984

Mr. Mike Thomas
Robertson, Monagle, Eastaugh & Bradley
P.O. Box 679
Anchorage, Alaska 99510

Dear Mike:

Thanks for mailing a copy of pre-filed House Bill Number 6 by Representative Virginia Collins. The Alaska Timber Insurance Exchange supports this legislation. It would permit the Board to disallow unreasonable penalties.

Sincerely,

Donald A. Bell
President

ALASKA TIMBER MANAGEMENT CORPORATION

DAB/mjh

cc: George Krusz
Representative Virginia Collins
George Erickson

*File
H.S. to
Folder*

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

January 15, 1985

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PH. (907) 465-2790

Ms. Renee Murray
Vice-President
Scott Wetzel Services Incorporated
741 Sesame Street, Suite 1A
Anchorage, AK 99503

Dear Ms. Murray:

Re: David Ford vs. State of Alaska
D/A 3-10-83 Case No. 304511

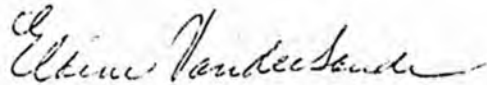
Although I thought I had carefully reviewed all cases on which Second Injury Fund petitions for late reporting were prepared, in this instance I believe you are correct, and a penalty should not be pursued.

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That will be a question to resolve if and when the circumstances arises.

Very truly yours,



Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund

cc: W.C.C.A
Jack Thompson, President
2216 Post Road
Anchorage, AK 99501

Rep. Virginia Collins ✓
Pouch V
Juneau, AK 99811

Randall J. Weddle, Esq.
2550 Denali, Suite 700
Anchorage, AK 99503



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

January 9, 1985

Elaine VanderSande
Workers Compensation Officer
Second Injury Fund
Box 1149
Juneau, Alaska 99802

RE: David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511

Dear Ms. VanderSande:

This will acknowledge receipt of your letter of December 28, 1984 notifying us of your decision that we owe a \$750.00 penalty and your filing of the notice of Statement of Readiness to Proceed hearing.

We don't owe this penalty. Marion Berry attempted to explain it, but it is a complicated situation, so I am going to try again.

First of all, I will tell you the facts and then explain our error which created this whole scenario.

The fact is that we paid Mr. Ford TID benefits from 3/14/83 through 6/2/83. The last payment was made on 6/2/83. (Copies of the last 3 checks issued are attached.)

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I frankly have no idea why our clerical personnel picked up the incorrect date, but the fact is she did and we, therefore, filed a corrected report on 6/30/83 indicating the error and showing the final payment made on 6/2/83.

This final check was, in fact, returned to us by the claimant inasmuch as he had returned to work at an earlier date. We had an overpayment from 5/9/83 through 5/19/83, but for the purposes of the Compensation Report and the alleged penalty, the fact remains that we did issue the final check on 6/2/83 and we did file the Termination Report within the 14 day period following the final payment.

David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511
Page 2

If we were to accept your reasoning, every time we overpay someone we would owe a late reporting penalty because we continued payment beyond their return to work date - for whatever reason. In this case, we relied on the doctor's report, which indicated he was not released for work. However, as you know, he returned to work without a doctor's release, and for this you want us to pay a \$750.00 penalty. Can you possibly believe this is justified?

If so, we request a formal hearing in Anchorage before the full Board.

You will note from the attached copies that we had to file SIX Compensation Reports, and it still isn't good enough for you. No wonder we are up in arms.

Very truly yours,

Renee Murray
Vice-President

RM/jlh
Enclosures

cc: WCCA Committee
cc: Rep. Virginia Collins
cc: Randy Weddle, Esq.
cc: SWS-Bremerton

3009

CLAIM NO. 390-110-647		SCOTT WETTEL SERVICES, INC. 741 SESNAE STREET, SUITE 1A ANCHORAGE ALASKA 99503		CLAIMANT FORD, DAVID P.	
DATE ISSUED 5/6/83	TYPE PMT. 3	CLOSE	DATE OF LOSS 5/10/83	LOCATION CHUGIAK	
PAYEE FEDERAL I.D. NO.		IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY (2 WEEKS) PLUS TTD ADJUSTMENT 3/14 thru 5/5/83 (2 weeks) 30/222			

PAY ---TWO THOUSAND, ONE HUNDRED, FORTY THREE & 74/100----- DOLLARS \$ 2,143.74**

TO: DAVID P. FORD
1547 E. 27th Avenue
Anchorage, Alaska 99504

STATE OF ALASKA
W/C CLAIMS PAYMENT ACCOUNT
BY SCOTT WETTEL SERVICES, INC.

NOT NEGOTIABLE

3145

CLAIM NO. 390-110-647		SCOTT WETTEL SERVICES, INC. 741 SESNAE STREET, SUITE 1A ANCHORAGE ALASKA 99503		NATIONAL BANK OF ALASKA SEWARD BRANCH ANCHORAGE, ALASKA 99503 89-5/1252	
DATE ISSUED 5/18/83	TYPE PMT. 3	CLOSE	DATE OF LOSS 5/10/83	LOCATION CHUGIAK, AK.	
PAYEE FEDERAL I.D. NO.		IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY 5/6 THRU 5/10/83 (2 WEEKS) 30/222			

PAY FIVE HUNDRED EIGHTY EIGHT DOLLARS AND 72/100----- DOLLARS \$ 588.72

TO: DAVID P. FORD
1547 E. 27th AVE
ANCHORAGE, AK. 99504

STATE OF ALASKA
W/C CLAIMS PAYMENT ACCOUNT
BY SCOTT WETTEL SERVICES, INC.

NOT NEGOTIABLE

3308

CLAIM NO. 390-110-647		SCOTT WETTEL SERVICES, INC. 741 SESNAE STREET, SUITE 1A ANCHORAGE ALASKA 99503		NATIONAL BANK OF ALASKA SEWARD BRANCH ANCHORAGE ALASKA 99503 89-5/1752	
DATE ISSUED 6/2/83	TYPE PMT. 3	CLOSE	DATE OF LOSS 5/10/83	LOCATION CHUGIAK, AK.	
PAYEE FEDERAL I.D. NO.		IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY--5/20 thru 6/2/83 (2 wks) 30/222			

PAY ---FIVE HUNDRED, EIGHTY EIGHT & 72/100----- DOLLARS \$ 588.72**

TO: DAVID P. FORD
1547 E. 27th Avenue
Anchorage, Alaska 99504

STATE OF ALASKA
W/C CLAIMS PAYMENT ACCOUNT
BY SCOTT WETTEL SERVICES, INC.

NOT NEGOTIABLE

BILL SHEFFIELD, GOVERNOR

STATE OF ALASKA
DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

December 28, 1983

Ms. Marion C. Berry
Scott Wetzel Services
741 Sesame Street, Suite 1-A
Anchorage, AK 99503


Dear Ms. Berry:

Re: David P. Ford vs. State of Alaska
D/A 3-10-83 Case No. 304511
Insurer Claim No. 647

You responded on June 28, 1983 to J. Paul House's June 23, 1983 notice of late report penalty and explained that the adjuster was not notified of David Ford's return to work several weeks before it was anticipated.

AS 23.30.155(c) does not provide an option to waive penalty, and the Fund cannot excuse notice not timely filed even though the period of disability changed after receipt of additional information. If the employer did not notify the adjuster of the return to work, you should discuss this failure with the employer as the employer/insurer/adjuster are jointly responsible for prompt filing.

Very truly yours,


Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, Alaska 99811

COPY SERVED ON
(HSS) State of AK / Scott Wetzel Services
C-RRR
PETITIONS ON 12-28-84

AWCB Case Number
304511

(Not to be used by injured employee)

1. Employee's Name (Last, First, Middle Initial) Ford, David P.		2. Insurer Claim No. 647	3. Date of Injury 3 / 10 / 83
4. Address		5. Social Security Number 329 - 80 - 0804	
City	State	Zip Code	Telephone
7. Employer State of Alaska (HSS)		8. Insurer Self Insured / Scott Wetzel Services	
9. Address 400 Gambell, Suite 201		10. Address 741 Sesame St. Suite 1-A	
City	State	Zip Code	Telephone
Anchorage, Alaska 99503		Anchorage, Alaska 99503 561-1725	

REASON FOR PETITION - CHECK APPROPRIATE BOXES AND COMPLETE QUESTIONS IN DETAIL.

JOIN ADDITIONAL EMPLOYER AND/OR INSURER: (ATTACH PROOF OF SERVICE ON EMPLOYER AND/OR INSURER)

11. Name of Employer to be Joined		12. Insurer	
13. Address		14. Address	
City	State	Zip Code	Telephone
15. Dates Injured Employee Worked for Employer to be Joined		16. Dates of Coverage (Use when joining only insurer)	
17. Date of Alleged Injury	18. Nature of Alleged Injury		

If more than one employer and/or insurer to be joined, attach additional page and provide above information for each employer and/or insurer.

PETITION TO TERMINATE BENEFITS (CHECK TYPE TO BE TERMINATED):

Temporary Total Disability Temporary Partial Disability Permanent Partial Disability Permanent Total Disability Medical Benefits

Other:

20. Reason for termination:

21. If you are seeking termination of temporary compensation and allege the disability is permanent, report total compensation paid:

Type	From	Through	Weeks and Days	Rate	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$

22. Date When Disability Became Permanent

OTHER (STATE IN DETAIL BELOW: ATTACH ADDITIONAL PAGE IF NECESSARY):

Request Board Order on late reporting penalty of \$ 750.00 per AS 23.30.155(c) based upon compensation report termination payment of May 6, 1983 which was 27 days late.

The Second Injury Fund requests a determination based upon the information in the case file.

COMPLETE AND ATTACH A MEDICAL SUMMARY (Form 07-6103). ATTACH PROOF OF SERVICE

23. Name of Individual Submitting this Form (Print or Type) Elaine VanderSande		24. Signature <i>Elaine VanderSande</i>	25. Date 12/28/84
26. Address Second Injury Fund P.O. Box 1149, Juneau, Alaska 99802		28. Telephone	
27. Attorney's Name and Firm Name (If Represented)		28. Telephone	
29. Attorney's Address		28. Telephone	

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 P.O. Box 1149
 Juneau, Alaska 99802

COPY SERVED ON
 (HSS) State of AK / Scott Wetzel Services

C-RRR

STATEMENT OF
 READINESS TO PROCEED

AWCB Case Number

304511

BEFORE YOU COMPLETE AND SUBMIT THIS FORM, READ CAREFULLY.

1. Use only to request the scheduling of a pre-hearing or hearing after employee has filled an "Application for Adjustment of Claim" (Form 07-6106) or employer/insurer has filed a "Petition" (Form 07-6111).
2. Note that once a hearing has been scheduled, a continuance will be permitted only for good cause following a written stipulation filed with the Board before the hearing or an oral motion at the time for the hearing. If a continuance is granted, there may be a significant delay before your case is rescheduled.
3. You should complete and submit this form only if you are fully prepared for a hearing.
4. Plan to be present at the hearing in person or represented by an attorney.

1. Employee Name (Last, First, Middle Initial) Ford, David P.		2. Insurer Claim Number 647	3. Date of injury 3 / 10 / 83
4. Address		5. Social Security Number 329-80-0804	
City	State	Zip Code	Telephone
7. Employer State of Alaska (HSS)		8. Insurer/Adjusting Company Self Insured / Scott Wetzel Services	
9. Address 400 Gambell, Suite 201		10. Address 741 Sesame St. Suite 1-A	
City	State	Zip Code	Telephone
Anchorage, Alaska 99503		Anchorage, Alaska 99503 561-1725	

Section 1	Before your case will be scheduled for a pre-hearing or hearing, you MUST comply with the following instructions:
	11. Complete the entire form except (a) Section 4 if requesting a pre-hearing, or (b) Section 3 if requesting a hearing.
	12. Attach a "Medical Summary" (Form 07-6103).
	13. Attach proof of service upon opposing parties of the "Medical Summary" form and this form.
Section 2	14. Mail this form to the Board's address in the city you want the pre-hearing or hearing held. If you request "Other", mail to the Board's Juneau address.
	15. The <input type="checkbox"/> Employee, <input type="checkbox"/> Employer, <input type="checkbox"/> Insurer, or <input type="checkbox"/> Physician requests that this case be set for a <input type="checkbox"/> Pre-hearing or <input type="checkbox"/> Hearing in: <input type="checkbox"/> Anchorage Pouch 7-619 Anchorage, AK 99510 (907) 264-2424 <input type="checkbox"/> Fairbanks 675 7th Avenue Station "J" Fairbanks, AK 99701 (907) 452-1509 <input checked="" type="checkbox"/> Juneau Box 1149 Juneau, AK 99802 (907) 465-2790 <input type="checkbox"/> Other (Check one) <input type="checkbox"/> Ketchikan <input type="checkbox"/> Sitka <input checked="" type="checkbox"/> Second Injury Fund - Decided on written record contained in Board file.
Section 3	16. Employee is now receiving compensation payments: <input type="checkbox"/> YES <input type="checkbox"/> NO Weekly Rate \$ _____
	17. <input type="checkbox"/> A pre-hearing is requested to: <input type="checkbox"/> Frame Issues, <input type="checkbox"/> Record Stipulations, <input type="checkbox"/> Join Necessary Parties, or <input type="checkbox"/> Other (Explain): _____
Section 4	18. <input type="checkbox"/> A regular hearing is requested. If there are additional issues not listed on the "Application for Adjustment of Claim" or "Petition", please attach an amended Application or Petition.
	19. I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for my portion of the hearing will be _____ minutes.
	20. Comments: <u>no testimony/witness</u>

21. Name of Individual Submitting this Form (Print or Type) Elaine VanderSande	22. Signature <i>Elaine VanderSande</i>	23. Date 12 / 28 / 84
24. Address Second Injury Fund P.O. Box 1149, Juneau, Alaska		Zip Code 99802
25. Attorney's Name and Firm Name (if represented)		26. Telephone
27. Attorney's Address		City State

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

pull 6/23/83
9
23
DATE 06/23/83

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A
ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 05/06/83, WAS 27 DAYS OVERDUE. ACCORDINGLY, \$750 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECOND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99802.

EMPLOYEE: FORD, DAVID P.
1547 E 27TH AVE

ANCHORAGE AK 99504

EMPLOYER: ALASKA, STATE OF (HESS)
HEALTH & SOCIAL SERVICES
3601 C ST., FRONTIER BLD
ANCHORAGE AK 99503

INJURY DATE: 03/10/83

AWCB CASE NO: 304511

REF YOUR CLAIM 647

VERY TRULY YOURS,

Paul House
PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

6/28/83
DEAR PAUL,
Pls be advised that we have submitted a corrected report, because our last payment made was on 6-2-83 paying clmt thru 6-2-83, but was returned by clmt. 6-9-83 indicating that he had RTW 5-9-83 without a doctor's release. I do not feel we owe \$750.00 on.

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P		2. Insurer Claim Number 647		3. Injury Date 3 / 10 / 83	
4. Address 1547 E 27th AVE				5. Social Security Number 329 - 80 - 0804	
City ANCHORAGE	State AK	Zip 99504	Telephone 276-5427	6. Birthdate AGE/33 /	
7. Employer STATE OF ALASKA			8. Insurer/Adjusting Company SELF INSURED		
9. Address 400 GAMBELL, SUITE 201			10. Address SCOTT WETZEL SERVICES, INC.		
City ANCHORAGE	State AK	Zip 99503	City 	State 	Zip

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19____
 Documents received: ____/____/____ Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employer Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	÷ 52 weeks = \$	X 662/3% = \$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	\$	X 662/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	÷ \$	% X \$	\$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) **PPD PAYMENT**

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	5/11/83	5/19/83	10	\$ 294.36	\$ 3405.16
11/8/83	PPD	-----20% OF LEFT ARM-----				\$ 8275.44
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) **TOTAL \$ 11,679.60**

18. Impairment Rating: **20** % of **L ARM**
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?
45,680. X 20% = 8736.

20. a. Date Disability Began 3 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ 50,020.83
21. Date Disability Ended 5 / 19 / 83	e. Second Injury Fund \$ 675.02	f. Rehabilitation \$ _____
	<input checked="" type="checkbox"/> s 524.16 Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work **5 / 9 / 83** Date
 At New Job At Same Job
 Occupation _____
 Weekly Pay Rate \$ _____

24. Released for Work Date / /
 Regular Work
 Modified Work

25. Moved from Alaska
 26. Compromise and Release
 27. Returned to Alaska
 28. Controversy (Attach 07-6105)
 29. Recomputation
 30. Board Order
 31. Other
 32. Lack Recent Medical Report

23. Remarks: **OVERPAYMENT RECOVERED.**
 CC: ANCB
 CC: SOA PR
 CC: FILE
 CC: SWS BREMERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY/CLAIMS EXAMINER	35. Signature <i>[Signature]</i>	36. Date 11 / 8 / 83
37. Address (if different from No. 10) 741 S. ...	City 	State

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647	3. Injury Date 3 / 10 / 83
4. Address 1547 E 27th AVE City State Zip Telephone ANCHORAGE AK 99504 276-5427		5. Social Security Number 379 - 80 - 0804	
7. Employer STATE OF ALASKA		8. Insurer/Adjusting Company SELF INSURED	
9. Address 400 GAMBELL, SUITE 201 City State Zip Telephone ANCHORAGE AK 99503		10. Address SCOTT WETZEL SERVICES, INC. City State Zip Telephone	

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input type="checkbox"/> 2. Highest of three years, 19 _____ Documents received: _____ / _____ / _____ Date	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____
	<input type="checkbox"/> 4. Minor or apprentice	
	<input type="checkbox"/> 5. Volunteer policeman, etc.	

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	÷ 52 weeks = \$	X 66 2/3% = \$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	-\$	X 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	÷ \$	% X \$	= \$
(1) State or Country	(2) Date Left	/ /	(3) Were gross wages earned in Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) **CORRECTION**

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
6/2/83	TTD	5/11/83	5/19/83	10	\$ 294.56	\$ 3406.16
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
(If additional space is needed, use chart on reverse.)						TOTAL \$: 3406.16

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ 39,041.49
21. Date Disability Ended 5 / 19 / 83	e. Second Injury Fund \$ 148.86	f. Rehabilitation \$ _____
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work 5 / 9 / 83	24. <input type="checkbox"/> Released for Work _____	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job	Date _____ / _____ / _____	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 07 G105)
Occupation _____	<input type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: OVERPAYMENT 5/9/83 THRU 5/19/83 = 1 WEEK 4 DAYS = 462.56 OVERPAYMENT ST PAYMENT MADE ON 6/2/83, PAYING CLAIMANT THRU 6/2/83, BUT WAS RETURNED BY CLAIMANT ADVISING HE RETURNED TO WORK 5/9/83.

CC: AWCB CC: SOA PR CC: FILE CC: SOA RISK MANAGEMENT CC: SWS BREMERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY/CLAIMS EXAMINER	35. Signature <i>[Signature]</i>	36. Date 6 / 30 / 83
37. Address (if different from No. 10) City State Zip Telephone		

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647	3. Injury Date 3 / 19 / 83
4. Address 1547 E 27th AVE City State Zip Telephone ANCHORAGE AK 99504 276-5427		5. Social Security Number 329 - 89 - 0804	
7. Employer STATE OF ALASKA (HSS)		8. Insurer/Adjusting Company SELF INSURED	
9. Address 400 GAMBELL, SUITE 201 City State Zip Telephone ANCHORAGE AK 99503		10. Address SCOTT WETZEL SERVICES, INC. City State Zip Telephone	

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents

2. Highest of three years, 19 _____
Documents received: _____
Date _____

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$

a. Alaska TTD, PTD, death or scheduled PPD

b. Alaska unscheduled PPD or TPD

c. Out-of-state TTD, TPD, PPD, PTD or death

15. HOW RATE WAS FIGURED

a. Gross Wages	Employer Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
\$ _____	÷ 52 weeks = \$ _____	X 66 2/3% = \$ _____	\$ _____
b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
\$ _____	-\$ _____	= \$ _____	X 66 2/3% = \$ _____
c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
\$ _____	÷ \$ _____	= % X \$ _____	= \$ _____

(1) State or Country _____ (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) _____

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
5/6/83	TTD	5/11/83	5/19/83	10	\$ 294.56	\$ 2945.16
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ 3406.16

18. Impairment rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ 57,401.4
21. Date Disability Ended 5 / 19 / 83	e. Second Injury Fund \$ 148.86	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ 148.86 Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 5 / 9 / 83 At New Job At Same Job

24. Released for Work Date / / Regular Work Modified Work

25. Moved from Alaska

26. Compromise and Release

27. Returned to Alaska

28. Controversy (Attach 07-6105)

29. Recomputation

30. Board Order

31. Other

32. Lack Recent Medical Report

33. Remarks: OVERPAYMENT FROM 5/9/83 THRU 5/19/83, PERIOD OF 1 WEEK 4 DAYS, OF \$462.56.

CC: AWCB
CC: SOA PR
CC: FILE
CC: SOA RISK MANAGEMENT

CC: SWS BREWERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BEPPY/CLAIMS EXAMINER	35. Signature <i>Marion C. Beppy</i>	36. Date 6 / 15 / 83
37. Address (If different from No. 10) 741 SESAME ST., SUITE 1-A	City ANCHORAGE	State Zip Telephone AK 99503 261 1770

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 4149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647		3. Injury Date 3 / 10 / 83	
4. Address 1547 E. 27th Avenue				5. Social Security Number 239 - 80 - 0804	
City ANCHORAGE, ALASKA		State 99504		Telephone 276-5427	
7. Employer STATE OF ALASKA (HSS)			8. Insurer/Adjusting Company SELF INSURED c/o SCOTT WETZEL SERVICES, INC.		
9. Address 400 GAMBELL, SUITE 201			10. Address 741 Sesame Street		
City ANCHORAGE, ALASKA		State 99503		Telephone 581-1725	

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS

1. Awaiting gross wages documents

2. Highest of three years, 19 82
Documents received: 5 / 4 / 83
Date

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured: _____

14. RATE \$ <u>294.36</u>	15. HOW RATE WAS FIGURED	
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages \$22,959.64	Employee Avg. Wk. Wage ÷ 52 weeks = \$ 441.53
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity Difference = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage State Ratio = \$ X S
(1) State or Country	(2) Date Left / /	(3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) _____

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
5/6/83	TTD	3/11/83			\$294.36	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 5 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended CONTINUING	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> S Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work: _____ Date _____ <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation _____ Weekly Pay Rate \$ _____	24. <input type="checkbox"/> Released for Work Date _____ <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
		27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversial (See 076105)
		29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:

CC: ANCB
CC: SOA-PAYROLL
CC: FILE

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY, CLAIM EXAMINER	35. Signature <i>[Signature]</i>	36. Date 5 / 6 / 83
37. Address (if different from No. 10)	City	State
	Zip	Telephone

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 3149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647	3. Injury Date 3 / 10 / 83
4. Address 1547E 27th AVENUE		5. Social Security Number 239 - 80 9504	
City ANCHORAGE	State AK	Zip 99504	Telephone 276-5427
7. Employer STATE OF ALASKA (DHSS)		8. Insurer/Adjusting Company SELV INSURED	
9. Address 400 GAMBELL, SUITE 201		10. Address SCOTT WETZEL SERVICES, INC.	
City ANCHORAGE	State AK	Zip 99503	Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input type="checkbox"/> 2. Highest of three years, 19 81	
	Documents received: 3 / 29 / 83	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	
<input type="checkbox"/> 5. Volunteer policeman, etc.		

14. RATE \$ 88.98	15. HOW RATE WAS FIGURED
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages Employee Avg. Wk. Wage Alaska Weekly Rate Alaska State or Min. \$ 6940.20 52 weeks = \$ 133.47 X 66 2/3% = \$ 88.98
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage Earning Capacity Difference Alaska Weekly Rate Alaska State or Min. \$ - \$ - \$ X 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PFD, PTD or death	c. State Avg. Wk. Wage Alaska Avg. Wk. Wage State Ratio Alaska Weekly Rate State Weekly Rate \$ \$ % X \$
(1) State or Country	(2) Date Left / / (3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
4/7/83	TTD	3/14/83			\$ 88.98	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$

18. Impairment Rating: % of ; % of ; % of
19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began 5 / 11 / 83	22. a. Employee Attorney Fees \$	b. Late Report Penalties \$
b. First Payment Date 5 / 24 / 83	c. Employer Attorney Fees \$	d. Medical \$
21. Date Disability Ends CONTINUING	e. Second Injury Fund \$	f. Rehabilitation \$
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work / / <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation Weekly Pay Rate \$	24. <input type="checkbox"/> Released for Work / / Date <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
		27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversial (Attach 07-6109)
		29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:
CC: AWCB
CC: SOA-PAYROLL
CC: FILE

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board

34. Name and Title of Person Submitting Report (Type or Print) CLARE HIPATSUKA/CLAIMS EXAMINER	35. Signature <i>Clare Hipatsuka</i>	Jr. Date 4 / 7 / 83
37. Address (If different from No. 10) 741 SESAME ST. SUITE 1-A	City ANCHORAGE	State AK
	Zip 99503	Telephone 561-1725

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647	3. Injury Date 3 / 11 / 83
4. Address 1547 E 27th AVENUE		5. Social Security Number 239 - 80 - 0804	
City ANCHORAGE	State AK	Zip 99504	6. Birthdate 33 / /
7. Employer STATE OF ALASKA (DHSS)		8. Insurer/Adjusting Company SELF-INSURED	
9. Address 400 GAMBELL, SUITE 201		10. Address c/o SCOTT WETZEL SERVICES, INC.	
City ANCHORAGE	State AK	Zip 99503	Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents
 2. Highest of three years, 19 ___
 Documents received: ___ / ___ / ___
 Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$ 65.00	15. HOW RATE WAS FIGURED			
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	÷ 52 weeks = \$	x 66 2/3% = \$	\$ 65.00
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	=\$	x 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	÷ \$	= % x \$	= \$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
3/24/83	TTD	3/14/83			\$ 65.00	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
(If additional space is needed, use chart on reverse.)						TOTAL \$

18. Impairment Rating: ___ % of ___ ; ___ % of ___ ; ___ % of ___

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3/11/83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3/24/83	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended continuing	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work ___ / ___ / ___ <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation _____ Weekly Pay Rate \$ _____	24. <input type="checkbox"/> Released for Work Date ___ / ___ / ___ <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska Date ___ / ___ / ___ <input type="checkbox"/> Returned to Alaska <input type="checkbox"/> Re-computation <input type="checkbox"/> Other	26. <input type="checkbox"/> Compromise and Release <input type="checkbox"/> Controversy (Attach 076105) <input type="checkbox"/> Board Order <input type="checkbox"/> Lack Recent Medical Report
---	---	--	--

33. Remarks:

cc: ANCB-Juneau SOA-Payroll

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) CLARE HIRATSUKA, CLAIMS EXAMINER	35. Signature <i>Clare Hiratsuka</i>	36. Date 3 / 24 / 83
37. Address (if different from No. 10) 741 SESAME STREET, SUITE 1A	City ANCHORAGE	State AK
	Zip 99503	Telephone 561-1725

vb

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

January 4, 1985

Renee Murray, Vice-President
Scott Wetzel Services Incorporated
74i Sesame Street, Suite 1A
Anchorage, AK 99503

Dear Renee:

Re: AS 23.30.155

Please excuse my long overdue response to your November 15 letter concerning the compensation reporting system under §.155.

I am somewhat surprised that a change to §.155 is again being proposed considering that this section was just amended by the Legislature last year under HCS CSSB 517. It was my impression that last year's amendment, endorsed and supported by the Workers' Compensation Labor/Management Ad Hoc Committee, was agreed upon by all parties to our system.

I have reviewed your proposed statutory language and while I am sure you have given a great deal of thought to this, it would be impossible for the reporting system to operate as you propose under the current provisions of the Act. As happened last year in your review of HCS CSSB 517, there seems to be continuing confusion and misinterpretation of §.155 and how the reporting system actually works. Perhaps some of the confusion stems from the anniversary report, which is also mentioned in your letter.

If I am reading it correctly you are suggesting, in simple terms, that the Board notify the employer/insurer if the employer/insurer has not filed with the Board, and mailed to the injured worker, a report advising that the employer/insurer has begun or has increased, reduced, terminated, resumed, changed or suspended the payment of compensation. Under the Alaska Workers' Compensation system, it is the employer/insurer who independently decides when to begin, change or stop the payment of compensation to an injured worker, unless there has been a Board order issued on a specific case. Therefore, how could the Board possibly know that the employer/insurer failed to file a report advising that action had been taken on a claim when the Board has no way of knowing until the employer/insurer notifies us by filing the report? In other words, how can the Board tell you that you have not reported an action that you independently decide and take in the first place? An employer/insurer could conceivably make numerous changes in the payment of compensation to an injured worker and the Board never be aware of the changes until an inquiry or other filing was received triggering a review of a specific

file. With over 30,000 injuries per year, this would obviously be a very small percentage of the cases in the compensation reporting system.

As mentioned in your letter, and again this may be confusing you, we are able to tell from a computer listing that an employer/insurer has not filed an anniversary report as required under §.155(m). This is done by calling up all files that have not had a termination report filed and on which no anniversary report has been filed one year from the date of injury. This is possible because we are looking for a known - a specific type of report that is to be filed on all open claims at a specific time. This is not the case with the other compensation report filings.

The only way your proposal could possibly work in a compensation reporting system is if the employer/insurer had to obtain Board approval prior to beginning, changing or terminating compensation payments, or any such action was taken only at or upon Board direction. This "agreement" type system is used in some jurisdictions and, in fact, has been suggested for our system by various labor groups and legislators over the past several years, particularly on those cases where the employer/insurer is controverting an injured worker's benefits. We have always opposed enactment of an agreement system as, I assume, would employer and insurer groups.

While the data from the computer reporting system is necessary in order to provide accurate information to the Legislature, as pointed out in your letter, the system provides a much more important service to the two main parties in a workers' compensation program - the injured worker and employer. Injured workers are now apprised of what is happening on their claims and the Board, because it is also informed of any action, is able to resolve many disputes between the injured worker and employer/insurer before the problem ends up in litigation. We believe this process, which is only made possible by accurate and timely filing of compensation reports by the insurer, has substantially reduced litigation and the related costs. For the first time the Board is able to provide comprehensive data in support of testimony on proposed legislation, such as the net spendable concept passed in 1983. Again, this is only made possible by the input of information into the Board's information handling system from reports filed by insurers.

Prior to the 1981 amendment to §.155, which implemented the present compensation reporting system, the insurer was required to file with the Board an initial report upon making first payment of compensation, and within 16 days after final payment of compensation, was required to file a final report. For failure to timely file a final report, the insurer was subject to a \$100 penalty. Under the old law, insurers only filed final reports on about 50% of their claims even though there was a specific statutory requirement and penalty for not doing so. For this reason, the Legislature in 1981 imposed greater penalties of up to \$2,500 for failure to file compensation reports within 14 days. The 1984 amendment decreased the maximum penalty to \$1,000 (\$100 for the first day plus \$10 for each day thereafter), and extended the report filing time to 28 days, which is a longer time period than was allowed even under the law prior to 1981.

Our statistics show that for FY84 insurance carriers timely filed compensation reports within 14 days on 97% of their claims and adjusting companies timely filed on 99% of their claims. In fact, the last quarter of FY84 shows 99% and 100% for insurance carriers and adjusting companies respectively. Timely filing will no doubt be even better now that insurers have 28 days. This performance record contrasts sharply with that in years prior to 1981 and with the reporting track record on the current requirement that insurers file anniversary reports. As previously mentioned, the penalty for not timely filing final reports under the old law was \$100. Since insurers only filed reports on about 50% of their claims, the penalty was obviously not much of a motivating force. As you are aware, insurers are required to file anniversary reports under AS 23.30.155(m); however, there is no penalty for not filing the required report. According to our last computer run, insurers are only filing anniversary reports on about 18% of the claims in which anniversary reports are due. Hence, our requests reminding you to file anniversary reports. We believe, and the record seems to support it, that the wide differences in the insurers' track records for filing the reports required under the Act is directly attributable to whether or not there is a penalty assessed and the amount of that penalty for failure to file the report. This is also rather obvious from your letter. Despite the fact that the anniversary report was required under the same 1981 amendment, you state ". . . although we make an effort to comply as required, we really have no method for pulling up this information on our computer and so our compliance has been rather hit and miss . . ." (emphasis mine). Your statement begs the question, would your "compliance" not be hit and miss and would you file as "required" if the same penalty was assessed for not filing an anniversary report as for not filing a compensation report? Our statistical information will, of course, never be completely accurate without the anniversary report filings because it is this report that shows the total medical, rehabilitation and litigation costs on a claim. Most important is the fact that if you have no way to pull up the information on your on-going claims, it must mean that proper payment to the Second Injury Fund is not being made yearly on those on-going claims as required under AS 23.30.040(b). This could perhaps account for a part of the substantial shortfall in SIF funding.

Renee, I can understand your opposition to being assessed penalties for failing to file reports. However, when we met with employer and insurer groups last year to discuss the 1984 proposed legislation, it was my understanding that the biggest problem was the 14 day reporting requirement. The filing time was, therefore, extended from 14 to 28 days because it was felt the adjusters would catch any report filing oversight in their periodic file review, which hopefully occurs within that time period on all open claims. And remember, the term "notify" or "file with the Board" means the date the report was placed in the mail, i.e. postmark date, not the date the report is received in Juneau.

By the way, I note in your letter and proposed amendment that you have shortened the insurer's filing time requirement from 28 days to 21 days. Was this intended or are you confusing the compensation report with the

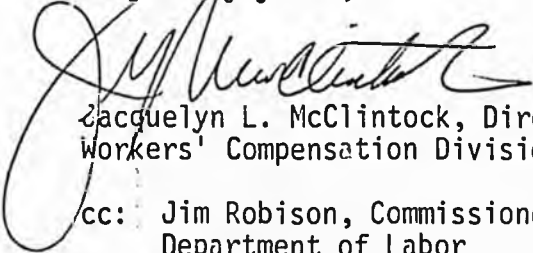
controversion notice? The controversion provision under §.155 was amended last year extending the time period to controvert a claim from 14 days to 21 days, allowing the employer/insurer more investigative time to verify a claim. Or you may be confusing the time period to pay compensation with the time period to report compensation payments. The time period to pay benefits under §.155(e) was shortened from 28 days to 21 days to conform with the controversion time period. The time period for the compensation report filing is, of course, clearly stated as 28 days in §.155(c) and was explained in detail in the Board's 84-06 bulletin issued July 1, 1984. You may wish to refer to the Section-by-Section Analysis and the payment and report charts on pages 1984-1 and 2 in the 1984 Amendment section and page 6104-1 in the Forms Section of your manual. If the 21 days was intended we would, of course, have no problem if the insurers want to shorten their report filing time period. If it was a misinterpretation you have more time than you thought you did.

I did not intend to write an epistle on this, but did feel it was necessary to further explain the amendments to §.155 and some of the related history; and to present my position, and hopefully that of the Board, on this matter. In response to your letter and numerous requests from insurers, I had hoped to have a computer run this week on the total amount of penalties paid by individual insurers during the past year. Unfortunately, it will be next week before I can obtain and mail out the information.

Concerning your request to send a list of outstanding anniversary reports, we have requested a computer run on this for all insurers. However, we cannot set up a "regular routine" for sending this information to all insurers once a month. Since anniversary reporting on claims is a specific requirement under the Act it is the responsibility of insurers to program their computers in order to obtain and report this information. We had originally proposed an annual instead of anniversary report, but the insurer representative on the 1981 workers' compensation legislative committee testified that the insurance community would prefer a report to be filed on the anniversary of the injury date. I understand that not all insurers agree. If it would be easier to provide this information on an annual rather than anniversary basis, we would wholeheartedly support the change.

If you have any questions concerning this or would like to meet with Commissioner Robison or any of the Board's staff, please contact me.

Very truly yours,



Jacquelyn L. McClintock, Director
Workers' Compensation Division

cc: Jim Robison, Commissioner
Department of Labor
P.C. Box 1149
Juneau, AK 99802

Renee Murray

-5-

January 4, 1985

cc: Continued

Jack Thompson, President
Workers' Compensation Committee of Alaska
2216 Post Road
Anchorage, AK 99501

Joe Butler, Member
Workers' Compensation Labor/Management Ad Hoc Committee
900 W. Northern Lights, #200
Anchorage, AK 99503

Kevin Dougherty, Member
Workers' Compensation Labor/Management Committee of Alaska
2501 Commercial Drive
Anchorage, AK 99504



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc.

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) ~~252-2000~~ 561-1725

November 15, 1984

Jacquelyn McClintock, Director
Alaska Workers' Compensation Division
State of Alaska
P.O. Box 1149
Juneau, AK 99802

Re: AS 23.30.155 (c)

Dear Jackie:

As you know, the penalty assessed under 23.30.155 (c) remains a major concern for a lot of us and I have given a great deal of consideration as to how we could answer your concerns and provide you with the information that you require and still allow us some breathing space when we make an occasional oversight and afford us the opportunity to correct it before it becomes excessively expensive.

I am attaching hereto a suggested change which may answer both of our needs in that it would assess a one hundred dollar (\$100.00) penalty for failure to notify the board within twenty eight (28) days, as is now required, but no further penalty would be assessed until the board had notified us of our oversight. Then if we failed to respond within twenty-one (21) days, the penalty would accrue at the rate of \$10.00 per day up to the maximum of \$1,000.00.

Jackie, I realize your position and know that this data is necessary for you in order to obtain accurate information to provide to the legislators and others, and it has never been our intention to purposely fail to report, but as I have stated so many times before, our clerical personnel are only human and they do make occasional errors which we are more than happy to rectify immediately, if we are notified that an error or oversight has occurred. All of the penalties in the world cannot make a perfect human being who will be totally error free, but if we ignore a request from your division we are certainly willing to accept the punishment.

We have never purposely failed to file a report and we believe our error/oversight rate is quite low, but as it currently stands, even fifty clerical errors could subject us to \$50,000.00 in penalties, which is what we are probably facing at this moment and actually that represents very few errors considering the hundreds or thousands of reports that we have filed correctly.

November 15, 1985

Page 2

I would really appreciate it if you would give this suggestion serious consideration and let me have the benefits of your thoughts as soon as possible.

Thank you very much for your consideration.

Sincerely,

SCOTT WETZEL SERVICES, INC.

Renee Murray
Vice President

RM/cs

cc: WCCA
Jim Robinson - Commissioner of Labor



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

MARCH 17, 1983

JACQUELINE McCLINTOCK, DIRECTOR
ALASKA WORKERS' COMPENSATION DIVISION
P. O. BOX 1149
JUNEAU, AK 99811

RE: PENALTIES ASSESSED UNDER SECTION 23.30.155(c),
ALASKA WORKERS' COMPENSATION ACT

DEAR JACKIE:

THE PURPOSE OF THIS LETTER IS TO VOICE MY CONCERNS OVER WHAT I CONSIDER TO BE EXCESSIVE AND UNNECESSARY PENALTIES WHICH ARE BEING ASSESSED UNDER THE ABOVE SECTION OF THE ALASKA WORKERS' COMPENSATION LAW.

FIRST OF ALL, LET ME ASSURE YOU THAT I AM FULLY COGNIZANT OF THE FACT THAT YOU ARE ACTING AS DIRECTED BY THE LAW AND THAT YOU HAVE NO CHOICE IN THE MATTER. THEREFORE, MY CONCERN IS WITH HAVING THE LAW CHANGED BECAUSE I FEEL IT IS UNREASONABLE AND REQUIRES EXCESSIVE AND REDUNDANT REPORTING AND I OBJECT STRONGLY TO THE POLICING ACTION AND THE HARASSMENT.

THE ENTIRE WORKERS' COMPENSATION ACT IS A LAW WHICH WE OBEY SIMPLY BECAUSE IT IS THE LAW AND WE ATTEMPT TO OBEY IT TO THE BEST OF OUR ABILITY. WE DO THIS WITH OR WITHOUT THE THREAT OF ANY PENALTY.

LET ME ASSURE YOU THAT I HAVE NO OBJECTION TO THE FILING OF THE COMPENSATION REPORT. IN FACT, IT IS QUITE THE CONTRARY. I FEEL THAT IT IS NECESSARY THAT YOU HAVE THIS INFORMATION AND IT IS IMPORTANT TO US AS WELL AS TO THE DIVISION THAT THE ACTUAL COSTS OF ALL OF OUR SYSTEMS ARE KNOWN AND RETRIEVABLE, SO WE WOULD FILE THE REPORT WITH OR WITHOUT THE THREAT OF ANY PENALTY AS WE DO WITH ALL OTHER FORMS WHICH WE ARE REQUIRED TO FILE.

OUR FIRM HAS HAD TO PAY VERY FEW PENALTIES, BUT THAT IS NOT THE ISSUE. THE ISSUE IS THE CONSTANT HARASSMENT BY THE LETTERS WHICH ARE GENERATED BY THE COMPUTER THREATENING US WITH HUGE PENALTIES OF ANYWHERE FROM \$100 TO \$2500, THE MORALE PROBLEM IT HAS CREATED WITH OUR STAFF, AND THE TIME THAT IT TAKES TO ANSWER THESE NUMEROUS INQUIRIES OVER NITPICKY DETAILS AND EXPLAIN WHY WE NEGLECTED OR FORGOT TO MARK AN "X" IN A CERTAIN BOX WHICH HAS CAUSED US TO BE ASSESSED A PENALTY OF SEVERAL HUNDRED DOLLARS. AN EXAMPLE OF THIS IS ATTACHED HERETO.

JACQUELINE McCLINTOCK, DIRECTOR
PAGE TWO
MARCH 17, 1983

IN THIS CASE, YOU WILL NOTE THAT WE FILED OUR INITIAL REPORT AND WE FILED THE TERMINATION REPORT WHICH ALSO INCORPORATED A RATE CHANGE AND WE NEGLECTED TO MARK THE RATE CHANGE BOX. THE PROPER RATE WAS PAID, THE REPORT WAS TIMELY FILED BUT THE FAILURE TO MARK THIS BOX HAS GENERATED A \$800 PENALTY LETTER, COPY ATTACHED.

I FEEL ABSOLUTELY CERTAIN THAT YOU WILL AGREE WITH ME THAT THIS IS WRONG AND THAT THIS WAS NEVER THE INTENT OF THE LAW; IT JUST HAPPENS TO BE THE END RESULT. I GUESS WHAT I'M REALLY OBJECTING TO IS THE BUREAUCRACY THAT THIS HAS CREATED AND ALL OF THE PAPERWORK, THE TIME, THE EXPENSE, THE AURA OF DISTRUST, THE REQUEST FOR AFFIDAVITS WHICH ARE A COMPLETE INSULT TO OUR HONESTY AND INTEGRITY AND THE FACT THAT THERE IS ABSOLUTELY NO ALLOWANCE FOR HUMAN ERROR.

IT GOES WITHOUT SAYING THAT THE PUNISHMENT IS EXCESSIVE AND DOES NOT FIT THE CRIME.

I REALIZE YOU ARE NOT RESPONSIBLE FOR THIS LAW BUT I ALSO REALIZE THAT YOU CAN BE QUITE EFFECTIVE IN HAVING THE NECESSARY CHANGES EFFECTED. THIS COULD EASILY BE REMEDIED BY REMOVING THE WORD "SHALL" ASSESS AND CHANGING IT TO "MAY" ASSESS. THEREFORE, I AM ASKING YOUR ASSISTANCE TO ACCOMPLISH THIS IN THE MOST EXPEDIENT AND REASONABLE MANNER.

THANK YOU SO MUCH FOR YOUR ASSISTANCE AND CONTINUED COOPERATION.

VERY TRULY YOURS,

SCOTT WETZEL SERVICES, INC.

RENEE MURRAY
ALASKA MANAGER

RM/vp

CC: JIM ROBINSON, COMMISSIONER OF LABOR

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99811
(907) 465 2790

DATE 02/25/83

*Paul
3-4-83*

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A
ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 01/04/83, WAS 29 DAYS OVERDUE: ACCORDINGLY. \$800 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECCND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99811.

EMPLOYEE: BAUER, STEPHAN
 BOX 9

 ILIAMMA AK 99606
EMPLOYER: WIEN AIR ALASKA
 4100 INT'L AIRPORT RD.

 ANCHORAGE AK 99502
INJURY DATE: 12/09/82
AWCB CASE NO: 226213
REF YOUR CLAIM 794

VERY TRULY YOURS,
Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

EMPLOYEE:

KEEP REAL

IS REPORT FOR YOUR RECORDS. IMPORTANT INFORMATION ABOUT

INFORMATION ONLY. IR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

226213

1. Employee's Name (Last, First, Middle Initial) Bauer, Stephen		2. Insurer Claim Number 794		3. Injury Date 12 9 182	
4. Address Box 9				5. Social Security Number 476-641-7033	
City Hianna, AK	State AK	Zip 99606	Telephone		
7. Employer Wien Air Alaska		8. Insurer/Adjusting Company Self-Insured			
9. Address 4100 Intl Airport Rd.		10. Address I 90 Scott Medical Services			
City Anch, AK	State AK	Zip 99502	City	State AK	Zip 99502

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents

2. Highest of three years, 10 81
Documents received: 1/3/83 Date

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages?

13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE \$ 320.90

15. HOW RATE WAS FIGURED

a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages \$ 25,030.18	Employee Avg. Wk. Wage 52 weeks = \$ 481.35	Alaska Weekly Rate x 66 2/3% = \$ 320.90	Alaska Max. or Min. \$
<input type="checkbox"/> b. Alaska unscheduled PPO or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
1-4-83	TTD	12-13-82	1-3-83	3 /	\$ 320.90	\$ 1008.54
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ 1008.54

18. Impairment Rating: % of % of % of

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began 1/14/83	22. a. Employee Attorney Fees \$ 0	b. Lat's Report Penalties \$ 0
b. First Payment Date 12/28/82	c. Employer Attorney Fees \$ 0	d. Medical \$ 1150.00
21. Date Disability Ended 1/3/83	e. Second Injury Fund \$ 600.51	f. Rehabilitation \$ 0
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$ 0

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <input type="checkbox"/> At New Job <input checked="" type="checkbox"/> At Same Job	24. <input type="checkbox"/> Released for Work Date / /	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
Occupation _____	<input type="checkbox"/> Regular Work	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 0761051)
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: CC: AWCCB
Wien
File
Rate change report only. FINAL filed
1/4/83. See ATTACHED.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Julia Falckheim Examiner	35. Signature Julia Falckheim	36. Date 2/18/83
37. Address (if different from No. 10) 741 Seaview St Ste. 1-1X	City Anch AK	State AK
	Zip 99502	Telephone 541-1707

EMPLOYEE: KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

3. Injury Date
12/9/82

5. Social Security Number
476-64-7033

6. Birthdate
5/29/154

1. Employer's Name (Last, First, Middle Initial)
Bauer, Stephen

4. Address
Box 9

City State Zip Telephone
Hamm, AK 99600

7. Employer
Wen Air Alaska

9. Address
4100 International

City State Zip Telephone
Anch. AK 99503

2. Insurer Claim Number
794

8. Insurer/Adjusting Company
Self-Insured

10. Address
c/o Scott Weigel Services

City State Zip Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents 12. If method 3, 4, or 5, how did you figure gross wages? _____

2. Highest of three years, 19 _____
Documents received: 1/1
Date

3. Same or similar wages 13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

4. Minor or apprentice

5. Volunteer policeman, etc.

14. RATE \$ 65.00

15. HOW RATE WAS FIGURED

<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages Employee Avg. Wk. Wage \$ _____ 52 weeks = \$ _____ X 66 2/3% = \$ _____	Alaska Weekly Rate \$ <u>65.00</u>	Alaska Max. or Min. \$ <u>65.00</u>
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage Earning Capacity Difference \$ _____ - \$ _____ = \$ _____ X 66 2/3% = \$ _____	Alaska Weekly Rate \$ _____	Alaska Max. or Min. \$ _____
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage Alaska Avg. Wk. Wage State Ratio \$ _____ \$ _____ % X \$ _____ = \$ _____	Alaska Weekly Rate \$ _____	State Weekly Rate \$ _____

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
12/28/82	TTD	12/13/82			\$ 65.00	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ _____

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 12/10/82 22. a. Employee Attorney Fees \$ -0- b. Late Report Penalties \$ -0-

b. First Payment Date 12/28/82 c. Employer Attorney Fees \$ -0- d. Medical \$ -0-

21. Date Disability Ended 1/1/83 e. Second Injury Fund \$ -0- f. Rehabilitation \$ -0-

s Check to SIF Attached g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 1/1/83 Date At New Job At Same Job

24. Released for Work Date 1/1/83 Regular Work Modified Work

25. Moved from Alaska 26. Compromise and Release

27. Returned to Alaska 28. Controversy (Attach 076105)

29. Recomputation 30. Board Order

31. Other 32. Lack Recent Medical Report

33. Remarks:
CC: HOLS + WIEN AIR AK

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print)
Julia Falke, Claims Examiner

35. Signature
Julia Falke

36. Date
12/28/82

37. Address (if different from No. 10) _____ City _____ State _____ Zip _____ Telephone _____

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) <u>Bauer, Stephan</u>		2. Insurer Claim Number <u>794</u>	3. Injury Date <u>12/9/82</u>
4. Address <u>Box 9</u>		5. Social Security Number <u>476-64-7033</u>	
City <u>Hamna, AK</u>	State <u>AK</u>	Zip <u>99606</u>	Telephone <u></u>
7. Employer <u>Wien air AK</u>		8. Insurer/Adjusting Company <u>Scot. Insured</u>	
9. Address <u>4100 Intl Airport Rd.</u>		10. Address <u>90 Scott Wozel Services</u>	
City <u>Anch, AK</u>	State <u>AK</u>	Zip <u>99502</u>	Telephone <u></u>

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS

1. Awaiting gross wages documents

2. Highest of three years, 19____ Documents received: 1/1 Date _____

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$ _____	÷ 52 weeks = \$ _____	X 66 2/3% = \$ _____	\$ _____
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$ _____	-\$ _____	=\$ _____	X 66 2/3% = \$ _____
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$ _____	÷ \$ _____	= % X \$ _____	= \$ _____

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: 1/1 h. ANNIVERSARY i. OTHER (Explain) _____

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
<u>1-4-83</u>	<u>TTD</u>	<u>12/13/82</u>	<u>1-3-83</u>	<u>3 1</u>	<u>\$ 320.90</u>	<u>\$ 1008.54</u>
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____

(If additional space is needed, use chart on reverse.) TOTAL \$ 1008.54

18. Impairment Rating: _____ % of _____ : _____ % of _____ : _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began <u>12/10/82</u>	22. a. Employee Attorney Fees \$ <u>0</u>	b. Late Report Penalties \$ <u>0</u>
b. First Payment Date <u>12/28/82</u>	c. Employer Attorney Fees \$ <u>0</u>	d. Medical \$ <u>0</u>
21. Date Disability Ended <u>1/1</u>	e. Second Injury Fund \$ <u>60.51</u>	f. Rehabilitation \$ <u>0</u>
	<input checked="" type="checkbox"/> Check to SIF Attached	g. Other \$ <u>0</u>

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 1/4/83 Date 1/1 At New Job At Same Job

24. Released for Work Date 1/1

25. Moved from Alaska

26. Compromise and Release

27. Returned to Alaska

28. Controversy (Attach 07-6105)

29. Recomputation

30. Board Order

31. Other

32. Lack Recent Medical Report

33. Remarks: cc: AWCB
Wien
Fik

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) <u>Judith Parks/claim Examiner</u>	35. Signature <u>Judith Parks</u>	36. Date <u>1/14/83</u>
37. Address (if different from No. 10) <u>211 So. ...</u>	City <u>Anch, AK</u>	State <u>AK</u>
	Zip <u>99502</u>	Telephone <u>271-2111</u>



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 276-2111

February 9, 1982

The Honorable Terry Martin
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Re: David Butler/Municipality of Anchorage

Dear Mr. Martin:

The attached decision from the Workers' Compensation Board is a classic example of the serious problems inherent in our current Workers' Compensation laws.

This employee, who had a minor hearing loss, basically corrected by a hearing aid, was kept on full salary through non-cashable sick leave for the period 4/1/80 through 12/8/80 while he was awaiting action on his request for retirement from the Municipality, which was subsequently granted. After he was retired and after he had received full payment in the amount of \$27,658.67 from his employer for the period 4/1/80 through 12/8/80, he filed for worker's compensation for the same period of time and the Board has now ruled that the employer must also pay him compensation benefits of an additional \$21,668.04 for the exact same period of time loss. The employee has therefore recovered in excess of 200% of his normal salary for a period of 9 months. Full payment by an employer, regardless of what fund it is paid from, or what they call it, should certainly satisfy the requirements of the Workers' Compensation Board.

Your comments will be appreciated.

Very truly yours,

SCOTT WETZEL SERVICES, INC.

Renee Murray
Claims Manager

RM/vb

*We need an offset
in W.C. for other
benefits that
duplicate their payments*
Renee
1/9/82



CARR-GOTTSTEIN CO., INC.

1341 Fairbanks Street

Anchorage, AK. 99501

(907) 277-6639

March 17, 1983

Jacquelyn L. McClintock, Director
Workers' Compensation Division
Department of Labor
P.O. Box 1149
Juneau, AK 99811

Dear Jacque:

As a major employer in the state of Alaska, Carr-Gottstein Co., Inc. is concerned about the application of Workers' Compensation regulations. It has come to our attention that there are some inequities in the system.

We would request that the Department of Labor, Workers' Compensation Division investigate the intent of the statute and the application of regulations in the following areas:

1. The assessment of fines for late reporting.
2. The new proposed rehabilitation regulations and their potential effect on the Workers' Compensation system.
3. The inconsistencies of Board decisions and their effect on the system.
4. The generating of claims handling paperwork and the advisability of administering this.
5. The Board's stance on Compromise and Release and Decision and Orders.

We are seriously concerned that as employers we are paying tax dollars towards administering the State program and additional dollars for our own claims administration due to the policing actions of the Department of Labor and even additional dollars in fines.

We would certainly like to see these problems addressed.

Sincerely,

Mary Pierce
Director of Insurance

LAW OFFICES OF
FAULKNER, BANFIELD, DOOGAN & HOLMES

A PROFESSIONAL CORPORATION
DENALI TOWERS NORTH
2550 DENALI STREET, SUITE 700
ANCHORAGE, ALASKA 99503-2774

(907) 274-0666
TELEX: 090-28-455

MICHAEL M. HOLMES
RANDALL J. WEDDLE
WILLIAM B. POZELL
LAWRENCE T. FEENEY
CHARLES N. DRENNAN
ANTHONY M. SHOLTY
JAMES R. WEBB
MICHAEL A. BARCOTT
KAREN L. RUSSELL
LEE S. GLASS, M.D.

RICHARD B. BROWN
TIMOTHY A. McCREEVER
JOHN F. CLOUGH III
ROBIN G. WILCOX
JAMES B. PENTLARGE
LEON T. VANCE
DIANE L. DALEY
JAMES C. HUTCHINS
JULIE E. BRYANT
JOHN E. CASPERSON

NORMAN C. BANFIELD
OF COUNSEL

MERBERT L. FAULKNER (1982-1972)
FRANK M. DOOGAN (1923-1977)

JUNEAU OFFICE

SUITE 300, 801 N. TENTH
P. O. BOX 1150
JUNEAU, ALASKA 99802-1150
(907) 586-2210
TELEX: 099-45-335

SEATTLE OFFICE

FIFTH AVENUE PLAZA
800 FIFTH AVENUE, SUITE 3740
SEATTLE, WASHINGTON 98104
(206) 292-8008
TELEX: 70-4217

September 20, 1984

Ms. Virginia Parker
Crawford & Company
3300 Arctic Blvd., Suite 101
Anchorage, AK 99503

Re: Jeff Miller v. Polar Auto Body
Our File No.: AC002.145W
Insurer Claim No.: 126-80289-T

Dear Virginia:

This file was sent to us, apparently with the idea that it would be included with other penalty cases where a constitutional challenge is to be raised. However, this case does not appear appropriate for the kind of constitutional challenge that we are intending to raise. Therefore, I am not folding it in with the other files and it will not be billed along with those other cases.

Review of the file will reflect that this is a case in which the Second Injury Fund has requested a \$2,200 penalty for failing to file a report that reflected the voluntary payment of \$3.21 for a penalty. Frankly, my file is not conclusive on the issue but I suspect you may not have even owed the penalty in the first place.

In any event, a copy of my letter to the Second Injury Fund attorney is enclosed. I think that this letter may be sufficient to stop the prosecution of this \$2,200 claim. If not, I think it should be taken to hearing and we can plead with the Board to exercise common sense. Also, I think that we may want to contend that the penalty was not due in the first place. However, I would have to have more facts before I could make that determination.

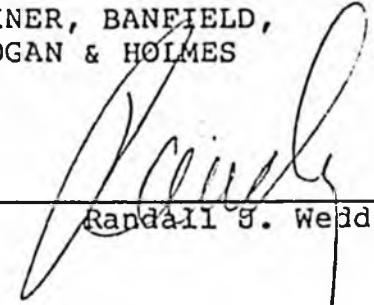
Actually, this case may prove to be a useful tool in getting the Second Injury Fund cases handled in a more rational fashion. Before Paul House left, the prosecution of his claims was handled in a rigid manner. I believe that Mr. House became

Ms. Virginia Parker
Miller v. Polar Auto Body
File No.: AC002.145W
September 20, 1984
Page 2 of 2

somewhat paranoid after the Legislative Budget and Audit Committee examined his records and determined that he was not doing a proper job of collecting penalties. That is when he began trying to collect every penalty, including the nonsense penalties, such as this one. Now that he is gone, I am hopeful that Jan DeYoung will be given some leeway by the Board and hopefully, she will be allowed to make the decisions with regard to the handling of these penalty cases. Therefore, this case may prove to be an important case, although it is not being handled as one of the cases which will challenge the statute on constitutional grounds.

Very truly yours,

FAULKNER, BANFIELD,
DOOGAN & HOLMES

By: 
Randall S. Weddle

RJW:ce

Virginia —

Jan DeYoung has been advised by Jackie not to compromise on any penalty case (per Randy Weddle)

Gene M.

1/23/85

March 17, 1983

Ms. Jacqueline McClintock,
Director
Alaska Worker's Compensation Board
P.O. Box 1149
Juneau, Alaska 99811

Dear Ms. McClintock,

This letter should serve to formally document the position of Industrial Indemnity Company of Alaska with regard to several areas of discord existing between the Alaska Workers' Compensation Board and the various insurance companies within the state of Alaska. This letter is written with the hope the problem areas, once recognized, might be addressed by all parties and practical, equitable solutions might be formulated for those problems.

Our first area of concern involves the late reporting system. As you are aware the present system provides for an initial penalty of \$100, and \$25 per day for failure to report within 14 days any action taken on a claim by an adjusting firm or company, up to a maximum fine per infraction of \$2500. Actions which require reporting include commencing benefits, adjusting a benefit rate, resuming a benefit, and terminating a claim. Feasibly, if a company or adjusting firm fails to comply with the requirement, even in the most minor claim involving, as an example, a five day period of temporary disability and a scheduled permanent impairment, a claim involving at least five separate reports, the company or adjusting firm may ultimately find themselves responsible for a \$12,500 fine owed to the State, simply for a failure to file a report within the prescribed period.

The need by the AWCB for complete and correct data with regard to the cost of Workers' Compensation claims in Alaska is recognized. However, it would appear a reporting system which required reporting of information with regard to the initial benefit payment and rate as well as total claims cost would provide the AWCB with the needed data and at the same time reduce the increased work required of the company and the adjusting firm personnel.

Penalties, as mentioned above, appear disproportionate in magnitude with the intent of the provisions of the act and we feel a considerable reduction in the size of the penalty is warranted.

*NO BY
1/20/83
to \$10
\$1000*

An informal survey within the workers compensation claims department of Industrial Indemnity reveals an increase in the time required for handling of claims of 25% since the reporting system came into effect. This results in the claims technician expending more time and effort complying with the reporting requirements and less time actually investigating, evaluating, and providing benefits in a timely manner to the injured employee. It would appear this is counter productive to the entire concept of the workers compensation act.

In recent months, requests have been made of specific personnel within our company to provide Affidavits to the Alaska Workers Compensation Board stating reports were sent to the Board on the date indicated on the report. These requests usually follow a standard penalty letter submitted by the WC Board to the representative. It has been our practice if upon receipt of this penalty letter it appears the report was sent in a timely manner, a letter of explanation further elaborating the circumstances surrounding the submission of the report be sent. It now appears these letters are being disregarded and a legal document in the form of an Affidavit is being required. Quite frankly, this does little to increase the rapport between the AWCB and the company. Essentially, what this is causing is a sense of mistrust between the parties, to say nothing of the additional time expended to comply with these requirements, again taking the claims representative from their appointed responsibility of handling workers compensation claims.

Perhaps it would be of benefit if the carriers were provided with the specific statute which requires these Affidavits.

In the past, compensation reports have been requested and penalty letters received relating to claim files with dates of injury ranging from 1977 to June 1981. It appears an impossible and impractical task to review every claim file within those periods and provide a complete history of that file. Again, it would be of assistance to know what area of the legislation or regulations provides this reporting be retroactive to July 1981.

Another area of concern involves Section 25.30.155 section D and E of the Workers Compensation Act. This requires a Controversion form be filed within 14 days of the employers notice of claim in the event a claim is contested. Recognizing the employer has 10 days from his knowledge to complete the Employers Report, and further recognizing the remoteness and vast area within our state and sometimes unreliable mail service associated with those factors, it appears unreasonable to expect the claims handler to receive, investigate, and evaluate its position with regard to a claim within 14 days of the employer's knowledge.

It appears reasonable the carrier has 28 days in which to make a compensation payment before being assessed any penalty. It would be our recommendation the carrier be given that same period within which to conduct its investigation and evaluation and possible controvert a claim where indicated before any penalty is assessed.

With regard to the subject of rehabilitation, the need for the recent vocational rehabilitation legislation and monitoring of the carriers to assure rehabilitation benefits are being provided in a timely manner is recognized. The providing of vocational rehabilitation benefits to eligible employees has long been a part of the claims handling philosophy of Industrial Indemnity.

The delay in the hiring of the Rehabilitation Administrator has caused some concern. However, it appears Mr. Head is making every effort to establish a workable relationship with the insurance community.

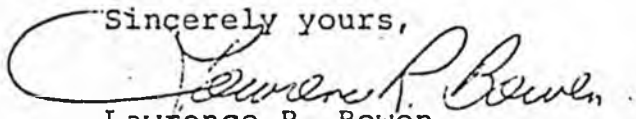
We are concerned with the requirement that the initial rehabilitation evaluation be followed every thirty days with another written status report. Our areas of concern include a lack of qualified rehabilitation personnel to provide these reports to the parties, as well as a concern the Vocational Rehabilitation providers will expend a great deal of time reporting rather than performing the actual vocational rehabilitation function. Perhaps leaving the ninety day initial report requirement as is and extending the follow-up report period to every subsequent sixty days will alleviate this potential problem.

We have experienced a continuing problem with delays in obtaining Decision and Orders from the AWCB following hearings. These delays are causing undue costs and hardship for both the injured employees and their attorneys as well as the Carriers. There has also been some inconsistency in the decisions themselves.

Communication from the State to the insurance claims industry is not timely, notice of hearings is not well in advance of the actual hearing or meeting, and a good percent of the time we are not aware of the meetings until hours before it occurs and on occasion even after it has been held. It is not a symbol of good communication when meetings are held with only segments of those involved in the Workers Comp system and behind closed doors.

In closing, it is our hope this will be taken as constructive suggestions with regard to the system as it now exists. It is hoped by providing our input a mutually agreeable compromise to the existing problems can be reached.

Sincerely yours,


Lawrence R. Bowen
Claims Manager



American International Adjustment Company, Inc.

POUCH 6999

ANCHORAGE, ALASKA 99502

907/278-2844 563-3144

March 17, 1983

TO WHOM IT MAY CONCERN

It is of great concern to those of us at American International Adjustment Company that we are experiencing continued problems in our relationship with the Workers' Compensation Division of the State of Alaska, Department of Labor.

We feel that perhaps discussion of our concerns with those individuals involved, as well as those having input in the situation, will hopefully enable us to resolve this problem.

The following are some of the areas in which we have experienced, or are currently experiencing, difficulties:

1) Adversary Relationship.

We have noticed that an adversary relationship seems to be encouraged between the insurance industry in Alaska and the Alaska Workers' Compensation Board. It is common to hear that the insurance industry has a reputation of being "a bunch of crooks" who are trying to cheat the claimant. Obviously, this is not on a basis of a good working relationship and has a obvious result of a lack of trust between both parties involved.

2) Excessive Penalties.

Since July of 1981, legislation has been enacted which assesses the insurance carrier or adjustment company with a penalty for the filing of late reports with the Alaska Workers' Compensation Board. The allowed time period for the filing of a compensation report is two weeks from the date of payment, change, or termination. After 17 days have passed, and compensation report has not been received by a Workmen's Compensation Board office, a penalty of \$25.00 a day up to \$2500.00 is assessed against the carrier until such time the report is received.

Our concern is that this penalty is too severe for the size of the offense. Also 14 days is not an adequate period of time in which to file such a report. I believe that a 30 day period would be more reasonable.

4) Mailing Time.

I think each of us that resides in Alaska will acknowledge that it often takes an excessive amount of time for mail to go from one point to another. It is not uncommon for mail to take 5 to 7 days to go from one area of Anchorage to another. Therefore, I feel that it is unreasonable to allow only 3 days for mailing between Anchorage and Juneau.

I feel that the mailing time affects us in two ways.

- (a) If it takes over the allotted three days to reach Juneau in the mailing of a controversion or compensation report, it can easily place us in a penalty situation when, in fact, we have followed "the letter of the law".
- (b) The situation also makes it difficult for employers who submit reports of injuries in a timely manner, but do not reach us within the 14 day period so that we can make timely payments or file a timely cont. version.

For example, insured's who are at remote sites often must rely on when the next plane comes to town for their mail service. This obviously makes it very difficult to have a report filed within the necessary time frame.

I feel that a good way to resolve the situation would be to allow 7 to 10 days for mailing. I feel that this should be considered in all areas where a time limit is a significant factor.

5) Decisions.

We feel that many decisions since 1981 have reflected the change of attitude between the Workers' Compensation Board and insurance carriers. It is unfortunate that if it is an issue between the carriers testimony and the employee's testimony that 99% of the time it is the employee's version which is reflected in the decision. An example of this is James Fay vs Palmer Enterprises and Alaska Insurance Company. (May 28, 1982 and August 16, 1982)

March 17, 1983
Page 3

It is not our intention to focus only on the problems between the Alaska Workmen's Compensation Board and the insurance carriers. But, it is our aim to bring about the situation which will enable us to arrive at solutions to these problems. It is for that reason that we have presented the above information.

Thank you for your attention to this matter.

Very truly yours,



Christi Niemann
Adjuster

CN/kg

LAW OFFICES OF
SHIMEK & PEABODY

725 CHRISTENSEN DRIVE
ANCHORAGE, ALASKA 99501

AREA CODE 907 • 279-8528

DAVID SHIMEK

MAX N. PEABODY

March 17, 1983

Ms. Jacquelyn L. McClintock
Director
Division of Worker's Compensation
Department of Labor
Post Office Box 1149
Juneau, Alaska 99811

Dear Ms. McClintock:

This office has undertaken representation of employers and employers' insurance carriers in workmen's compensation proceedings for a number of years and would like to express concern about some facets of the administrative adjudication process, in the hope that an express of concerns will lead to appropriate reforms, either legislative or administrative.

Of considerable concern is the absence of a formal, detailed set of regulations setting out the adjudication process -- how things are to be done, when they are to be done, how to ensure that relevant evidence will be presented without undue expense (e.g., medical reports).

Another major area of concern is the altogether unjustifiable penalty system created by AS 23.30.155(c), which establishes a reporting system requiring comprehensive reports within a time frame which is too short, and authorizes severe, unjustifiably high penalties for what are frequently technical, non-prejudicial deviations or noncompliance. The


Ms. Jacquelyn L. McClintock
March 17, 1983
Page Two

NOTE - Penalty has now
been reduced to \$1000⁰⁰.

full penalty of \$2,500.00 is manifestly out of proportion in many of the cases in which a penalty could be imposed for inadvertent, inconsequential mistakes. A more reasonable reporting system, and greatly lessened penalties would achieve substantially the same results.

Very truly yours,

SHIMEK & PEABODY



David Shimek

DS/ksh

Frank S. Koziol Jr.

ATTORNEY

March 17, 1983

Jacqueline McClintock, Director
Alaska Workers' Compensation Division
P.O. Box 1149
Juneau, Ak 99811

RE: Penalties Assessed Under §23.30.155(c)
Alaska Workers' Compensation Act

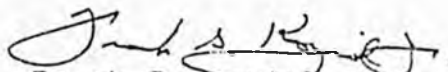
Dear Ms. McClintock:

I am an attorney in private practice in Anchorage, Alaska. I am a solo practitioner but have most recently been employed with the law firm of Delaney, Wiles, Hayes, Reitman and Brubaker for the prior five years. I have worked on numerous workmen's compensation cases for insurance carriers but my primary work has been in personal injury insurance defense litigation. I am writing you this letter to express my concern over the application of AS 23.30.155(c).

I know the application of this Section has created much unhappiness to those to which it has applied. Since the statute does not allow discretion in the application of the penalty it is often perceived as arbitrary and without reasonable basis. Innocent as well as culpable mistakes are punished similarly. This seems unreasonable to me and I know is perceived as unreasonable and unfair by those to whom it is applied. Undoubtedly, the purpose of the penalty provision was to deter mistakes. Deterrence is lost when the penalty is automatic. Arbitrary penalties would, I think not have much deterrence value.

An unfortunate consequence of this statute is that the costs are passed on to the employer-client and ultimately passed on to the consumers. This would appear to me to be the opposite of what was the original objective of the statute. I strongly urge a revision of the statute to permit discretion in the application of the penalty. This would decrease the perceived arbitrariness and unfairness of the current statute and increase the prospect of compliance.

Sincerely,


Frank S. Koziol Jr.

FSK/rmm

Insurance Company of North America

Pouch 0620 Anchorage Alaska 99502

(907) 561-1400

March 17, 1983

We feel the amount of the penalty imposed on carriers for late Compensation Reports is excessive. No hardship is caused to the injured worker by a late Compensation Report, and it is therefore, an unjustifiably high amount. We find it creates a significant increase in priority clerical and mailing work in our office, and to no benefit of the claimant.

We would recommend that the penalty be decreased to \$25.00 plus \$1.00 per day not to exceed \$100.00.

It is becoming increasingly difficult to get a Compromise and Release approved by AWCB. We feel the Board's role in our Workers' Compensation System is to be sure the claimant knows what he is or may be entitled to, and what he is releasing. If the claimant still wants to settle his claim, the Board should not be able to disapprove. The majority of our claimants are adults, mentally competent and should take full responsibility for their livelihood and future. Our system is increasingly encouraging malingering and taking advantage of the W/C Program. It appears to be creating more social burdens out of our claimants rather than eliminating them.

We would recommend the Board meet with or speak to claimants before approving any C & R, but should approve it if the claimant has full knowledge of his rights and benefits. This is especially true if a claimant is represented by counsel.

Workers' Compensation Claims Department



State Farm Fire and Casualty Company

March 17, 1983

STATE FARM INS CLAIM OFFICE
1441 S. Bragaw Street
P.O. Box 1400
Anchorage, Alaska 99510

Phone: 907-276-3717

Crawford and Company
3300 Arctic, Suite 101
Anchorage, Alaska 99503

Attn: Murlene Wilkes

Dear Murlene:

This letter is to outline some of the problems we have had in handling and processing of Workers Compensation claims.

The number and nature of the reports required by the State has created the need to have extra help in order to process our claims. The time frame allowed and the penalty that applies if not done on time does not seem to be fair. It is hard enough to do ones work without the threat of a penalty hanging over your head if not done at a certain time.

We have not had much activity in the rehabilitation field since the new laws were enacted but enough to know these changes are causing a lot of extra work.

We are a small carrier in terms of Workers Compensation and our problems may seem small in comparison to other companies. However, the new changes enacted by the State have caused a considerable amount of extra work for all concerned.

Thank you for the opportunity to express some of our concerns regarding the handling of Workers Compensation claims.

Very truly yours,

A handwritten signature in cursive script that reads "Betty Kincannon".

Betty Kincannon,
Claim Representative, F&C

BK:eah'

Reply To:
ANCHORAGE OFFICE
4791 Business Park Blvd., Suite 11
Anchorage, Alaska 99503
(907) 562-2888
Telex: (090) 26-628

Surety of Alaska

Maritime
Marine Surveys
Professional Liability
Worker's Compensation
Auto and Casualty
Heavy Equipment
Multi-Line
Property
Aviation

KENAI PENINSULA OFFICE
P.O. Box 1478
Homer, Alaska 99603
(907) 235-7503

INSURANCE ADJUSTERS

MURLENE WILKES, SUPERVISOR
CRAWFORD AND COMPANY
3300 Arctic Blvd., #101
Anchorage, Alaska 99503

RE: Alaska Workmen's Compensation Laws, Regulations & Changes

Dear Murlene:

Thank you for your call asking that Surety of Alaska participate in a joint effort with the insurance community to express to the WCCA and the Department of Labor the prime points of concern legislated, enacted and practiced in the past couple of years.

Of Major concern to my organization and our clients are the unnecessarily harsh penalties for late and non compliance of the filing requirements of the compensation reports.

Additionally, compromise and releases should be used to settle doubtful claims enabling us to avoid unnecessary litigation. As long as minors or incompetent persons are not parties to agreements and the laws are not violated, we feel the agreements should be promptly and routinely approved.

The continued trend of Board Decision and Orders not promptly written does not seem to be resolving. We need a less subjective rating system for permanent partial disability and the services of professional raters or other guidelines besides the AMA standards. We need a compensation rate and average weekly wage which more fairly reflects the actual earnings of the employee.

My foregoing letter is very brief in the interests of providing you something from my office as soon as possible. I will be happy to go into more depth as time allows and if it will assist our local industry and our cause in obtaining modifications.

Very truly yours,

Pat
Pat Hickey

Date 3/17/83

An Alaska Corporation

James J. Leyden Co.

MULTIPLE LINE ADJUSTERS
P.O. Box 3-057 ECB
Anchorage, Alaska 99501
March 17, 1983

MS. MURLENE WILKES, SUPERVISOR
CRAWFORD AND COMPANY
3300 Arctic Blvd., #101
Anchorage, Alaska 99503

Ref: Alaska Workmen's Compensation

Dear Murlene:

It is my understanding that the local adjusting community as well as carriers and attorneys, employers and self-insureds are gravely concerned over several major areas in our present laws, rules and regulations.

While not directly involved in some of the issues, I would like to take this brief opportunity to offer my support to my fellow adjusters in hopes that their efforts will bring about a less prejudicial workmen's compensation system in the future.

Of major concern to me and to associates with whom I have spoken are the penalties imposed by the department of labor for late compensation reports, the inability to obtain approvals on compromise and release agreements, the delays in receiving Decisions and Orders from the Board and the impending regulations for the Rehab section.

In attending the Alaska Adjusters' Association functions, the frustrations of our claims community is felt strongly. It becomes very obvious to all of us that some changes must be implemented to remove the pressures of present laws and regulations and to get on about the matter of a rapid, fair and just re-entry for the injured employee.

If I can be of assistance in any way along these lines, please do not hesitate to call upon me.

Very truly yours,

Jim
Jim

NORTHERN ADJUSTERS

JOHN C. SMITH
Chairman

REID H. SMITH
President

LARRY A. STAIGER
Executive Vice President

INCORPORATED

2609 Arctic Blvd.
Anchorage, Alaska 99503
(907) 272-7484

Telex: 090-26404
NORADJUST-AHG



BRANCH OFFICES:
Fairbanks, Alaska
Kenai, Alaska
Juneau, Alaska

March 17, 1983

Murleen Wilkes
c/o Crawford & Company
3300 Arctic Blvd.
Anchorage, Alaska 99503

Dear Murleen:

I apologize for not finding the time to properly address some of the problems involved in the handling of workers' compensation claims in Alaska. This will be brief.

Regarding penalties for late payment of compensation to the claimant, I am in agreement with that, but feel the 20% should be levied against one week, which could be considered the first installment of compensation.

Regarding penalties for failing to promptly report payments of compensation, controversion of claims, or changes in the compensation rate of an injured worker to the state's workers' compensation board, I don't think this should be enforced unless there is a chronic non-compliance or flagrant lack of reporting. I'm sure the Board knows of those claim processors or insurance carriers that are having the problems. Most of us are making a conscientious effort to comply with the request for prompt reports. I think the Board is abusing their authority to assess penalties, and it also is making the claim handlers "frustrated" with all the paper shuffling.

I feel the Board should act more in an advisory capacity rather than a "police function".

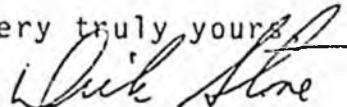
Regarding vocational rehabilitation, I cringe when I see some of the programs that are trying to be developed, and some of the controls that are trying to be set up. I think these programs just keep the injured worker in the "system" and increases their compensationitis. They prolong a claim and this, of course, increases the costs. More efforts have to be made to improve the employer-employee relationship because that's the real key to a successful return to work. When you have an employer that's willing to employ someone, and that someone is willing to work, you don't need vocational rehabilitation.

This leads me into the compromise and release situation. I understand that there are C & Rs that aren't being approved because the vocational rehabilitation has not been assessed. This again is becoming a costly way of handling workers' compensation claims. If the injured worker is represented by competent counsel, and the employer is equally represented by competent counsel, this should provide a positive situation for the Board's approval of a C & R.

Getting back to the compensation report, I'd like to see the anniversary report eliminated. It seems the only reason that is in there is for the workers' comp division to develop more statistics, and I think let them develop a program to develop their own statistics, and leave the insurance companies, carriers, adjusters, out of it. Otherwise, I work with the compensation report enough that I've become quite familiar with it and it is not a bad tool to provide a status of the claim. I think the Board could refrain from returning these reports for lack of a block checked in Section 16, or the payment date, when a little common sense would tell them the answer.

These are the only comments I have at this time. I would be interested in seeing some of yours, so if you could send me a copy of your letter, I'd appreciate it. Thank you for allowing me to provide some comments.

Very truly yours,



Richard Stone
Senior Adjuster

WRS:jk

Municipality
of
Anchorage



POUCH 6-650
ANCHORAGE, ALASKA 99502-0650
(907) 264-4201

TONY KNOWLES,
MAYOR

DEPARTMENT OF PROPERTY AND FACILITY MANAGEMENT
Risk Management Division

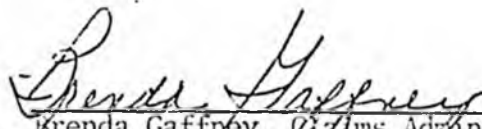
March 18, 1983

To Whom It May Concern:

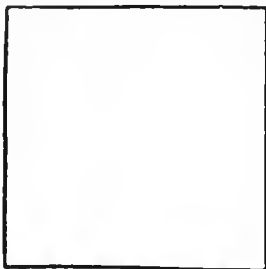
Please be advised that the Municipality of Anchorage objects to the imposition of a fine for failure to comply with the Worker's Compensation Act which provides for a \$100 escalating fine for failure to controvert or pay workers' compensation to a claimant within 14 days. — *now 28 days.*

This policy does not allow for adequate investigation for the circumstances surrounding the industrial incident, and as a result, compensation is being withheld or paid based on unsupported facts. Further, while the claimant may eventually benefit from the 20% penalty paid to him, the \$100 escalating fine paid by the employer does not accrue to his benefit. Since the intent of the Act is to protect the injured worker, we are at a loss to understand the reasoning behind the punitive nature of such a remedy.

Please reconsider this portion of the Act, in order to service the affected parties to their optimum benefit.


Brenda Gaffney, Claims Administrator
Risk Management Division

EG:jp



WAS



March 17, 1983

WILTON ADJUSTMENT SERVICE

Ms. Marlene Wilkes
Workmans Compensation Supervisor
3300 Arctic Boulevard
Anchorage, Alaska 99503

RE: Workmans Compensation Report
Late Filing Penalty

Dear Ms. Wilkes:

Per our telephone discussion with Lorrie Shore on 3-16-83, we agreed that the state's penalty system has proved burdensome. In response to her inquiry regarding penalty payments made to second injury fund, we have been fortunate of having paid approximately \$300 on one claim about eight months ago.

However, we have received numerous late filing notices and have had to complete affidavits of mailing at the state's request. This has been the state's solution to the problem of avoiding penalties where they didn't receive the report in their system, for whatever reason, in a timely fashion.

We feel there must be another alternative which would satisfy the state's requirements and not be so onerous to this industry.

If you have any questions, please do not hesitate to contact me.

Very truly yours,
WILTON ADJUSTMENT SERVICE

Nancy Bleimiller

Nancy Bleimiller
Adjuster

NB:dw



Alaska National INSURANCE COMPANY

A policy of service and protection

January 10, 1985

TO: WCCA

Re: Alaska Statute AS 23.30.155 C

Dear WCCA Members:

As I understand it you are considering possible revisions to AS 23.30.155 C, the statute concerning penalties for late reporting of compensation benefits. Although we have only had a couple of late reports, they are going to result in large penalties because they were not found until approximately 30 to 45 days from the date due. These reports were not mailed in a timely manner because of human error and it is my feeling that the penalties for these late reports are excessive and outweigh the charge. At the present time our company is very small and we are able to control most of these problems, however, as the department grows and more people become involved in the handling of these reports, the possibility of further errors will multiply. I strongly urge you to consider changing the penalty law to make it a maximum penalty of \$100 for failure to notify the board within 21 days. If the insurance company is then advised of the oversight and does not respond, then perhaps a more stringent penalty should be applied.

Your consideration of this problem would be greatly appreciated. Thank you for your cooperation.

Very truly yours,

Marilyn Murphy
Claims Manager

MM/sh

March 17, 1983

Ms. Jacqueline McClintock, Director
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, Alaska 99811

Dear Jackie:

Several problems have been developing over the past couple of years, concerning the Workers' Compensation law and the way it has been interpreted by the administration and the various Boards. These problems have been addressed at times by individual adjusters to administrators and board members, but it has always been done on an individual basis. Perhaps the administration does not realize the seriousness of the problem and the rift that is developing between the administration and the adjusters. In the past couple of years, handling workers' compensation claims has become more frustrating and stressful, because in addition to the pressure of handling these claims, we are now dealing with laws and regulations which are placing an unnecessary burden on adjusters and carriers. These laws and regulations do not enhance the quality of our service to the claimant but create fear, stress and resentment in the adjusters. The main concerns which we, the Alaska workers' compensation adjusters, have are:

1. The penalties on late reports.
2. Rehabilitation regulations.
3. Compromises and releases which are not approved.
4. Inconsistencies in Board decisions.

It is our position that the penalties currently being levied are excessive, punitive and are assessed against carriers who are attempting to handle claims in an ethical and honest manner. If penalties are to be assessed, they should be assessed against carriers who willfully and wantonly disregard the ethics of proper claims handling. Penalties should not be assessed for reports which are late because of the mail system or for some other reason related to human error. Penalties should not be assessed on reports which have been received in a timely manner but which have a misspelled word or a fact which is inadvertently left off of the report. In addition, compensation reports on old claims should not be assessed fines under the current statute. This problem with compensation fines is causing more distress among adjusters than any workers' compensation law change that has been enacted in the past 10 years. It is the topic of every adjusters meeting, and unless it is changed by law or administered differently, it is going to be the major

factor in causing further dissension between the adjuster community and the Workers' Compensation administration. To say that this is one of the problems, is to put it mildly; it is the major problem.

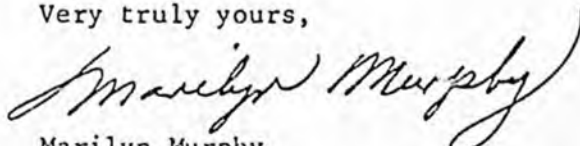
Rehabilitation regulations are becoming another concern. Rehabilitation regulations have not been approved by the Attorney General's office, however, we are being asked to assume that they have been approved and submit reports on forms approved by the Board. The main concern we have at this point, is the duplication of information which occurs when the rehabilitation vendor is required to submit a form report after all of the information has been submitted in narrative form to the insurance carrier. This is a duplication of information and adds a minimum cost of one hour of the rehabilitation specialist's time, or \$75 to \$85 per report required. Who is to pay for this additional requirement? The insurance carriers need to have further input into the rehabilitation regulations before they are approved.

Another big concern is the Board's reluctance to approve compromises and releases. We feel the rules are too restrictive and should be relaxed to include cases in which each side is represented by competent counsel. Cases in which the claimant is resisting or refusing rehabilitation and wants to settle on a compromise & release, should be considered for approval.

The fourth area of concern is the inconsistency in Board decisions. This leads to a proliferation of hearings, since neither the claimant and his attorney, nor the insurance carrier, is sure how the Board will rule on a specific issue.

In closing, I would like to emphasize that these issues need to be addressed and discussed with the insurance community, specifically claims adjusters and managers since they are the ones in the insurance community that are involved with these issues on a day to day basis. Unless these issues are hashed out and the lines of communication are re-opened, there will continue to be a rift between the State Workers' Compensation Department and the insurance community. Since we are all supposed to be working for the best interest of the claimant, we need to address these problems in the near future and begin working together.

Very truly yours,



Marilyn Murphy
Claims Supervisor

MM/krl

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99902
(907) 465 2790

16
DATE 12/14/83

TRAVELERS INSURANCE CO
1200 SIXTH AVENUE

SEATTLE WA 98101

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 11/15/82, WAS 292 DAYS OVERDUE. ACCORDINGLY, \$2,500 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECOND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99902.

EMPLOYEE: CRAIN, JOHN B.
3505 INDIANA APT. 3

EMPLOYER: ANCHORAGE AK 99504
PARKER DRILLING COMPANY
POUCH 112070

INJURY DATE: ANCHORAGE AK 99511
03/30/82
AWCB CASE NO: 205518
REF YOUR CLAIM 821273

VERY TRULY YOURS,

J. Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

The Travelers

The Travelers Companies
1200 Sixth Avenue
Seattle, WA 98101

Robert Conley
Manager
Claim Department

Seattle Office

January 12, 1984

Northern Adjusters, Inc.
2609 Arctic Boulevard
Anchorage, AK 99503

ATTENTION: Dick Stone

RE: File #: 161CBBJ51334E
Parker Drilling Company
John A. Crain
Loss: 3-30-82
Your File #: 82-1273WRS

Dear Dick:

Enclosed with this letter is correspondence from the State of Alaska regarding a penalty of \$2,500.00. I would appreciate it if you would kindly handle this matter with the Alaska Board and keep us advised as to what's transpiring.

Thanks for your attention.

Very truly yours,

THE TRAVELERS INDEMNITY COMPANY



V. L. Peterson
Senior Supervisor
(206) 464-5758

VLP:kd

Enclosure

RECEIVED

JAN 12 1984

NIA - ANCH

NORTHERN ADJUSTERS

INCORPORATED

2609 Arctic Blvd.
Anchorage, Alaska 99503
(907) 272-7484

Telex: 090-26404
NORADJUST-AHG



BRANCH OFFICES:
Fairbanks, Alaska
Kenai, Alaska
Juneau, Alaska

REID H. SMITH
President

LARRY A. STAIGER
Senior Vice President

January 25, 1984

J. Paul House
Administrator
Second Injury Fund
State of Alaska, Department of Labor
P.O. Box 1149
Juneau, AK 99811

Your # : AWCB Case #205518
Insured : Parker Drilling Co.
Claimant : John Crain
Loss of : 3/30/82
Our File : 82-1273WRS

Dear Mr. House:

We are in receipt of your penalty notice that was sent to Travelers Insurance Company, and subsequently forwarded to us.

In review of our file, we found that on September 16, 1982, we controverted and suspended TTD benefits as of 9/13/82 for failure of the claimant to attend medical appointments. Subsequently, the claimant saw Dr. Voke on November 11, 1982, and supplied a medical report authorizing time loss. A lump sum payment was sent on November 15, 1982, for the period of 9/14/82 - 11/15/82. It appears that we inadvertantly failed to file a "resumption" report at that time.

In August of 1983, claimant became medically stationary and released for work. Therefore, we filed a suspension report. M. Shira advised us on August 29, 1983, that, "we must file a resumption report before we can suspend and terminate". She requested a resumption report for the period of 9/14/82 - 8/7/83, which was provided.

Since the claimant was paid temporary total disability benefits on a timely and continuing basis, we respectfully request that the penalty for failing to file a "resumption" report be dismissed. If you have any questions regarding this, please feel free to give me a call.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/jrh

cc: Pat Shira

BEFORE YOU COMPLETE AND SUBMIT THIS FORM, READ CAREFULLY.

- Use only to request the scheduling of a pre-hearing or hearing after employee has filed an "Application For Adjustment of Claim" (Form 07-6106) or employer/insurer has filed a "Petition" (Form 07-6111)
- Note that once a hearing has been scheduled, a continuance will be permitted only for good cause following a written stipulation filed with the Board before the hearing or an oral motion at the time for the hearing. If a continuance is granted, there may be a significant delay before your case is rescheduled.
- You should complete and submit this form only if you are fully prepared for a hearing.
- Plan to be present at the hearing in person or represented by an attorney.

AWCB FEB 07 1984
JUNEAU

1. Employee's Name (Last, First, Middle Initial) <u>CRAIN, John</u>		2. Insurer Claim Number <u>8212734125</u>		3. Date of Injury <u>03/30/82</u>	
4. Address <u>2231 PARSONS</u>				5. Social Security Number <u>457-48-0426</u>	
City <u>Anchorage</u>	State <u>AK</u>	Zip Code <u>99504</u>	Telephone		
7. Employer <u>Parker Drilling Company</u>		8. Insurer/Adjusting Company <u>Northern Advertisers/Travelers</u>			
9. Address <u>P.O. Box 455</u>		10. Address <u>2609 Arctic Blvd.</u>			
City <u>Anchorage</u>	State <u>AK</u>	Zip Code <u>99510</u>	City <u>Anchorage</u>	State <u>AK</u>	Zip Code <u>99503</u>
		Telephone <u>200-1591</u>		Telephone <u>242-7194</u>	

Before your case will be scheduled for a pre-hearing or hearing, you MUST comply with the following instructions:

Section 1

- Complete the entire form except (a) Section 4 if requesting a pre-hearing, or (b) Section 3 if requesting a hearing.
- Attach a "Medical Summary" (Form 07-6103).
- Attach proof of service upon opposing parties of the "Medical Summary" form and this form.
- Mail this form to the Board's address in the city you want the pre-hearing or hearing held. If you request "Other", mail to the Board's Juneau address.

Section 2

15. The Employee, Employer, Insurer, or Second Injury Fund requests that this case be decided on written record contained in the Board's file and no in person hearing be held.

Anchorage Pouch 7-019 Anchorage, Alaska 99510 (907) 264-2424

Fairbanks 675 7th Avenue Station "J" Fairbanks, Alaska 99701 (907) 452-1509

Juneau Box 1149 Juneau, Alaska 99811 (907) 465-2790

Other (Check one)
 Ketchikan
 Sitka

16. Employee is now receiving compensation payments: YES NO Weekly Rate \$ _____

Section 3

17. A pre-hearing is requested to:

Frame Issues, Record Stipulations, Join Necessary Parties or Other (Explain): _____

Section 4

18. A regular hearing is requested. Check additional issues not listed in the "Application for Adjustment of Claim" or "Petition":

Temporary Total Disability Medical Costs Compensation Rate (Average Weekly Wage Adjustment)

Temporary Partial Disability Transportation Costs Review of Rehabilitation Plan

Permanent Partial Disability Attorney Fees Other Penalty for late reporting

Permanent Total Disability Penalty

19. I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for my portion of the hearing will be _____ minutes.

20. Name of Individual Submitting this Form (Print or Type) <u>J. Paul House</u>		21. Signature <u>J. Paul House</u>		22. Date <u>2/6/84</u>	
23. Address <u>Second Injury Fund, P.O. Box 1149, Juneau, AK 99802</u>		City/State/Zip Code			
24. Attorney's Name and Firm Name (if represented)		Telephone			
25. Attorney's Address		City		State/Zip Code	

AFFIDAVIT OF

Helen L. Bevacqua

I, Helen L. Bevacqua, being
(Name)

solemnly sworn, do hereby state:

1. That on 9-5-84, I mailed a copy of
(Date) a completed resumption report form no. 07-6104
(Name of Form) (Number)
for submission to the Alaska Workers' Compensation Board in
the case of Marta Montemezzani
(Name of Case)

Case No. 218790
(AWCB Case No.)

2. In accordance with the standard procedure at
Industrial Indemnity Company of Alaska, I gave this form to
the clerical department to be taken to the mailroom for
mailing. ***see note at bottom of affidavit.

3. In accordance with company procedure, the
above named form was placed in the United States mail by the
Industrial Indemnity Company of Alaska's clerical staff on
the day it was delivered to the mailroom.

4. A copy of the completed form, which is contained
in Industrial Indemnity Company of Alaska's file, is attached
hereto.

DATED this 15 day of January, 1985
1985 at Anchorage, Alaska.

Helen L. Bevacqua
Notary Public Seal

SUBSCRIBED AND SWORN to before me, this 15 day
of January, 1985.

[Signature]
Notary Public in and for Alaska
My Commission Expires: Aug 10, 1985

*** Sally Fifer former employee of Industrial Indemnity, and no longer living in the
state of Alaska, filed the original report on 2-3-83. It would appear from the file
that the report was filed timely.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, Alaska 99811

Parker Drilling Cont - EPR
71 Adjusters
54 AWCO PETITION 2-22-94 JLM

AWCB Case Number
205518

(Not to be used by injured employee)

1. Employee's Name (Last, First, Middle Initial) Craini, John				2. Insurer Claim No. S21273 WRS		3. Date of Injury 07/30/82	
4. Address 2231 PARSONS				AWCB FEB 07 1984 JUNEAU		5. Social Security Number 457-48-0426	
City Anchorage	State AK	Zip Code 99504	Telephone		6. Date of Birth 09/15/35		
7. Employer Parker Drilling Company				8. Insurer Northern Adjusters/Travelers			
9. Address P.O. Box 435				10. Address 2609 Arctic Bldg.			
City Anchorage	State AK	Zip Code 99510	Telephone 349-1591	City Anchorage	State AK	Zip Code 99503	Telephone 377-7450

REASON FOR PETITION - CHECK APPROPRIATE BOXES AND COMPLETE QUESTIONS IN DETAIL.

JOIN ADDITIONAL EMPLOYER AND/OR INSURER: (ATTACH PROOF OF SERVICE ON EMPLOYER AND/OR INSURER)

11. Name of Employer to be Joined			12. Insurer		
13. Address			14. Address		
City	State	Zip Code	City	State	Zip Code
15. Dates Injured Employee Worked for Employer to be Joined			16. Dates of Coverage (Use when joining only insurer)		
17. Date of Alleged Injury		18. Nature of Alleged Injury			

If more than one employer and/or insurer to be joined, attach additional page and provide above information for each employer and/or insurer.

PETITION TO TERMINATE BENEFITS (CHECK TYPE TO BE TERMINATED):

Temporary Total Disability
 Temporary Partial Disability
 Permanent Partial Disability
 Permanent Total Disability
 Medical Benefits
 Other:

20. Reason for termination:

21. If you are seeking termination of temporary compensation and allege the disability is permanent, report total compensation paid:

Type	From	Through	Weeks and Days	Rate	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$

22. Date When Disability Became Permanent

OTHER (STATE IN DETAIL BELOW; ATTACH ADDITIONAL PAGE IF NECESSARY):

For Board order for late reporting fine of \$ 2,500.00 under AS 23.30.155(c) because the compensation report for the payment made November 15, 1982, was 252 days late. SIF requests this determination based on the documents filed with the Board in this case.

RECEIVED

FEB 24 1984

NIA, JUNEAU

COMPLETE AND ATTACH A MEDICAL SUMMARY (Form 07-6103). ATTACH PROOF OF SERVICE

23. Name of Individual Submitting this Form (Print or Type) J. Paul House			24. Signature <i>J. Paul House</i>		25. Date 2-6-84	
26. Address Second Injury Fund, P.O. Box 1149, Juneau, Alaska 99802			City	State	Zip Code	
27. Attorney's Name and Firm Name (If Represented)					28. Telephone	
29. Attorney's Address			City	State	Zip Code	

STATE OF ALASKA
DEPARTMENT OF LABCR
WORKERS COMPENSATION DIVISION
P.O. BCX 1149
JUNEAU ALASKA 99802
(907) 465 2790

P to
15943
4/15/85

DATE 01/04/85

INDUSTRIAL INDEMNITY CO
PO BOX 307

ANCHORAGE . AK 99510

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 28 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF CUR RECORDS SHOWS YOUR COMPENSATION REPORT FOR A PAYMENT MADE 02/03/83 WAS FILED 561 DAYS LATE. AN AFFICAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFICAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF \$1,000.

IF I DO NOT RECEIVE YOUR CHECK CR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: : MONTEMEZZANI, MARTA
SRA 85H

EMPLOYER: ANCHORAGE AK 99507
BISHCP'S ATTIC
1100 GAMBELL STREET

INJURY DATE: ANCHORAGE AK 99501
AKCB CASE NO: 08/27/82
REF YOUR CLAIM - 218790
59-015943

VERY TRULY YOURS,

ALASKA WORKERS COMPENSATION DIVISION
SECOND INJURY FUND

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Marta Montemezzani Employee, :

vs.

The Bishops Attic Employer, :

and

Industrial Indemnity Insurers, Defendants.

AFFIDAVIT

Case No. 218790

State of Alaska)
First Judicial District) ss.

Elaine VanderSande, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 2-3-83 was postmarked 9-14-84 and received 9-17-84 in Juneau.

Elaine VanderSande
Elaine VanderSande

Subscribed and sworn to before me this 8th day of January, 1985, in Juneau, Alaska.

Patricia A. Shera
Notary Public for Alaska
My Commission expires 10-21-87

EMPLOYEE

RECEIVED IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1139, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
212790 ✓

1. Employee's Name (Last, First, Middle Initial) Montemezzani, Marta		2. Insurer Claim Number 59-015943	3. Injury Date 08 / 27 / 82
4. Address 8110 Evans Circle City State Zip Telephone Anchorage, AK 99507		AWCB JURORS SEP 17 1984 9/14/84 dry	5. Social Security Number 574 - 66 - 7500
7. Employer The Bishops Attic			6. Birthdate 29 / 1 /
9. Address 1100 Gambell St. City State Zip Telephone Anchorage, AK 99501		8. Insurer/Adjusting Company Industrial Indemnity	
		10. Address P.O.B ox 307 City State Zip Telephone ANchorage, AK 99510 279 9441	

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input type="checkbox"/> 2. Highest of three years, 19 _____	
	Documents received: <u>1/1</u>	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	
<input type="checkbox"/> 5. Volunteer policeman, etc.		

14. RATE \$ <u>65.00</u>	15. HOW RATE WAS FIGURED			
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$ 52 weeks = \$	X 66 2/3% = \$	\$ 65.00	\$ 65.00
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$ -	+\$	X 66 2/3% = \$	\$
<input type="checkbox"/> c. Out of state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	\$	X	\$
(1) State or Country	(2) Date Left / /	(3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly		

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: 1/13/83 h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	9/19/82	9/29/82	1 / 1	\$ 65.00	\$ 65.00
	TTD	10/1/82	12/31/82	13 / 1	\$ 65.00	\$ 845.00
	TTD	1/1/83	1/19/83	2 / 5	\$ 65.00	\$ 130.00
<u>2/3/83</u>	TTD	1/20/83			\$ 65.00	\$ 65.00
						TOTAL

18. Impairment Rating: _____ % of _____ % of _____ % of _____
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 11. Did you figure it?) _____

20. a. Date Disability Began <u>9/19/82</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>10/1/82</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended <u>1/19/83</u>	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ _____	g. Other \$ _____

Check to SIF Attached

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <u>9/13/83</u>	24. <input type="checkbox"/> Released for Work Date <u>1/1</u>	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input checked="" type="checkbox"/> At Same Job	<input type="checkbox"/> Regular Work	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 076105)
Occupation _____	<input type="checkbox"/> Modified Work	29. <input type="checkbox"/> Recompensation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: *Dr. Votaw's office advised that employee was released for work on 1/20/83. This was not correct, as TTD is being honored.*

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Sally Fifer Claims Rep.	35. Signature <i>Sally Fifer</i>	36. Date 2/13/83
37. Address (if different from No. 10) City State Zip Telephone		



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

FEBRUARY 8, 1983

COPY

J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND
WORKERS' COMPENSATION DIVISION
STATE OF ALASKA
P.O. Box 1149
JUNEAU, AK 99811

DEAR PAUL:

MARION BERRY HAS REFERRED TO ME YOUR MEMO OF 2/2/83 REFERENCE A LATE REPORT PENALTY ON STEVE SCHOONMAKER AND THE LETTER ATTACHED ASSESSING A \$1,575 LATE REPORT PENALTY.

MARION IS VERY UPSET THAT YOU ARE QUESTIONING HER HONESTY AND INTEGRITY AND RIGHTFULLY SO. NO ONE IN OUR OFFICE IS GOING TO LIE TO YOU AND WE STRONGLY OBJECT TO BEING ASKED TO PROVIDE AN AFFIDAVIT ON THIS OR ANY OTHER CLAIM.

IN THIS PARTICULAR CASE, THERE IS A VERY SIMPLE EXPLANATION IN THAT TWO FILES HAVE BEEN SET UP IN YOUR OFFICE, ONE UNDER FILE NUMBER 222819-SCHOONMAKER AND A SECOND FILE NUMBER 226313-SHOONMAKER. WE FEEL CERTAIN THAT IF YOU CHECK BOTH FILES YOU WILL FIND THE ELUSIVE REPORT WHICH WILL PROVE TO YOU THAT WE DID IN FACT FILE IT ON 11/4/82 AS INDICATED.


WHAT THIS WHOLE SITUATION DOES ILLUSTRATE QUITE POINTEDLY IS HOW RIDICULOUS AND UNFAIR THIS PENALTY SITUATION IS IN THAT WE COULD HAVE BEEN ASSESSED A \$1,575 PENALTY FOR A SIMPLE MISSPELLING OF A NAME.

I AM CONTINUING IN MY EFFORTS TO DO EVERYTHING POSSIBLE TO OBTAIN THE REPEAL OF SECTION 23.30.155(c) OF THE ALASKA WORKERS' COMPENSATION ACT, INCLUDING CONTACT WITH GOVERNOR SHEFFIELD AND FOR YOUR INFORMATION I'M ATTACHING HERETO A COPY OF A LETTER WHICH I AM CIRCULATING TO THE LEGISLATORS AND WHICH OUTLINES MY POSITION AND OBJECTION TO THIS VERY UNFAIR AND DISCRIMINATORY PENALTY.

THANK YOU FOR CALLING THIS CASE TO MY ATTENTION BECAUSE IT CERTAINLY DID ADD FURTHER CREDENCE TO MY ARGUMENT.

SINCERELY,

SCOTT WETZEL SERVICES, INC.


RENEE MURRAY
ALASKA MANAGER

RM/vp

TO:	Name Marion Berry	Dept./Div./Sect. Scott Wetzel Services	Mail Stop
FROM:	Name Paul House	Dept./Div./Sect. DOL - Wfc Div. - SIF	Telephone 465-2791
SUBJ:	Schoonmaker, Steve RE: late report penalty		Date 2-2-83

If you can document that the INITIAL report showing Payment date of 11-4-82 was mailed to this office on 11-4-82, please provide us with an affidavit to that effect. Otherwise, payment is due the Fund as outlined in the attached letter. If payment or the affidavit is not provided then we will proceed to Board action for a resolution on this matter.

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99811
(907) 465 2790

DATE 01/31/83

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A
ANCHORAGE AK 99503

DEAR INSUREP:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 11/04/82, WAS 60 DAYS OVERDUE. ACCORDINGLY, \$1,575 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECOND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99811.

EMPLOYEE: SCHOONMAKER, STEVE
 P O BOX 686

 KODIAK AK 99615
EMPLOYER: ALASKA, STATE OF (F&G)
 DEPT OF FISH AND GAME
 P.O. BOX 686
 KODIAK AK 99615

INJURY DATE: 10/15/82
AWCB CASE NO: 222819
REF YOUR CLAIM 267

VERY TRULY YOURS,
Paul House
PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

DATE 12/02/83

to ↗
NORTHERN ADJUSTERS
2609 ARCTIC BLVD

ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 10/31/83, WAS 9 DAYS OVERDUE. ACCORDINGLY, \$300 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECOND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99802.

EMPLOYEE: LAMMERS, EARL C.
P.O. BOX 27

EMPLOYER: HAINES AK 99827
ALASKA INT'L CONSTRUCTORS
P.O. BOX 1410

INJURY DATE: FAIRBANKS AK 99707
09/02/83
ANCR CASE NO: 319789
REF YOUR CLAIM 83-21527RS

VERY TRULY YOURS,

Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

When file came up on diary on 11-14 for a Comp payment ^{the} it was realized there was no current medical at any time. We requested the info from the doctor, but didn't get it until 11-22, at which time we suspended benefits. We feel we did ^{all that} could be done to verify time loss.

FORM NO. 5171E

Dr. H. H.
12-12-83

February 13, 1984

MEMO TO THE FILE

Insured : Alaska Intl. Const.
Claimant : Earl Lammers
Loss of : 9/2/83
Our File : 83-2182WRS

This also concerns a petition for penalties for late reporting of \$300.00. It's alleged that compensation report for payment made October 31, 1983, was 9 days late.

- I explained to the Second Injury Fund on December 12, 1983, that, "When a file came up on diary on November 14, for a compensation payment, it was realized there was no current medical to authorize time loss." We requested the information from the doctor, but didn't get it until November 22. Upon receipt of that information, we immediately submitted a compensation report suspending benefits. We feel we did all that we could to verify time loss.

We never did receive comprehensive medical regarding a release for work, etc. The last medical report we had received before suspension of compensation was October 10, 1983, at which time it was estimated another 15 to 21 days of disability.

This is a case where the claimant did not respond to our inquiries and the doctor had nothing to report because there was no treatment being rendered.

Payment of the penalty should be resisted on this matter.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/jrh

due 2-26-84

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, Alaska 99811

PETITION AWCB on 2-6-84

AWCB Case Number

AWCB FEB 3 1984
JUNEAU

(Not to be used by injured employee)

319789

1. Employee's Name (Last, First, Middle Initial) <u>LAMMERS, EARL C.</u>		2. Insurer Claim No. <u>83-2187 WRS</u>	3. Date of Injury <u>09/02/83</u>
4. Address <u>P.O. Box 27</u>			5. Social Security Number <u>574-12-8213</u>
City <u>HAINES</u>	State <u>AK</u>	Zip Code <u>99827</u>	6. Date of Birth <u>05/27/40</u>
7. Employer <u>Alaska Int. Constructors</u>		8. Insurer <u>Northern Adjusters/Employers Casualty</u>	
9. Address <u>P.O. Box 1410</u>		10. Address <u>2609 Arctic Blvd.</u>	
City <u>Fairbanks</u>	State <u>AK</u>	Zip Code <u>99707</u>	Telephone <u>452-5171</u>
City <u>Anchorage</u>	State <u>AK</u>	Zip Code <u>99503</u>	Telephone <u>272-7484</u>

REASON FOR PETITION - CHECK APPROPRIATE BOXES AND COMPLETE QUESTIONS IN DETAIL.

JOIN ADDITIONAL EMPLOYER AND/OR INSURER: (ATTACH PROOF OF SERVICE ON EMPLOYER AND/OR INSURER)

11. Name of Employer to be Joined	12. Insurer
13. Address	14. Address
City State Zip Code	City State Zip Code
15. Dates Injured Employee Worked for Employer to be Joined	16. Date of Coverage (Use when joining only insurer)
17. Date of Alleged Injury	18. Nature of Alleged Injury

If more than one employer and/or insurer to be joined, attach additional page and provide above information for each employer and/or insurer.

PETITION TO TERMINATE BENEFITS (CHECK TYPE TO BE TERMINATED):

19. Temporary Total Disability Temporary Partial Disability Permanent Partial Disability Permanent Total Disability Medical Benefit
 Other:

20. Reason for termination:

21. If you are seeking termination of temporary compensation and allege the disability is permanent, report total compensation paid:

Type	From	Through	Weeks and Days	Rate	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$

22. Date When Disability Became Permanent

OTHER (STATE IN DETAIL BELOW; ATTACH ADDITIONAL PAGE IF NECESSARY):

For Board order for late reporting fine of \$ 300.00 under AS 23.30.155(c) because the compensation report for the payment made October 31, 1983, was 9 days late. SIF requests this determination based on the documents filed with the Board in this case.

COMPLETE AND ATTACH A MEDICAL SUMMARY (Form 07-6103). ATTACH PROOF OF SERVICE.

23. Name of Individual Submitting this Form (Print or Type) <u>J. Paul House</u>	24. Signature <u>J. Paul House</u>	25. Date <u>2-3-84</u>
26. Address <u>Second Injury Fund, P.O. Box 1149, Juneau, Alaska 99802</u>		City State Zip Code
27. Attorney's Name and Firm Name (If Represented)		28. Telephone
29. Attorney's Address		City State Zip Code

BEFORE YOU COMPLETE AND SUBMIT THIS FORM, READ CAREFULLY.

- Use only to request the scheduling of a pre-hearing or hearing after employee has filed an "Application For Adjustment of Claim" (Form 07-6106) or employer/insurer has filed a "Petition" (Form 07-6111)
- Note that once a hearing has been scheduled, a continuance will be permitted only for good cause following a written stipulation filed with the Board before the hearing or an oral motion at the time for the hearing. If a continuance is granted, there may be a significant delay before your case is rescheduled.
- You should complete and submit this form only if you are fully prepared for a hearing. AWCB FEB 3 1984
JUNEAU
- Plan to be present at the hearing in person or represented by an attorney.

1. Employee's Name (Last, First, Middle Initial) <u>LAMMERS, EARL C.</u>				2. Insurer Claim Number <u>83-2182 WRS</u>		3. Date of Injury <u>09/02/83</u>	
4. Address <u>P.O. Box 27</u>						5. Social Security Number <u>574-12-8213</u>	
City <u>Haines</u>	State <u>AK</u>	Zip Code <u>99827</u>	Telephone			6. Date of Birth <u>05/27/40</u>	
7. Employer <u>Alaska Int. Constructors</u>				8. Insurer/Adjusting Company <u>Northern Adjusters/Employers Casualty</u>			
9. Address <u>P.O. Box 1410</u>				10. Address <u>2609 Arctic Blvd.</u>			
City <u>Fairbanks</u>	State <u>AK</u>	Zip Code <u>99707</u>	Telephone <u>452-5771</u>	City <u>Anchorage</u>	State <u>AK</u>	Zip Code <u>99503</u>	Telephone <u>272-7484</u>

Section 1	<p>Before your case will be scheduled for a pre-hearing or hearing, you MUST comply with the following instructions:</p> <ol style="list-style-type: none"> Complete the entire form except (a) Section 4 if requesting a pre-hearing, or (b) Section 3 if requesting a hearing. Attach a "Medical Summary" (Form 07-6103). Attach proof of service upon opposing parties of the "Medical Summary" form and this form. Mail this form to the Board's address in the city you want the pre-hearing or hearing held. If you request "Other", mail to the Board's Juneau address.
Section 2	<p>15. The <input type="checkbox"/> Employee, <input type="checkbox"/> Employer, <input type="checkbox"/> Insurer, or <input checked="" type="checkbox"/> <u>Second Injury Fund</u> requests that this case be decided on written record contained in the Board's file and no in person hearing be held.</p> <p> <input type="checkbox"/> Anchorage Pouch 7-019 Anchorage, Alaska 99510 (907) 264-2424 <input type="checkbox"/> Fairbanks 675 7th Avenue Station "J" Fairbanks, Alaska 99701 (907) 452-1509 <input type="checkbox"/> Juneau Box 1149 Juneau, Alaska 99811 (907) 465-2790 <input type="checkbox"/> Other (Check one) <input type="checkbox"/> Ketchikan <input type="checkbox"/> Sitka </p> <p>16. Employee is now receiving compensation payments: <input type="checkbox"/> YES <input type="checkbox"/> NO Weekly Rate \$ _____</p>
Section 3	<p>17. A pre-hearing is requested to:</p> <p><input type="checkbox"/> Frame Issues, <input type="checkbox"/> Record Stipulations, <input type="checkbox"/> Join Necessary Parties or <input type="checkbox"/> Other (Explain): _____</p>
Section 4	<p>18. A regular hearing is requested. Check additional issues not listed in the "Application for Adjustment of Claim" or "Petition":</p> <p> <input type="checkbox"/> Temporary Total Disability <input type="checkbox"/> Temporary Partial Disability <input type="checkbox"/> Permanent Partial Disability <input type="checkbox"/> Permanent Total Disability <input type="checkbox"/> Medical Costs <input type="checkbox"/> Transportation Costs <input type="checkbox"/> Attorney Fees <input type="checkbox"/> Penalty <input type="checkbox"/> Compensation Rate (Average Weekly Wage Adjustment) <input type="checkbox"/> Review of Rehabilitation Plan <input checked="" type="checkbox"/> Other <u>Penalty for late reporting</u> </p> <p>19. I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for my portion of the hearing will be _____ minutes.</p>

20. Name of Individual Submitting this Form (Print or Type) <u>J. Paul House</u>		21. Signature <u>J. Paul House</u>		22. Date <u>1/1</u>	
23. Address <u>Second Injury Fund, P.O. Box 1149, Juneau, AK 99802</u>		City	State	Zip Code	
24. Attorney's Name and Firm Name (if represented)				Telephone	
25. Attorney's Address		City	State	Zip Code	

EMPLOYEE:

THIS REPORT FOR YOUR RECORDS OR INFORMATION ONLY. IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR Alaska Workers' Compensation Board P.O. Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number 517 7691 3. Injury Date 9 / 2 / 83 5. Social Security Number 574 - 12 - 8213 6. Birthdate 5 / 22 / 40

1. Employee's Name (Last, First, Middle Initial) Lammers, Earl 2. Insurer Claim Number 83-2182WRS 4. Address P.O. Box 27 City Haines State AK Zip 99827 Telephone 7. Employer Alaska International Construction 8. Insurer/Adjusting Company Emp. Cas. c/o Northern Adjusters, Inc. 9. Address P.O. Box 1410 City Fairbanks State AK Zip 99707 Telephone 10. Address 2609 Arctic Blvd. City Anchorage State AK Zip 99503 Telephone 272-7484

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS 1. Awaiting gross wages documents 2. Highest of three years, 19... Document received: / / Date 3. Same or similar wages 4. Minor or apprentice 5. Volunteer policeman, etc. 12. If method 3, 4, or 5, how did you figure gross wages? 13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE \$ 15. HOW RATE WAS FIGURED a. Alaska TTD, PTD, death or scheduled PPD b. Alaska unscheduled PPD or TPD c. Out-of-state TTD, TPD, PPD, PTD or death (1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

Table with 7 columns: a. Payment Date, b. Type, c. From, d. Through, e. Weeks & Days, f. Weekly Rate, g. Total Amount. Row 1: 10/31/83, TTD, 9/3/83, 10/31/83, 8 3, \$ 694.61, \$ 5854.57

TOTAL \$ 5854.57

18. Impairment Rating: % of % of % of

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began 9 / 3 / 83 b. First Payment Date 9 / 27 / 83 21. Date Disability Ended Unknown / / 22. a. Employee Attorney Fees b. Late Report Penalties c. Employer Attorney Fees d. Medical e. Second Injury Fund f. Rehabilitation g. Other

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work / / At New Job At Same Job Occupation Weekly Pay Rate \$ 24. Released for Work / / Regular Work Modified Work 25. Moved from Alaska 26. Compromise and Release 27. Returned to Alaska 28. Controversion (Attach 07G105) 29. Recomputation 30. Board Order 31. Other 32. Lack Recent Medical Report

33. Remarks: We have not received a medical report since 10/10/83, and claimant has not responded to any inquiry about time loss.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Richard Stone, Adjuster 35. Signature 36. Date 11 / 22 / 83 37. Address (if different from No. 10) City State Zip Telephone

JOHN C. SMITH
Chairman

REID H. SMITH
President

LARRY A. STAIGER
Executive Vice President

NORTHERN ADJUSTERS

INCORPORATED

2609 Arctic Blvd.
Anchorage, Alaska 99503
(907) 272-7484

Telex: 090-26411
NORADJUST-AHG



BRANCH OFFICES:
Fairbanks, Alaska
Kenai, Alaska
Juneau, Alaska

November 1, 1983

Earl Lemmers
P.O. Box 27
Haines, AK 99827

Re: Insured : Alaska Encl. Const.
Our File : 83-2192WRS

We represent the insured regarding the worker's compensation claim filed

by yourself which occurred on 9/2/83.

In order for us to promptly process this claim, we request that you furnish this office with the following information.

1. _____ Employer's report of injury.
2. _____ W-2 form(s) showing your highest earnings for 19__, 19__, or 19__.
3. _____ Sign and return the attached medical authorization.
4. _____ Physician's report of injury, including copies of all radiology reports, diagnostic testing results, lab reports, etc.
5. _____ Statement for services rendered.
6. _____ Name and address of all attending physicians and/or hospitals.
7. _____ Advise time lost, dates and whether or not sick leave was paid or salary continued.
8. ~~XXXX~~ Please drop us a short note updating your current medical condition. If you have not responded within the next 30 days, we will assume you are having no problems and proceed to close our file.
9. ~~XXXX~~ Other: "Have you returned to work?"

Sincerely,

Dick Stone, Director

PHYSICIAN'S REPORT
 Employee: Sections 1 & 2
 Physician: Sections 3 & 4
 INITIAL PROGRESS

AWCB Case Number

SECTION 1	1. Employee's Name (Last, First, Middle Initial) Lambert, Carl C.		2. Insurer Claim No.		3. Injury Date 9 / 2 / 83	
	4. Address City State Zip Code Telephone Haines Alaska 99827				5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
	8. Employer Alaska International Construction				9. Insurer Northern Adjusters Inc.	
	10. Address Box 1410 City State Zip Code Telephone Haines Alaska 99827				11. Address 2600 Arctic Blvd City State Zip Code Telephone Anchorage Alaska 99502	

SECTION 2	12. Date Last Worked / /		13. Was Body Part Injured Before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and describe:			
	14. Describe Injury and Tell How it Happened:					
	15. Have You Seen Any Other Doctor for this Injury? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address:				16. Hospitalized as Inpatient? Name of Hospital <input type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION 3	17. YOUR First Treatment Date / /		18. Describe Complaints:			
	19. Fully Describe Findings on First Examination (Specify Right or Left):					
	20. Diagnosis					
	21. X-Rays? <input type="checkbox"/> No <input type="checkbox"/> Yes X-Ray Diagnosis:					
	22. Is Condition Work Related? <input type="checkbox"/> No (Explain): <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined (Explain):					

SECTION 4	23. Describe Treatment (and/or Attach Chart Notes): 10-7-83 Increased ROM, grip strength, warm soaks. Recheck 2 weeks					
	24. Treatment Date(s) Since Last Report: / / ; / / ; / /			25. Next Treatment Date: / /		26. Estimate Length of Further Treatment ___ Days ___ Weeks ___ Months
	27. Date Discharged From Treatment: / /		28. Medically Stationary <input type="checkbox"/> No <input type="checkbox"/> Yes		29. Will Vocational Rehabilitation Be Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined	
	30. Will Injury Result in Permanent Impairment? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined			31. Impairment Rating:		
	32. Factors on Which Rating is Based:			33. Released for work <input checked="" type="checkbox"/> No Estimate Length of Disability: <input type="checkbox"/> 1-3 Days <input type="checkbox"/> 4-14 Days <input checked="" type="checkbox"/> 15-21 Days <input type="checkbox"/> 22-28 Days <input type="checkbox"/> More: ___ Weeks ___ Months <input type="checkbox"/> Yes <input type="checkbox"/> Regular Work Date: / / <input type="checkbox"/> Modified Work Date: / / Give Limitations:		

NO: 319789

PLACE: Anchorage

DATE: 4/4/84

RE TITLE:

Earl Lammers

v.

Alaska International Constructors

PARTIES APPEARING:

Dick Stone Northern Adj

ISSUES:

- TEMPORARY TOTAL DISABILITY
- TEMPORARY PARTIAL DISABILITY
- PERMANENT PARTIAL DISABILITY
- PERMANENT TOTAL DISABILITY
- MEDICAL COSTS
- COMPENSATION RATE
- ATTORNEY FEES/COSTS
- PENALTY
- CLAIM CONTROVERTED
- LAST INJURIES EXPOSURE
- COURSE & SCOPE
- NOTICE OF INJURY
- STAT. OF LIMITATIONS
- FAILURE TO MITIGATE
- REHABILITATION ISSUES:
- ELIGIBILITY
- FAILURE TO COOPERATE
- PLAN
- OTHER
- Late Report Penalty

APPEARANCES NEEDED:

NOTES:

Penalty request amended to request fine of \$325 for being 9 days late (100 + 25 x 9)

Adviser contacts date information received to suspend benefits should contact penalty assessment

ESTIMATE OF TIME REQUIRED FOR HEARING: 30 minutes 3

HEARING DATE: June 28, 1984 at 9:15 Anchorage, Alaska. NOTICE OF HEARING WILL BE MAILED TO THE PARTIES. IF THE ABOVE DOES NOT CONFORM TO YOUR UNDERSTANDING OF THE AGREEMENTS REACHED AT PREHEARING, WRITTEN OBJECTION SHOULD BE FILED WITHIN TEN DAYS OF THE DATE OF THIS SUMMARY. IF NO WRITTEN OBJECTION IS RECEIVED BY THE BOARD, IT WILL BE THE POSITION OF THE BOARD THAT YOU AGREE AND WILL COMPLY WITH THE STIPULATIONS AND REQUESTS SET FORTH ABOVE.

COPIES SERVED ON:

- Dick Stone Northern Adj 2709 Arctic 99503
- Paul Hux Alaska Box 1144 Juneau 99802
- Alaska International Constructors, Box 1416, Anchorage 99507
- Earl Lammers, P.O. Box 27, Homer, Alaska 99607

DATE:

NORTHERN ADJUSTERS

INCORPORATED

2609 Arctic Blvd.
Anchorage, Alaska 99503
(907) 272-7484

Telex: 090-26404
NORADJUST-AHG



BRANCH OFFICES:
Fairbanks, Alaska
Kenai, Alaska
Juneau, Alaska

REID H. SMITH
President

LARRY A. STAIGER
Senior Vice President

March 14, 1984

State of Alaska
Department of Labor
Workers' Compensation Division
P. O. Box 1149
Juneau, AK 99802

Gentlemen:

I am enclosing replies to four cases and we respectfully request that a request ~~for penalties be dismissed.~~ If not, please set these cases for hearing before the Workers' Compensation Board in Anchorage.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/ljs

State of Alaska
Department of Labor
Workers' Compensation Division
P. O. Box 1149, Juneau, AK 99802

Earl Lammers,
Employee,
vs
Alaska International Const.,
Employer,
and
Employers Casualty,
Insurer,
Northern Adjusters,
Adjuster,
Defendants

Case No. 319789

REPLY

We were paying temporary total disability benefits every two weeks and when the file came up on diary on November 14 for a compensation payment, it was realized there was no current medical to authorize time loss. We requested the information from the doctor, but didn't get it until November 22. Upon receipt of that information, we immediately submitted a compensation report suspending benefits. We feel we did all we could to verify time loss.

This is a case where the claimant did not respond to our inquiries and the doctor had nothing to report because there was no treatment being rendered.

A suspension was made on November 22, 1983 and the Board was notified within fourteen days of that suspension in compliance with AS 23.30.155(c).

Dated this 14th day of March, 1984.

By: _____

W. Richard Stone
Senior Adjuster
NORTHERN ADJUSTERS, INC.

RECEIVED

State of Alaska
Department of Labor
Workers' Compensation Division
P.O. Box 1149, Juneau, AK 99802

NIA - ANCH

Earl Lammers,
Employee,

vs.

Alaska International Const.,
Employer,

and

Employers Casualty,
Insurer,
Northern Adjusters,
Adjuster,
Defendants.

Case No. 319789

REPLY

The Second Injury Fund requests that the late report filing penalty requested in the petition dated February 3, 1984, be granted based on the attached affidavit and in accordance with the provisions of AS 23.30.155(c).

Dated this 24th day of February, 1984.

By:

J. Paul House
J. Paul House, Administrator
Second Injury Fund

cc: Northern Adjusters
2609 Arctic Blvd
Anchorage, AK 99503

February 10, 1984

MEMO TO THE FILE

Insured : Alaska Intl. Const.
Claimant : Henry Hart
Loss of : 5/11/83
Our File : 83-1171WRS

This is regarding a petition submitted to the Workers' Compensation Board requesting late reporting fine of \$250.00 for a compensation report that was allegedly 7 days late.

In review, we have been paying temporary total disability benefits every two weeks, and made a payment on August 15, 1983. When the file came up on two week diary for another compensation payment, we checked with Dr. DeRamus, the attending physician, at which time he advised us that the claimant had been released for work on July 30, 1983. We immediately filed a suspension report on September 1. We put in the remark section that, "In a phone conversation with Dr. DeRamus on 9/1/83, we learned of a release for work." This was how we were instructed to handle these type of matters by Pat Shira of the Workers' Compensation Division. The point is that we learned of a release for work on September 1, at which time a compensation report was immediately completed suspending benefits. This is not a late report situation.

One of the interesting things about this, is that the lack of communication from the doctor resulted in an overpayment of TTD.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/jrh

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 P. O. Box 1149
 Juneau, Alaska 99811
 AWCB JUNEAU JAN 30 1984

COPY SERVED
 AK Dept of Labor (Cont-RPO)
 PETITION Timothy Adilov
 By AWCB on 4-31-84 6pm
 AWCB Case Number
309543

(Not to be used by injured employee)

1. Employee's Name (Last, First, Middle Initial) <u>HART Henry E.</u>				2. Insurer Claim No. <u>851171WRS</u>		3. Date of Injury <u>05/11/83</u>	
4. Address <u>SR Box 31208</u>						5. Social Security Number <u>518-52-2484</u>	
City <u>FAIRBANKS</u>		State <u>AK</u>		Zip Code <u>99701</u>		Telephone <u>456-3859</u>	
6. Date of Birth <u>04/16/44</u>				7. Employer <u>ALASKA INTERNATIONAL CONSTRUCTION</u>			
8. Insurer <u>Employers Casualty/Northern Adjuster</u>				9. Address <u>P.O. Box 1410</u>			
City <u>FAIRBANKS</u>		State <u>AK</u>		Zip Code <u>99707</u>		Telephone <u>272-748</u>	
10. Address <u>2609 Arctic Blvd.</u>				City <u>ANCHORAGE</u>		State <u>AK</u>	
				Zip Code <u>99503</u>		Telephone <u>272-748</u>	

REASON FOR PETITION - CHECK APPROPRIATE BOXES AND COMPLETE QUESTIONS IN DETAIL.

JOIN ADDITIONAL EMPLOYER AND/OR INSURER: (ATTACH PROOF OF SERVICE ON EMPLOYER AND/OR INSURER)

11. Name of Employer to be Joined				12. Insurer			
13. Address				14. Address			
City		State		Zip Code		Telephone	
15. Dates Injured Employee Worked for Employer to be Joined				16. Dates of Coverage (Use when joining only insurer)			
17. Date of Alleged Injury		18. Nature of Alleged Injury					

If more than one employer and/or insurer to be joined, attach additional page and provide above information for each employer and/or insurer.

PETITION TO TERMINATE BENEFITS (CHECK TYPE TO BE TERMINATED):

Temporary Total Disability Temporary Partial Disability Permanent Partial Disability Permanent Total Disability Medical Benefit

Other:

20. Reason for termination:

21. If you are seeking termination of temporary compensation and allege the disability is permanent, report total compensation paid:

Type	From	Through	Weeks and Days	Rate	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$

22. Date When Disability Became Permanent

OTHER (STATE IN DETAIL BELOW; ATTACH ADDITIONAL PAGE IF NECESSARY):

For Board order for late reporting fine of \$ 250.00 under AS 23.30.155(c) because the compensation report for the payment made August 15, 1983, was 7 days late. SIF requests this determination based on the documents filed with the Board in this case.

RECEIVED
 JUN 1 1984
 NIA - ASGC

COMPLETE AND ATTACH A MEDICAL SUMMARY (Form 07-6103). ATTACH PROOF OF SERVICE

23. Name of Individual Submitting this Form (Print or Type) <u>J. Paul House</u>		24. Signature <u>J. Paul House</u>		25. Date <u>1-26-84</u>	
26. Address <u>Second Injury Fund, P.O. Box 1149, Juneau, Alaska 99802</u>		City <u>Juneau</u>		State <u>Alaska</u>	
27. Attorney's Name and Firm Name (If Represented)				28. Telephone	
29. Attorney's Address		City		State	
				Zip Code	

BEFORE YOU COMPLETE AND SUBMIT THIS FORM, READ CAREFULLY.

- Use only to request the scheduling of a pre-hearing or hearing after employee has filed an "Application For Adjustment of Claim" (Form 07-6106) or employer/insurer has filed a "Petition" (Form 07-6111)
- Note that once a hearing has been scheduled, a continuance will be permitted only for good cause following a written stipulation filed with the Board before the hearing or an oral motion at the time for the hearing. If a continuance is granted, there may be a significant delay before your case is rescheduled.
- You should complete and submit this form only if you are fully prepared for a hearing.
- Plan to be present at the hearing in person or represented by an attorney.

1. Employee's Name (Last, First, Middle Initial) HART, Henry E.				2. Insurer Claim Number 831171WRS		3. Date of Injury 05/11/83	
4. Address SR Box 31208						5. Social Security Number 518-52-2484	
City FAIRBANKS	State AK	Zip Code 99701	Telephone 456-3859			6. Date of Birth 04/16/44	
7. Employer Alaska International Construction				8. Insurer/Adjusting Company Employers Casualty/Northern Adjusters			
9. Address P.O. Box 1410				10. Address 266 Arctic Blvd.			
City FAIRBANKS	State AK	Zip Code 99707	Telephone	City Anchorage	State AK	Zip Code 99503	Telephone 272-7484

Before your case will be scheduled for a pre-hearing or hearing, you MUST comply with the following instructions:

11. Complete the entire form except (a) Section 4 if requesting a pre-hearing, or (b) Section 3 if requesting a hearing.

12. Attach a "Medical Summary" (Form 07-6103).

13. Attach proof of service upon opposing parties of the "Medical Summary" form and this form.

14. Mail this form to the Board's address in the city you want the pre-hearing or hearing held. If you request "Other", mail to the Board's Juneau address.

15. The Employee, Employer, Insurer, or ^{Second Injury Fund} ~~insurer~~ requests that this case be decided on written record contained in the Board's file and no in person hearing be held.

Anchorage Pouch 7-019 Anchorage, Alaska 99510 (907) 264-2424

Fairbanks 675 7th Avenue Station "J" Fairbanks, Alaska 99701 (907) 452-1509

Juneau Box 1149 Juneau, Alaska 99811 (907) 465-2790

Other (Check one)
 Ketchikan
 Sitka

16. Employee is now receiving compensation payments: YES NO Weekly Rate \$ _____

17. A pre-hearing is requested to:
 Frame Issues, Record Stipulations, Join Necessary Parties or Other (Explain): _____

18. A regular hearing is requested. Check additional issues not listed in the "Application for Adjustment of Claim" or "Petition":
 Temporary Total Disability Medical Costs Compensation Rate (Average Weekly Wage Adjustment)
 Temporary Partial Disability Transportation Costs Review of Rehabilitation Plan
 Permanent Partial Disability Attorney Fees Other Penalty for late reporting
 Permanent Total Disability Penalty

19. I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for my portion of the hearing will be _____ minutes.

20. Name of Individual Submitting this Form (Print or Type) J. Paul House		21. Signature <i>J. Paul House</i>		22. Date 1/26/84	
23. Address Second Inj y Fund, P.O. Box 1149, Juneau, AK 99802		City Juneau		State AK	
24. Attorney's Name and Firm Name (if represented)		Telephone			
25. Attorney's Address		City		State	
		Zip Code			

COMPENSATION REPORT

AWCB Case Number

309543

1. Employee's Name (Last, First, Middle Initial) Hart, Henry				2. Insurer Claim Number 831171WRS		3. Injury Date 5 / 11 / 83	
4. Address SR. Box 31208 City State Zip Telephone Fairbanks AK. 99701 456-3859				5. Social Security Number 518 - 52 - 2484		6. Birthdate 4 / 16 / 44	
7. Employer Alaska Int'l. Constructors				8. Insurer/Adjusting Company Employers Cas./Northern Adjusters, Inc.			
9. Address P.O. Box 1410 City State Zip Telephone Fairbanks AK. 99701				10. Address 2609 Arctic Blvd. City State Zip Telephone Anchorage AK. 99503 272-7484			

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents

2. Highest of three years. 19 _____
Documents received: _____ Date _____

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$	15. HOW RATE WAS FIGURED				
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.	
	\$	÷ 52 weeks = \$	X 66 2/3% = \$	\$	
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate	Alaska Max. or Min.
	\$	-\$	-\$	X 66 2/3% = \$	\$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	÷ \$	%	X \$	= \$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
8/15/83	TTD	5/12/83	7/29/83	11 2	\$ 617.10	\$ 6964.40
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ 6964.40

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 5 / 12 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 5 / 25 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended 7 / 29 / 83	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work _____ / _____ / _____ Date

At New Job At Same Job

Occupation _____

Weekly Pay Rate \$ _____

24. Released for Work Date 7 / 30 / 83

Regular Work Modified Work

25. Moved from Alaska

26. Compromise and Release

27. Returned to Alaska

28. Controversion (Attach 07-6105)

29. Recomputation

30. Board Order

31. Other

32. Lack Recent Medical Report

33. Remarks:
In a phone conversation with Dr. DeRamus on 9/1/83, we learned of a release for work. We paid through 8/20/83, which results in an overpayment of \$1939.45.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Richard Stone, Adjuster	35. Signature <i>Richard Stone</i>	36. Date 9 / 1 / 83
37. Address (If different from No. 10) City State Zip Telephone		

Attn: Jim Mays
P. O. Box 2759
Dallas, TX 75221

P. O. Box 536
Kenai, Alaska 99611
(907) 283-4462

P. O. Box 1407
Juneau, Alaska 99802
(907) 789-4104

Your No. 83-01-03232-001 Our No. 83-1171 WRS Insured Alaska Int'l Constructors
Policy No. _____ Date Loss 5/11/83 Claimant Henry Hatt

9/15/83

Dear Jim:

Date _____

This will supplement my report of August 15, 1983, on the above-captioned claim.

Since Dr. DeRamus didn't respond to my written request for reports, I called him on September 1. He indicated that he had not seen the claimant since July 25, 1983, at which time he released the claimant for work on July 30. Dr. DeRamus indicated that the claimant had done remarkably well, and that his vision is 20/20 in both eyes with correction. It is 20/50 in the right eye without correction. Dr. DeRamus feels that there will be permanent partial disability because the claimant didn't wear glasses before the incident. We have asked Dr. DeRamus to rate the claimant using AMA Guides for Permanent Disability. We can then convert it to the amount of PPD according to the Alaska statute.

There is a substantial overpayment of temporary total disability benefits, but we can deduct that overpayment from any permanent partial disability.

Please diary your file 30 days for our next status report.

Yours very truly,

Dick Stone
Senior Adjuster

WRS:ljs

cc: Mr. David Lander
Enserch Exploration
P. O. Box 2649
Dallas, TX 75221

A D J U S T O - G R A - M

To: Employers Casualty Co.
Attn: Jim Mays
P.O. Box 2759
Dallas, TX 75221

NORTHERN ADJUSTERS, INC.

2609 Arctic Circle
Anchorage, Alaska 99503
(907) 272-7484



708 3rd Ave.
Fairbanks, Alaska 99701
(907) 452-1171

P.O. Box 536
Kenai, Alaska 99611
(907) 283-4462

P.O. Box 1407
Juneau, Alaska 99802
(907) 789-4104

Your No. 83-01-03232-001 Our No. 83-1171WRS Insured Alaska Intl. Const.

SOLE
Policy No. _____ Date Loss 5/11/83 Claimant Henry Hart

Date August 15, 1983

Enclosure: Copy of My Memorandum to Dr. DeRamus

Dear Jim:

This will supplement my report of July 11, 1983, on the above captioned claim.

Claimant is still disabled with his eye injury. In a phone conversation with him on July 21, I learned that his eye is still healing, but it is rather a slow process. I have requested a current medical report from Dr. DeRamus, and should be receiving that in the near future.

Please diary your file 30 days for our next status report.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/jrh

cc: David Lander
Enserch Center
P.O. Box 2649
Dallas, TX 75221

A D J U S T O - G R A M

NORTHERN ADJUSTERS, INC.

To: Dr. Alfred D. DeRamus
Eye, Ear, Nose & Throat Clinic
P.O. Box 74476
Fairbanks, AK 99707-4476

XXX 2609 Arctic
Anchorage, Alaska
(907) 272-7484



708 3rd Ave.
Fairbanks, Alaska 99701
(907) 452-1171

P.O. Box 536
Kenai, Alaska 99611
(907) 283-4462

P.O. Box 1407
Juneau, Alaska 99802
(907) 789-4104

Your No. _____ Our No. 83-1171 MWC insured Alaska Intl. Constructors
Policy No. _____ Date Loss 5/11/83 Claimant Henry Hart

Date July 25, 1983

Dear Dr. DeRamus:

We would appreciate a brief narrative report from you covering your current diagnosis, prognosis, and plans for future treatment. The last time we heard from you was May 26, 1983.

We received a billing from Fairbanks Memorial Hospital for "acute sclerosis of veins in the left forearm." The amount of the billing was \$40.00. Is this a condition related to the original injury? The claimant indicates a blood clot formed from the I.V. but we wanted your comments regarding that.

Please provide us with your estimate of the length of the future disability. Thank you.

Very truly yours,

Dick Stone
Senior Adjuster

DS:ljs

AWCE#: 309542

PLACE: Anchorage

DATE: 4/4/89

CASE TITLE:

PARTIES APPEARING:

Henry Hart
v.

Dick Stone Northern Adjuster

Alaska International Const.

ISSUES:

- TEMPORARY TOTAL DISABILITY _____
- TEMPORARY PARTIAL DISABILITY _____
- PERMANENT PARTIAL DISABILITY _____
- PERMANENT TOTAL DISABILITY _____
- CLAIM CONTROVERTED _____
- APPEARANCES NEEDED _____
- MEDICAL COSTS _____
- REHAB PLAN APPROPRIATE _____
- FAILURE TO MITIGATE _____
- COMPENSATION RATE _____
- COURSE AND SCOPE _____
- PENALTY for late reporting
- VOC. REHABILITATION _____
- ATTY FEES/COSTS _____
- LAST INJ. EXPOSURE _____
- NOTICE OF INJURY _____
- REHAB. ELIBILITY _____
- STAT. OF LIMITATIONS _____

OTHER:

NOTES:

Report states benefits were paid through 8/20/88 in remarks this should have been indicated in line 17d then remarks should have reflected overpayment

Under Board's decision in Celestini Ameth v. Delta Alaska report is due within 14 days of date benefit paid through Even using that date report is still 3 days late.

Penalty request is amended to request fine of \$175 (8/00 + 25 x 3 days)

Will need Paul Hausel (or clerk notifying date of postmark on Comp Report) to attend hearing to testify on date report envelope postmarked

ESTIMATE OF TIME REQUIRED FOR HEARING: 30 minutes?

HEARING DATE: June 28 1989 at 9:25 Anchorage, Alaska
NOTICE OF HEARING WILL BE MAILED TO THE PARTIES. IF THE ABOVE DOES NOT CONFORM TO YOUR UNDERSTANDING OF THE AGREEMENTS REACHED AT THE PREHEARING, WRITTEN OBJECTION SHOULD BE FILED WITHIN TEN DAYS OF THE DATE OF THIS SUMMARY. IF NO WRITTEN OBJECTION IS RECEIVED BY THE BOARD, IT WILL BE THE POSITION OF THE BOARD THAT YOU AGREE AND WILL COMPLY WITH THE STIPULATIONS AND REQUESTS SET FORTH ABOVE.

COPIES SERVED ON:
Northern Adjuster 201 Latre Blvd 99503
Alaska International Construction, P.O. Box 1410 Fairbanks 99707
Paul Hausel State of Alaska, Box 1149 Juneau 99802
Airman D. [unclear] 3155 Fairbanks, AK 99707

State of Alaska
Department of Labor
Worker's Compensation Division
P.O. Box 1149, Juneau, AK : 99802

Henry Hart,
Employee,
vs.
Alaska International Const.,
Employer,
and
Employers Casualty,
Insurer,
Northern Adjusters,
Adjuster,
Defendants.

Case No. 309543

REPLY

We had been paying temporary total disability every two weeks and made a payment on August 15, 1983. When the file came up on two week diary for another compensation payment, we checked with the doctor at which time he advised us the claimant had been released for work on July 30, 1983. We immediately filed a suspension report on September 1 and notified the Board within fourteen days of suspension in compliance with AS 23.30.155(c).

The affidavit submitted by the Second Injury Fund indicates the compensation report for payment made 8-15-83 was postmarked 8-15-83 and this is impossible because we completed it on 9-1-83.

Dated this _____ day of _____, 1984.

By: _____
W. Richard Stone
Senior Adjuster
NORTHERN ADJUSTERS, INC.

State of Alaska
Department of Labor
Workers' Compensation Division
P.O. Box 1149, Juneau, AK 99802

RECEIVED
ALASKA

Henry Hart,
Employee,
vs.
Alaska International Const.,
Employer,
and
Employers Casualty,
Insurer,
Northern Adjusters,
Adjuster,
Defendants.

Case No. 309543

REPLY

The Second Injury Fund requests that the late report filing penalty requested in the petition dated January 26, 1984, be granted based on the attached affidavit and in accordance with the provisions of AS 23.30.155(c).

Dated this 24th day of February, 1984.

By: *J. Paul House*
J. Paul House, Administrator
Second Injury Fund

cc: Northern Adjusters
2609 Arctic Blvd.
Anchorage, AK 99503

State of Alaska
Department of Labor
Workers' Compensation Division
P.O. Box 1149, Juneau, AK 99802

Henry Hart,
Employee,
vs.
Alaska International Const.,
Employer,
and
Employers Casualty,
Insurer,
Northern Adjusters,
Adjuster,
Defendants.

AFFIDAVIT

Case No. 309543

State of Alaska
First Judicial District

ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 08-15-83 was postmarked 8-15-83 and received 9-7-83 in Juneau, Alaska.

J. Paul House

Subscribed and sworn to before me this 24th day of February
1984, in Juneau, Alaska.

Elaine Henderson

Notary Public for Alaska

My commission expires 6/24/87.

MESSAGE OUTLINE

FOR TELEPHONE Outgoing
 HANDWRITTEN Incoming
 INTERVIEW/MEETING

TO: CAS FROM: _____

SUBJECT: Late reporting penalty

DATE: _____

POLICY NUMBER: _____

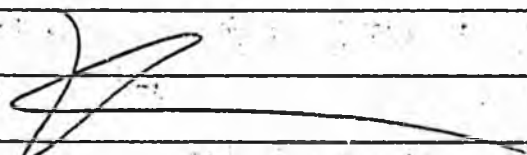
CLAIM NUMBER: _____

Objective/
Purpose

This is another case of TPP being paid on an occurrence basis, i.e. TP's pay period every 2 weeks, verified via Janet @ Moore. TP last pd 4/18, next date due 5/2, honor verified 5/2 @ which time DD determined no pmts due. Suspense filed 5/3. Knowledge date 5/2, penalty on this is patently ridiculous. However, you know the stance the state is taking - please review & let me know what you think.

Information
To Be
Conveyed

Request
for
Action
(Who, What,
By When)



Roy C. Kell JUN 11 1984

Follow-Up
Required

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

DATE 5/22/84

INDUSTRIAL INDEMNITY CO
PO BOX 307

ANCHORAGE AK 99510

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT WAS FILED 2 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN-A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF \$120.

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: ODDEN, KEITH A.
SRA BOX 4099..#23

EMPLOYER: ANCHORAGE AK 99501
MOORE MECHANICAL
MOORE MILLER INC AK FUR.
5001 EAGLE
ANCHORAGE AK 99503

INJURY DATE: 01/27/83
AWCB CASE NO: 301121
REF YOUR CLAIM 59-016388

VERY TRULY YOURS,
Paul House
PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

11111111

READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Fund
Box 1149 Juneau, Alaska 99811

COMPENSATION REPORT

AWCH Case Number: 301121

3. Injury Date: 1/27/83

5. Social Security Number: _____

6. Birthdate: 1/1

1. Employee Name (Last, First, Middle Initial): OODEN, KEITH

2. Address: 10613 BRAGAW #3
City: ANCHORAGE, AK State: AK Zip: 99506

7. Employer: MOORE MECHANICAL

8. Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____

2. Insurer Claim Number: 16388

AWCH MAY 07 1984
ANEWA 5/4/84 P

8. Insurer/Adjoining Company: INDUSTRIAL INDEMNITY

10. Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19 82
 Documents received: _____ Date: 1/1
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.
 13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$ <u>295.31</u>	15. HOW RATE WAS FIGURED
<input type="checkbox"/> a. Alaska TTD, TPD, death or scheduled FPD	a. Gross Wages Employee Avg. Wk. Wage Alaska Weekly Rate Alaska Rate \$ <u>23,033.87</u> ÷ 52 weeks = \$ <u>442.96</u> X 66 2/3% = \$ <u>295.31</u>
<input type="checkbox"/> b. Alaska scheduled FPD or TPD	b. Employee Avg. Wk. Wage Earning Capacity Difference Alaska Weekly Rate Alaska Rate \$ _____ ÷ _____ = \$ _____ X 66 2/3% = \$ _____
<input type="checkbox"/> c. Out of state TTD, TPD, FPD, TPD or death	c. State Avg. Wk. Wage Alaska Avg. Wk. Wage State Ratio Alaska Weekly Rate State Rate \$ _____ ÷ \$ _____ = _____ X _____ = \$ _____
(1) State or Country _____	(2) Date Left <u>1/1</u>

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: 1/1 h. ANNIVERSARY i. OTHER (Explain) _____

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	1/28/83	5/22/83	16 3/7	\$ 295.31	\$ 4851.53
	PPD ADVANCE				\$	\$ 4032.00
	TTD	8/5/83	10/27/83	12	\$ 295.31	\$ 3543.72
	TTD	10/28/83	12/8/83	6	\$ 171.28	\$ 1027.68
	TTD	12/9/83	1/17/84	5 5/7	\$ 295.31	\$ 1687.52
	TPD	1/18/84	2/2/84	2 7/7	\$ 108.64	\$ 246.32
TOTAL						\$ 15,390.67

12. Impairment Rating 30 % of FOOT ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?
4032 ADVANCE; 28,700 X 30% = 8610

20. a. Date Disability Began 1/28/83
 b. First Payment Date 2/17/83
 21. Date Disability Ended 2/2/84

22. a. Employee Attorney Fees \$ 1104
 b. Late Report Penalties \$ _____
 c. Employer Attorney Fees \$ 514
 d. Medical \$ 5815.79
 e. Second Injury Fund \$ 1312.30
 f. Rehabilitation \$ 3239.93
 g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 1/18/84 Date _____
 At New Job At Same Job
 Occupation _____
 Weekly Pay Rate \$ _____

24. Released for Work Date 1/1
 Regular Work Modified Work

25. Moved from Alaska
 26. Compromise and Release
 27. Returned to Alaska
 28. Controversial Matter
 29. Recomputation
 30. Board Order
 31. Other
 32. Lack Recent Medical Report

33. Remarks: CONT ON TPD; FINALLY DETERMINED 5/3/84 THAT CONT IS NOW MAKING MORE THAN AWW. SUSPENDED BENEFITS AS SOON AS THIS WAS DETERMINED.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print): DEBORAH S. DOLAN
 35. Signature: Deborah Dolan
 36. Date: 5/3/84

37. Address (if different from No. 10): _____ City: _____ State: _____ Zip: _____ Telephone: _____

38. Employee's Name (Last, First, Middle Initial):						MAY 07 1984		39. Recipient's Name:
a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount:		
2/15/84	PPD				\$	\$ 4,578.00		
4/18/84	TPD	2/3/84	4/13/84	10 W	\$ 187.63	\$ 1,903.06		
					\$	\$		
					\$	\$		
					\$	\$		
						FRONT PAGE TOTAL	\$ 15,390.67	
						TOTAL	\$ 21,871.73	

41. SUPPLEMENTARY OUT-OF-STATE FORMULA. (When employee's gross wages were earned partly in Alaska and partly out-of-state, compute the total gross wages earned in Alaska and out-of-state, then complete this formula.)
 How rate was figured:

a. Alaska Gross Wages	Total Gross Wages	Alaska Weekly Rate	Adjusted Portion	State Ratio	Adjusted Portion
\$	\$	\$	\$	X	% = \$
b. Alaska Weekly Rate	Adjusted Portion	Unadjusted Portion	Adjusted Rate	State Weekly Rate	
\$	\$	\$	\$	\$	

42. SOCIAL SECURITY OFFSET. (Applies only to some recipients of Social Security Benefits.)
 a. Social Security Retirement or Survivors' Benefits (AS 23.30.225(a)). How the reduced weekly compensation was figured:

(1) SS Monthly Benefit	SS Weekly Benefit	Reduction	(2) Alaska Weekly Rate	Reduction	Reduced Weekly Rate
\$	X 12/52 = \$	÷ 1/2 = \$	\$	-\$	= \$

b. Social Security Disability Benefits (AS 23.30.225(b)). How the reduced weekly compensation rate was figured:						
(1) SS Mo. Benefit	SS Wkly. Benefit	(2) SS Avg. Mo. Earnings	SS Wkly. Wage	Max. Wkly. Pmt.	SS Wkly. Benefit	Reduced Wkly. Rate
\$	X 12/52 = \$	\$	X 12/52 = \$	X 80% = \$	-\$	= \$

43. REMARKS: (Continued)

44. EXPLANATIONS & ABBREVIATIONS

- a. In item 15, Avg. Wk. Wage, means Average Weekly Wage, and Alaska Max. or Min. means Maximum or Minimum Weekly Rate.
- b. Suspension, Item 16.d. means the employer/insurer has stopped compensation payments expecting to pay more compensation later (usually the difference between the minimum and the documented rate). See paragraph 45.a. below, for effect on medical benefits.
- c. Termination, Item 16.c. means the employer/insurer has stopped compensation payments with the belief all compensation due has been paid. See paragraph 45.a. below, for effect on medical benefits.
- d. In Item 17.b., the following abbreviations mean the following types of disability:
 Dth = Death Benefits (Attach 07-6118) 20% = 20% Late Payment Penalty PPD = Scheduled Permanent Partial Disability
 Dis = Disfigurement TTD = Temporary Total Disability UPD = Unscheduled Permanent Partial Disability
 191 = 191 Funds (Rehabilitation) TPD = Temporary Partial Disability PTD = Permanent Total Disability
- e. Knowledge Date under Item 16.g. means the date the employer/insurer learned about the employee's resumed disability.
- f. The insurer/employer must file the ANNIVERSARY report on the anniversary of the injury date in the following cases:
 (1) Medical only cases in which more than \$1,000 was paid; (2) time loss cases in which compensation is still being paid; or (3) time loss cases in which compensation has been terminated and more than \$1,000 in medical or any amount for any other category in Item 22 in which compensation has been made since the "Termination" report.
- g. SIF in Items 16.b. and 22.e. means Second Injury Fund. The insurer/employer makes this payment directly to the Alaska SIF, not the employee. SIF payments must be attached to the Board's copy of "Termination" and "Anniversary" reports. The SIF payment does not affect the amount of compensation an employee receives.

45. TO EMPLOYEE (or other claimants in the case of death): READ CAREFULLY

- a. This report means the insurer/employer has begun, stopped or changed your compensation payments. The insurer/employer should continue to pay for medical treatment related to your injury for at least two years following your injury date. Although the law permits the insurer/employer to stop medical payments two years after your injury date, you may file a written claim requesting the Alaska Workers' Compensation (AWC) Board to authorize additional medical payments for treatment necessary to your recovery.
- b. YOU HAVE TWO YEARS FROM THE DATE OF THE LAST COMPENSATION PAYMENT TO FILE A WRITTEN CLAIM FOR ADDITIONAL COMPENSATION PAYMENTS.
- c. If the AWC Board has issued a decision regarding your claim, you have one year from the date of the Board's order to file a written claim for a modification because of a change of condition or a mistake. If you have settled your claim by a compromise and release agreement which was approved by the AWC Board and later want to claim additional benefits, contact the nearest AWC Board office for information. Attempts to collect additional benefits after an agreement seldom succeed.
- d. IF YOU BELIEVE THIS REPORT CONTAINS MISTAKEN INFORMATION, IF PAYMENTS HAVE STOPPED AND YOU CANNOT WORK BECAUSE OF YOUR INJURY, OR IF YOU HAVE QUESTIONS, CONTACT THE PERSON WHO SUBMITTED THE REPORT AT THE PHONE NUMBER OR ADDRESS GIVEN ON THE FRONT OF THIS REPORT. IF YOU CANNOT RESOLVE YOUR DISAGREEMENT WITH THAT PERSON, OR IF YOU STILL HAVE QUESTIONS, CONTACT THE NEAREST AWC BOARD OFFICE. SEND COPIES OF YOUR WAGE DOCUMENTS TO THE INSURER/EMPLOYER; DO NOT SEND THEM TO THE AWC BOARD.

ALASKA WORKERS' COMPENSATION BOARD

ANCHORAGE
 3301 Eagle Street
 Pouch 7-018 (Mailing)
 Anchorage, Alaska 99510
 (907) 264-2424

FAIRBANKS
 675 Seventh Avenue
 Station "J"
 Fairbanks, Alaska 99701
 (907) 452-1509

JUNEAU
 1111 West Eighth Street
 Box 1149 (Mailing)
 Juneau, Alaska 99811
 (907) 465-2790

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Keith A. Olden
Employee,

vs.

Moore Mechanical
Employer

and

Industrial Indemnity Co.
Insurer,
Defendants.

AFFIDAVIT

Case No. 301121

State of Alaska

First Judicial District } ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 4-18-84 was postmarked 5-4-84 and received 5-7-84 in Juneau, Ak.

J Paul House
J Paul House

Subscribed and sworn to before me this 27th day of May, 1984, in Juneau, Alaska.

Christine Underdahl
Notary Public, for Alaska
My commission expires 6/24/87

CB#: 311557

PLACE: Anchorage

DATE: 4/4/84

SE TITLE:

PARTIES APPEARING:

Joe Richardson

Dick Stone Northern Aly

v.

Insulation Service, Inc

ISSUES:

- TEMPORARY TOTAL DISABILITY
- TEMPORARY PARTIAL DISABILITY
- PERMANENT PARTIAL DISABILITY
- PERMANENT TOTAL DISABILITY
- MEDICAL COSTS
- COMPENSATION RATE
- ATTORNEY FEES/COSTS
- PENALTY
- CLAIM CONTROVERTED
- LAST INJURIES EXPOSURE
- COURSE & SCOPE
- NOTICE OF INJURY
- STAT. OF LIMITATIONS
- FAILURE TO MITIGATE
- REHABILITATION ISSUES:
- ELIGIBILITY
- FAILURE TO COOPERATE
- PLAN
- OTHER
- Late Report fine

PEARANCES NEEDED:

NOTES:

Amend penalty request, report was one day late as postmarked Sept 7, 1983 (would have been timely if postmarked 9/6/83 which is what report is dated.

fine requested is still \$125 (\$100 + \$25 x 1)

Admiral contends date information received to suspend benefits should control penalty assessment

RECEIVED

ANCHORAGE

ESTIMATE OF TIME REQUIRED FOR HEARING: 30 minutes?

HEARING DATE: June 28, 1984 at 9:30 Anchorage, Alaska
NOTICE OF HEARING WILL BE MAILED TO THE PARTIES. IF THE ABOVE DOES NOT CONFORM TO YOUR UNDERSTANDING OF THE AGREEMENTS REACHED AT PREHEARING, WRITTEN OBJECTION SHOULD BE FILED WITHIN TEN DAYS OF THE DATE OF THIS SUMMARY. IF NO WRITTEN OBJECTION IS RECEIVED BY THE BOARD, IT WILL BE THE DECISION OF THE BOARD THAT YOU AGREE AND WILL COMPLY WITH THE STIPULATIONS AND REQUESTS SET FORTH HEREIN.

COPIES SERVED ON:
Joe Richardson 2099 Arctic Blvd 99503
Home House State of Alaska Box 1149 Juneau 99801
Insulation Service, P.O. Box 240060 Prudhoe Bay 99734
Joe Richardson SR 20145C Fairbanks AK 99720

DATE:

RICHARDSON, JOE R.

V

INSULATION SVC INC.

* HEARING NOTICE *

THIS CASE HAS BEEN SET FOR HEARING

DATE: 06/28/84

TIME: 09:20

PLACE: DEPARTMENT OF LABOR BUILDING
3301 EAGLE STREET
HEARING ROOM NO. 308
ANCHORAGE ALASKA

COPIES OF THIS NOTICE MAILED TO:

EMPLOYEE:

RICHARDSON, JOE R.

SR 20145 C

EMPLOYER:

INSULATION SVC INC.

FOUCH 340060

FAIRBANKS

AK 99701

FRUDHOE BAY

AK 99734

INSURER:

EMPLOYERS CASUALTY CO

PO BOX 2759

ADJUSTER:

NORTHERN ADJUSTERS

2609 ARCTIC BLVD

DALLAS

TX 75227

ANCHORAGE

AK 99503

RECEIVED

MAY 22 1984

NIA ANCH

ISSUED AT ANCHORAGE ALASKA, May 18, 1984

MAIL ALL COMMUNICATIONS RELATING TO THIS

HEARING TO: FOUCH 7019

ANCHORAGE ALASKA 99510

NORTHERN ADJUSTERS

INCORPORATED

2609 Arctic Blvd.
Anchorage, Alaska 99503
(907) 272-7484

Telex: 090-26404
NORADJUST-AHG



BRANCH OFFICES:
Fairbanks, Alaska
Kenai, Alaska
Juneau, Alaska

REID-H. SMITH
President

LARRY A. STAIGER
Senior Vice President

- March 14, 1984

State of Alaska
Department of Labor
Workers' Compensation Division
P. O. Box 1149
Juneau, AK 99802

Gentlemen:

I am enclosing replies to four cases and we respectfully request that a request for penalties be dismissed. If not, please set these cases for hearing before the Workers' Compensation Board in Anchorage.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/ljs

State of Alaska
Department of Labor
Workers' Compensation Division
P.O. Box 1149, Juneau, AK 99802

Joe Richardson,
Employee,
vs.
Insulation Svc. Inc.,
Employer,
and
Employers Casualty,
Insurer,
Norther. Adjusters,
Adjuster,
Defendants.

Case No. 311557

REPLY

We were paying temporary total disability benefits on a two week basis, and when file came up on diary for payment of compensation, we checked with the doctor's office on September 6, and found that claimant had not been seen since July 15, 1983. Therefore, we suspended compensation for lack of recent medical information which was done promptly on September 6, after contacting the doctor. Previously, we were instructed by the Division to complete reports in this manner to show why there was a two week lapse from payment date to the submission of the comp report.

The Board was notified within fourteen days of the suspension date.

Dated this _____ day of _____, 1984.

By: _____
W. Richard Stone
Senior Adjuster

RECEIVED

State of Alaska
Department of Labor
Workers' Compensation Division
P.O. Box 1149, Juneau, AK 99802

NOV 1984

Joe Richardson,
Employee,

vs.

Insulation Svc. Inc.,
Employer,

and

Employers Casualty,
Insurer,
Northern Adjusters,
Adjuster,
Defendants.

Case No. 311557

REPLY

The Second Injury Fund requests that the late report filing penalty requested in the petition dated January 31, 1984, be granted based on the attached affidavit and in accordance with the provisions of AS 23.30.155(c).

Dated this 24th day of February, 1984.

By: J. Paul House
J. Paul House, Administrator
Second Injury Fund

cc: Northern Adjusters
2609 Arctic Blvd
Anchorage, AK 99503

State of Alaska
Department of Labor
Workers' Compensation Division
P.O. Box 1149, Juneau, AK 99802

Joe Richardson,
Employee,
vs.
Insulation Svc. Inc.,
Employer,
and
Employers Casualty,
Insurer,
Northern Adjusters,
Adjuster,
Defendants.

AFFIDAVIT

Case No. 311557

State of Alaska)
First Judicial District) ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 08-22-83 was postmarked 9-7-83 and received 9-9-83 in Juneau, Alaska.

Paul House

Subscribed and sworn to before me this 24th day of February 1984, in Juneau, Alaska.

Elaine Handicapped

Notary Public for Alaska

My commission expires 6/24/87.

February 10, 1984

MEMO TO THE FILE

Insured : Insulation Services
Claimant : Joe Richardson
Loss of : 6/11/83
Our File : 83-1604WRS

The Second Injury Fund has petitioned the Board for a penalty for late compensation reporting requesting \$125.00 for a report being two days late. This refers to compensation report dated September 6, 1983, reflecting a payment of August 22, 1983. At that time, we were paying temporary total disability benefits on a two week basis, and when file came up on diary for payment of compensation, we checked with the doctor's office on September 6, and found that claimant had not been seen since July 15, 1983. We therefore suspended compensation for lack of recent medical information. This suspension was done promptly on September 6, after contacting the doctor's office on September 6. This was how we were instructed to do this to show why there might be a two week lapse from the payment date to the submission of the compensation report. We don't understand how it can be made any more clear than it was in the report.

This is not a late report situation, and should be resisted.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/jrh

due 2-21

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
P. O. Box 1149
Juneau, Alaska 99811

Insulation Services Inc (last-FRR)
Noted by Adju. 12/25
BY AWCB ON 12-1-84 BY Bm AWCB Case Number
PETITION
311557
(Not to be used by injured employee)

AWCB
JUNEAU FEB 1 1984

1. Employee's Name (Last, First, Middle Initial) <u>Richardson, Joe R.</u>				2. Insurer Claim No. <u>831604 WRS</u>		3. Date of Injury <u>06/11/83</u>	
4. Address <u>SR 20145C</u>						5. Social Security Number <u>561-39-8509</u>	
City <u>FAIRBANKS</u>	State <u>AK</u>	Zip Code <u>99701</u>	Telephone			6. Date of Birth <u>03/02/60</u>	
7. Employer <u>Insulation Services Inc.</u>				8.1 or <u>Thorn Adjusters/Employers Casualty</u>			
9. Address <u>Pouch 340060</u>				10. Address <u>2609 Arctic Blvd.</u>			
City <u>Prudoe Bay</u>	State <u>AK</u>	Zip Code <u>99734</u>	Tele.	City <u>Anchorage</u>	State <u>AK</u>	Zip Code <u>99503</u>	Telephone <u>272-7484</u>

REASON FOR PETITION - CHECK APPROPRIATE BOXES AND COMPLETE QUESTIONS IN DETAIL.

JOIN ADDITIONAL EMPLOYER AND/OR INSURER: (ATTACH PROOF OF SERVICE ON EMPLOYER AND/OR INSURER)

11. Name of Employer to be Joined			12. Insurer		
13. Address			14. Address		
City	State	Zip Code	City	State	Zip Code
15. Dates Injured Employee Worked for Employer to be Joined			16. Dates of Coverage (Use when joining only Insurer)		
17. Date of Alleged Injury		18. Nature of Alleged Injury			

If more than one employer and/or insurer to be joined, attach additional page and provide above information for each employer and/or insurer.

PETITION TO TERMINATE BENEFITS (CHECK TYPE TO BE TERMINATED):

Temporary Total Disability Temporary Partial Disability Permanent Partial Disability Permanent Total Disability Medical Benefit
 Other:

20. Reason for termination:

21. If you are seeking termination of temporary compensation and allege the disability is permanent, report total compensation paid:

Type	From	Through	Weeks and Days	Rate	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$

22. Date When Disability Became Permanent

OTHER (STATE IN DETAIL BELOW; ATTACH ADDITIONAL PAGE IF NECESSARY)

For Board order for late reporting fine of \$ 125.00 under AS 23.30.155(c) because the compensation report for the payment made August 22, 1983, was 2 days late. SIF requests this determination based on the documents filed with the Board in this case.

COMPLETE AND ATTACH A MEDICAL SUMMARY (Form 07-6103).
ATTACH PROOF OF SERVICE

23. Name of Individual Submitting this Form (Print or Type) <u>J. Paul House</u>		24. Signature <u>J. Paul House</u>		25. Date <u>1-31-84</u>	
26. Address <u>Second Injury Fund, P.O. Box 1149, Juneau, Alaska 99802</u>					
27. Attorney's Name and Firm Name (if Represented)				28. Telephone	
29. Attorney's Address				Zip Code	

COPY SERVED ON
Insulation Services Inc (C) (P) (R)
That the on Adjusters
BY STATEMENT OF 2-1-84
READINESS TO PROCEED

AWCB Case Number

311557

BEFORE YOU COMPLETE AND SUBMIT THIS FORM, READ CAREFULLY.

NEA - ANCH

- Use only to request the scheduling of a pre-hearing or hearing after employee has filed an "Application For Adjustment of Claim" (Form 07-6106) or employer/insurer has filed a "Petition" (Form 07-6111)
- Note that once a hearing has been scheduled, a continuance will be permitted only for good cause following a written stipulation filed with the Board before the hearing or an oral motion at the time for the hearing. If a continuance is granted, there may be a significant delay before your case is rescheduled.
- You should complete and submit this form only if you are fully prepared for a hearing.
- Plan to be present at the hearing in person or represented by an attorney.

AWC
JUNEAU FEB 1 1984

1. Employee's Name (Last, First, Middle Initial) <i>Richardson, Joe R.</i>				2. Insurer Claim Number <i>831604 WRS</i>		3. Date of Injury <i>06/11/83</i>	
4. Address <i>SR. 20145C</i>						5. Social Security Number <i>561-39-8504</i>	
City <i>Fairbanks</i>	State <i>AK</i>	Zip Code <i>99701</i>	Telephone			6. Date of Birth <i>03/10/60</i>	
7. Employer <i>Insulation Services Inc.</i>				8. Insurer/Adjusting Company <i>Northern Adjusters/Employers Casualty</i>			
9. Address <i>Pouch 340060</i>				10. Address <i>2609 Arctic Blvd.</i>			
City <i>Prudoe Bay</i>	State <i>AK</i>	Zip Code <i>99734</i>	Telephone	City <i>Anchorage</i>	State <i>AK</i>	Zip Code <i>99503</i>	Telephone <i>272-7484</i>

Before your case will be scheduled for a pre-hearing or hearing, you MUST comply with the following instructions:

Section 1

- Complete the entire form except (a) Section 4 if requesting a pre-hearing, or (b) Section 3 if requesting a hearing.
- Attach a "Medical Summary" (Form 07-6103).
- Attach proof of service upon opposing parties of the "Medical Summary" form and this form.
- Mail this form to the Board's address in the city you want the pre-hearing or hearing held. If you request "Other", mail to the Board's Juneau address.

Section 2

15. The Employee, Employer, Insurer, or ^{Second Injury Fund} Physician requests that this case be decided on written record contained in the Board's file and no in person hearing be held.

Anchorage Pouch 7-019 Anchorage, Alaska 99510 (907) 264-2424

Fairbanks 675 7th Avenue Station "J" Fairbanks, Alaska 99701 (907) 452-1509

Juneau Box 1149 Juneau, Alaska 99811 (907) 465-2790

Other (Check one)
 Ketchikan
 Sitka

16. Employee is now receiving compensation payments: YES NO Weekly Rate \$ _____

Section 3

17. A pre-hearing is requested to:

Frame Issues, Record Stipulations, Join Necessary Parties or Other (Explain): _____

Section 4

18. A regular hearing is requested. Check additional issues not listed in the "Application for Adjustment of Claim" or "Petition":

Temporary Total Disability Medical Costs Compensation Rate (Average Weekly Wage Adjustment)

Temporary Partial Disability Transportation Costs Review of Rehabilitation Plan

Permanent Partial Disability Attorney Fees Other Penalty for late reporting

Permanent Total Disability Penalty

19. I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for my portion of the hearing will be _____ minutes.

20. Name of Individual Submitting this Form (Print or Type) <i>J. Paul House</i>		21. Signature <i>J Paul House</i>		22. Date <i>1/13/84</i>	
23. Address <i>Second Injury Fund, P.O. Box 1149, Juneau, AK 99802</i>		City	State	Zip Code	
24. Attorney's Name and Firm Name (If represented)				Telephone	
25. Attorney's Address		City	State	Zip Code	

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 2149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

311557

1. Employee's Name (Last, First, Middle Initial) Richardson, Joe R.		2. Insurer Claim Number 831604WRS		3. Injury Date 6 / 11 / 83	
4. Address SR 20145C City State Zip Telephone Fairbanks AK, 99701		5. Social Security Number 561 - 39 - 8509		6. Birthdate 3 / 2 / 60	
7. Employer Alaska Int'l. Constructors		8. Insurer/Adjusting Company Employers Cas./Northern Adjusters, Inc.			
9. Address P O Box 1410 City State Zip Telephone Fairbanks AK, 99701		10. Address 2609 Arctic Blvd. City State Zip Telephone Anchorage AK, 99503 272-7484			

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input type="checkbox"/> 2. Highest of three years, 19__	
	Documents received: ___/___/___	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	
	<input type="checkbox"/> 5. Volunteer policeman, etc.	

14. RATE \$		15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.	
	\$	÷ 52 weeks = \$	X 66 2/3% = \$	\$	
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate	Alaska Max. or Min.
	\$	-\$	=\$	X 66 2/3% = \$	\$
<input type="checkbox"/> c. Out-of-state TTD, TPO, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	÷ \$	% X \$	= \$	= \$
(1) State or Country		(2) Date Left / /		(3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly	

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
3/22/83	TTD	6/12/83	8/21/83	9	\$ 259.98	\$ 2339.82
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ 2339.82

18. Impairment Rating: ___ % of ___ ; ___ % of ___ ; ___ % of ___
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 6 / 12 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 7 / 12 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended unknown /	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work ___/___/___ <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation _____ Weekly Pay Rate \$ _____	24. <input type="checkbox"/> Released for Work Date ___/___/___ <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
		27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 07-61051)
		29. <input type="checkbox"/> Reconciliation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input checked="" type="checkbox"/> Lack Recent Medical Report

33. Remarks:
Checked with doctor's office on 9/6/83 and found claimant had not been seen since 7/15/83.

I certify that I have mailed the original of this report to the _____ and at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Richard Stone, Adjuster	35. Signature <i>Richard Stone</i>	36. Date 9 / 6 / 83
37. Address (if different from No. 10) City State Zip Telephone		

To: Employers Casualty Comp
Attn: Jim Mays
P.O. Box 2759
Dallas, TX 75221

2609 Arctic
Anchorage, Alaska 99503
(907) 272-7484



708 3rd Ave.
Fairbanks, Alaska 99701
(907) 452-1171

P.O. Box 536
Kenai, Alaska 99611
(907) 283-4462

P.O. Box 1407
Juneau, Alaska 99802
(907) 789-4104

Your No. 83-16-00103-001 Our No. 83-1604WRS Insured Insulation Services

FOLD
→
Policy No. _____ Date Loss 6/11/83 Claimant Joe Richardson

Date August 31, 1983

Enclosures: Physician's Report ✓

Dear Jim:

This will supplement my report of July 27, 1983, on the above captioned claim.

I contacted the claimant on August 22, and found he is still having problems. The last time he saw a doctor was August 17, so we should be receiving a report in the near future. The claimant has not been released for work. We will look for something definitive in the next two weeks regarding a release for work, or return to work.

Please diary your file 30 days for our next status report.

Yours very truly,

Dick Stone
Senior Adjuster

WRS/jrh

DETACH FOR FILE

PHYSICIAN'S REPORT

INITIAL

Employee: Sections 1 & 2
Physician: Sections 3 & 4

PROGRESS

Physician:
Sections 1 & 4

AWCO Case Number

SECTION 1	1. Employee's Name (Last, First, Middle Initial) <i>Richardson, Joe R.</i>			2. Insurer Claim No.		3. Injury Date <i>7, 8, 83</i>	
	4. Address			5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. Social Security Number <i>561-39-850</i>	
	City		State	Zip Code	Telephone		7. Birthdate <i>3, 2, 59</i>
	8. Employer <i>Insulation Services</i>			9. Insurer <i>Northern Adjuvants</i>			
10. Address			11. Address				
City		State	Zip Code	Telephone		City	State
12. Date Last Worked <i>/ /</i>		13. Was Body Part Injured Before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and describe:					
14. Describe Injury and Tell How It Happened:							
15. Have You Seen Any Other Doctor for this Injury? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address:							
16. Hospitalized as Inpatient? Name of Hospital <input type="checkbox"/> No <input type="checkbox"/> Yes							
17. YOUR First Treatment Date <i>/ /</i>		18. Describe Complaints:					
19. Fully Describe Findings on First Examination (Specify Right or Left):							
20. Diagnosis							
21. X-Rays? <input type="checkbox"/> No <input type="checkbox"/> Yes X-Ray Diagnosis:							
22. Is Condition Work Related? <input type="checkbox"/> No (Explain): <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined (Explain):							
23. Describe Treatment (and/or Attach Chart Notes): <i>See attached</i>							
24. Treatment Date(s) Since Last Report: <i>9, 14, 83</i>			25. Next Treatment Date:		26. Estimate Length of Further Treatment ____ Days ____ Weeks ____ Month		
27. Date Discharged From Treatment: <i>/ /</i>		28. Medically Stationary <input type="checkbox"/> No <input type="checkbox"/> Yes		29. Will Vocational Rehabilitation Be Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined		30. Will Injury Result in Permanent Impairment? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undetermined	
31. Impairment Rating:				32. Factors on Which Rating is Based:			
33. Released for work <input type="checkbox"/> No Estimate Length of Disability: <input type="checkbox"/> 1-3 Days <input type="checkbox"/> 4-14 Days <input type="checkbox"/> 15-21 Days <input type="checkbox"/> 22-28 Days <input type="checkbox"/> More: ____ Weeks ____ Month <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Regular Work Date: <i>/ /</i> <input type="checkbox"/> Modified Work Date: <i>/ /</i> Give Limitations:							
34. Remarks (and/or Attach Chart Notes): <i>See attached</i>							
RECEIVED SEP 26 1983 NIA - ANCH							
35. If Case Referred to Another Physician, State Name and Address: <i>GEORGE A. BROWN, M.D. PROFESSIONAL CORPORATION 1919 Lathrop Suite No. 124 Drawer No. 9 Fairbanks, Alaska 99701</i>						36. Medical Aid Account	
37. Physician's Name and Degree (Print or Type) <i>George A. Brown, M.D.</i>			38. Physician's Signature <i>George A. Brown</i>			39. Report Date <i>9, 19, 83</i>	
40. Address <i>(207) 482-5275</i>		City	State	Zip Code	41. Telephone		

Joe L. Richards

7-15-83 Foot injured it ankle twisting
it on a rock at work 6-15-83.
Reinjured ankle 7-8-83 twisting
it while walking on a plywood floor
that had a hole in it. Seen by Dr. Kobayashi.
No med or NKA

He injured his ankle twisting it on a rock at work on 6-15-83. Casted for approximately
three weeks and then returned to work when the cast was removed. Reinjured the ankle
on 7-8-83.

EXAM: He has some swelling laterally although clinically the ankle is stable both
medially and laterally to stress testing. One can palpate the lateral ligament. He
states that the x-rays were within normal limits. The x-rays are not here for review
today. He has full dorsiflexion, plantar flexion of the ankle. He was placed in a Cutter
sugar-tong cast splint and it is okay to increase his activity as tolerated. He will
rest this. Will return in two weeks if he is not able to return to work by then.

George A. Brown, M.D.

bml

9-13-83 No work

9-14-83
He is, for, a short time on ankle. Has no pain
able to walk, to work. No med.
Dr. to return to work.

He is released to return to work. He has full range of motion of the ankle and has no
significant pain in the ankle at this point.

George A. Brown, M.D.

bml

SECTION 1	1. Employee's Name (Last, First, Middle Initial) JOE R Richardson			2. Insurer Claim No.		3. Injury Date 5-11-83	
	4. Address SR20145C AI 99209 455-6751			5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. Social Security Number	
	City Insulation Service		State	Zip Code	Telephone		7. Birthdate 3-2-59
	8. Employer Insulation vbc.			9. Insurer Northern Administrators			
SECTION 2	10. Address PO Box 7726			11. Address 2609 Arctic Blvd Anchorage, AK 99503			
	City Julsa		State OK	Zip Code 74105	Telephone		City Anchorage
SECTION 3	12. Date Last Worked July 13, 83		13. Was Body Part Injured Before? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, when and describe: June 03 Same injury				
	14. Describe Injury and Tell How It Happened: Twisted Ankle						
	15. Have You Seen Any Other Doctor for this Injury? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list name and address: Kelly					16. Hospitalized as Inpatient? Name of Hospital <input type="checkbox"/> No <input type="checkbox"/> Yes	
SECTION 4	17. YOUR First Treatment Date 7-15-83		18. Describe Complaints: See attached				
	19. Fully Describe Findings on First Examination (Specify Right or Left): See attached						
	20. Diagnosis See attached						
	21. X-Rays? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes X-Ray Diagnosis:						
	22. Is Condition Work Related? <input type="checkbox"/> No (Explain): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Undetermined (Explain):						
23. Describe Treatment (and/or Attach Chart Notes): See attached							
24. Treatment Date(s) Since Last Report: 7-15-83			25. Next Treatment Date: 2 weeks		26. Estimate Length of Further Treatment Unphased Months		
27. Date Discharged From Treatment: 1		28. Medically Stationary <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		29. Will Vocational Rehabilitation Be Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Undetermined		30. Will Injury Result in Permanent Impairment? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Undetermined	
31. Impairment Rating:			32. Factors on Which Rating is Based:				
33. Released for work <input checked="" type="checkbox"/> No Estimate Length of Disability: <input type="checkbox"/> 1-3 Days <input type="checkbox"/> 4-14 Days <input checked="" type="checkbox"/> 15-21 Days <input type="checkbox"/> 22-28 Days <input type="checkbox"/> More: _____ Weeks _____ Months <input type="checkbox"/> Yes <input type="checkbox"/> Regular Work Date: / / <input type="checkbox"/> Modified Work Date: / / Give Limitations:							
34. Remarks (and/or Attach Chart Notes): See attached							
35. If Case Involves a Corporation, Name and Address: PROFESSIONAL CORPORATION 1919 Lathrop Fairbanks, Alaska 99701							
37. Physician's Name and Office No. & Address: George A. Brown, M.D. 124th Street No. 9 Fairbanks, Alaska 99701			38. Physician's Signature <i>George A. Brown</i>		39. Report Date 7-28-83		
40. Address (907) 452-8275 City			State		Zip Code		
41. Telephone							

Joe L. Richardson

7-15-83 Foot injured at ankle twisting it on a rock at work 6-15-83.

Reinjured ankle 7-8-83 twisting it walking on a plywood floor that had a hole in it. Seen Dr Kelly. No medo NKA

He injured his ankle twisting it on a rock at work on 6-15-83. Casted for approximately three weeks and then returned to work when the cast was removed. Reinjured the ankle on 7-8-83.

EXAM: He has some swelling laterally although clinically the ankle is stable both medially and laterally to stress testing. One can palpate the lateral ligament. He states that the x-rays were within normal limits. The x-rays are not here for review today. He has full dorsiflexion, plantar flexion of the ankle. He was placed in a Cutter sugar tong cast splint and it is okay to increase his activity as tolerated. He will rest this. He will return in two weeks if he is not able to return to work by then.

George A. Brown, M.D. bml

RECEIVED
AUG 17 1983
MED. & SURV.

No benefit paid
Salary paid by employer
reporting obligation
applies -
\$340 penalty paid

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

P

AWCB NOV 09 1984
JUNEAU
DATE

18490
A.T.

INDUSTRIAL INDEMNITY CO
PO BOX 307

ANCHORAGE AK 99510

DEAR INSURER:

ACCORDING TO AS 23.30.155(A),(C), AND (E), COMPENSATION PAYMENTS MUST BE MADE WITHIN 7 DAYS AFTER PAYMENT IS DUE UNLESS TIMELY CONTROVERTED OR LATE PAYMENT RESULTED FROM CONDITIONS BEYOND YOUR CONTROL.

YOUR RECENT COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW INDICATES THE PAYMENT YOU MADE 09/06/84, WAS LATER THAN 7 DAYS AFTER DUE.

IF YOU DISPUTE THIS DETERMINATION, PLEASE ADVISE THE REASONS WHY THE PENALTY SHOULD BE EXCUSED. IF YOU DO NOT DISPUTE IT, PLEASE PAY THE INJURED WORKER 20% OF EACH LATE INSTALLMENT OF COMPENSATION AND FILE A COMPENSATION REPORT SHOWING THAT PAYMENT.

EMPLOYEE: BOKNER, DAVID
P.O. BOX 479

EMPLOYER: SITKA AK 99835
SHELDON JACKSON COLLEGE
LINCOLN & JEFF DAVIS STS
BOX 479

INJURY DATE: SITKA AK 99835
08/03/84
AWCB CASE NO: 417373
REF YOUR CLAIM: 59-018490

VERY TRULY YOURS,

PATRICIA A. SHIRA
WORKERS COMPENSATION OFFICER.

EMPLOYEE: KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
REAR: IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ASK: DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 14149, Juneau, Alaska 99832

COMPENSATION REPORT
 (FOR INJURY DATES JANUARY 1, 1984 & AFTER)

AWCB Case Number
417313

1. Employee's Name (Last, First, Middle Initial) <u>Bonner David B</u>		2. Insurer Claim Number 59-018490		3. Injury Date 08 / 03 / 84	
4. Address 836 Hillcrest Dr.		5. a. <input type="checkbox"/> Single <input type="checkbox"/> Married		6. Social Security Number 421 - 42 - 0951	
City State Zip Telephone Sitka, AK 99835 747-8959		AWCB - OCT 31 1984 JUL 22 10 10 AM '84		7. Birthdate 05 / 24 / 33	
8. Employer Sheldon College		9. Insurer/Adjusting Company Industrial Indemnity Insurance Co.			
10. Address Box 479		11. Address P.O. Box 307			
City State Zip Telephone Sitka, AK 99835		City State Zip Telephone Anchorage, Ak 99510 561-6000			

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS MAIL	<input checked="" type="checkbox"/> 1. Awaiting gross earnings documents		13. If method 3, 4, or 5, how did you figure gross weekly earnings?						
	<input type="checkbox"/> 2. Two years gross earnings								
	Documents received: _____ Date _____								
	<input type="checkbox"/> 3. Nature of work/work history								
	<input type="checkbox"/> 4. Minor or apprentice		<input type="checkbox"/> 14. Board and room included. Explain how you figured it.						
	<input type="checkbox"/> 5. Vol. master policeman, etc.								
<input type="checkbox"/> 6. Offset: Social Security (442) or \$155(f) (#33)									
5. <input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD		b. Gross Earnings		Gross Weekly Earnings		Alaska Weekly Rate *		Alaska Max. or Min.	
\$ _____		+ 100 weeks = \$ _____		- Tax & FICA x 80% = \$ _____		\$ _____		\$ <u>110.00</u>	
<input type="checkbox"/> c. Alaska uncheduled PPD or TPD		d. Alaska Wk. TTD Rate		Wk. Earning Capacity		Alaska Weekly Rate		Alaska Max. or Min.	
\$ _____		- Tax & FICA x 80% = \$ _____) = \$ _____		\$ _____		\$ _____	
<input type="checkbox"/> e. Out-of-state TTD, TPD, PPD, PTD or death		f. State Avg. Wk. Wage		Alaska Avg. Wk. Wage		State Ratio		Alaska Weekly Rate	
\$ _____		+ \$ _____		= \$ _____		% x \$ _____		= \$ _____	
g. State or Country _____		h. Date Left _____ / _____ / _____		i. Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly (241)					

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION (knowledge Date: _____ / _____ / _____) h. ANNIVERSARY i. OTHER (Explain) work continuation

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
9/16/84	TTD	8/10/84	8/14/84	0-5	\$ 110.00	\$ 78.60
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
						TOTAL \$ <u>78.60</u>

(If additional space is needed, use chart on reverse.)

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began: <u>8/17/84</u>		22. a. Employee Attorney Fees: \$ _____		b. Late Report Penalties: \$ _____	
b. First Payment Date: <u>9/16/84</u>		c. Employer Attorney Fees: \$ _____		d. Medical: \$ _____	
21. Date Disability Ended: <u>8/14/84</u>		e. Second Injury Fund: \$ _____		f. Rehabilitation: \$ _____	
		<input type="checkbox"/> \$ _____		g. Other: \$ _____	
		Check to SIF Attached			

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <u>8/15/84</u>		<input type="checkbox"/> Released for Work <u>8/15/84</u>		25. <input type="checkbox"/> Moved from Alaska		26. <input type="checkbox"/> Compromise and Release	
<input type="checkbox"/> New Job <input checked="" type="checkbox"/> At Same Job		Date _____		27. <input type="checkbox"/> Returned to Alaska		28. <input type="checkbox"/> Controversial (Attach 07-6105)	
Occupation _____		<input type="checkbox"/> Regular Work		29. <input type="checkbox"/> Recomputation		30. <input type="checkbox"/> Board Order	
Weekly Pay Rate \$ _____		<input type="checkbox"/> Modified Work		31. <input type="checkbox"/> Other		32. <input type="checkbox"/> Lack Recent Medical Report	

33. Remarks: Claimant worked from DOE 8/3/84 thru 8/16/84. Claimant received sick pay for time he was off.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Alicia Thurman, Claims Rep.		35. Signature <u>Alicia Thurman</u>		36. Date 10 03 184	
37. Address (if different from No. 11) City _____ State _____ Zip _____ Telephone _____					

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

P
to
AT
11/16

DATE 11/07/

INDUSTRIAL INDEMNITY CC
PO BOX 307

AT

ANCHORAGE AK 99510

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 28 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT FOR A PAYMENT MADE 09/06/84 WAS FILED 25 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF \$340.

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: BONNER, DAVID
P.O. BOX 479

EMPLOYER: SITKA AK 99835
SHELDON JACKSON COLLEGE
LINCOLN & JEFF DAVIS STS
BOX 479
SITKA AK 99835

INJURY DATE: 08/03/84
AWCB CASE NO: 417379
REF YOUR CLAIM 59-018490

VERY TRULY YOURS,

ALASKA WORKERS COMPENSATION DIVISION
SECOND-INJURY FUND

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

David Bonner Employee,

vs.

Sheldon Jackson College Employer,

and

Industrial Indemnity Co. Insurers,
Defendants.

AFFIDAVIT .

Case No. 417373

State of Alaska

First Judicial District

} ss..

Elaine VanderSande, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 09/06/84 was postmarked 10/29/84 and received 10/31/84 in Juneau, Alaska.

Elaine VanderSande
Elaine VanderSande

Subscribed and sworn to before me this 14th day of November 1984, in Juneau, Alaska.

Patricia A. Shera
Notary Public for Alaska

My commission expires 10-21-87.

Benefit

id #10.12 - result - 310

STATE OF ALASKA
 DEPARTMENT OF LABOR
 WORKERS COMPENSATION DIVISION
 P.O. BOX 1146
 JUNEAU ALASKA 99802
 (907) 465 2790

DATE ~~09/17/84~~
 9/18/84

INDUSTRIAL INDEMNITY CO
 PO BOX 307

ANCHORAGE AK 99510

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 30 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT FOR A PAYMENT MADE WAS FILED 30 DAYS LATE. AN AFFIDAVIT-STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF \$390.

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: MOORE, ANTHONY G.
 S.P. BOX 40284-C

EMPLOYER: FAIRBANKS AK 99701
 WRIGHT SCHUCHART HARBOR
 P O BOX 56991

INJURY DATE: NORTH POLE AK 99705
 ANCO CASE NO: 06/07/84
 REF YOUR CLAIM: 411477
 596018110

VERY TRULY YOURS,

~~J. PAUL LOUSE~~, ADMINISTRATOR
 SECOND INJURY FUND

Elaine VanderSande, *jc*

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99802

COMPENSATION REPORT (FOR INJURY DATES JANUARY 1, 1984 & AFTER)

AWCB Case Number

411477

1. Employee's Name (Last, First, Middle Initial) Moore, Anthony G		2. Insurer Claim Number 59-018110	3. Injury Date 06 / 07 / 84
4. Address S.R. 50284-C LMI-Steese		5. a. <input type="checkbox"/> Single <input type="checkbox"/> Married	5. b. No. of Dependents
City Fairbanks, Ak	State 99.01	Telephone 452-5760	6. Social Security Number 310 - 52 - 2662
8. Employer Wright Schuchart Inc.		9. Insurer/Adjusting Company Industrial Indemnity Insurance Co.	
10. Address P.O. Box 3784		11. Address P.O. Box 307	
City Seattle, WA	State WA	Zip 98104	Telephone 981-6000

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input checked="" type="checkbox"/> 1. Awaiting gross earnings documents		13. If method 3, 4, or 5, how did you figure gross weekly earnings?		
	<input type="checkbox"/> 2. Two years gross earnings				
	Documents received: <u>1 / 1</u>				
	<input type="checkbox"/> 3. Nature of work/work history				
	<input type="checkbox"/> 4. Minor or apprentice		<input type="checkbox"/> 14. Board and room included. Explain how you figured it.		
	<input type="checkbox"/> 5. Volunteer policeman, etc.				
<input type="checkbox"/> 6. Offset: Social Security (#42) or §155(i) (#33)					
RATE	<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	b. Gross Earnings	Gross Weekly Earnings	Alaska Weekly Rate*	Alaska Max. or Min.
		\$	+ 100 weeks = \$	- Tax & FICA x 80% = \$	\$ 110.00
	<input type="checkbox"/> c. Alaska unscheduled PPD or TPD	d. Alaska Wk. TTD Rate	Wk. Earning Capacity	Alaska Weekly Rate	Alaska Max. or Min.
		\$ - {	- Tax & FICA x 80% = \$) = \$	\$
<input type="checkbox"/> e. Out-of-state TTD, TPD, PPD, PTD or death	f. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$ - \$		% x \$	= \$	
g. State or Country		h. Date Left <u>1 / 1</u>		i. Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly (#41)	

<input type="checkbox"/> 16. a. INITIAL PAYMENT	<input type="checkbox"/> b. SIF PAYMENT ONLY	<input type="checkbox"/> c. TERMINATION	<input type="checkbox"/> d. SUSPENSION	<input type="checkbox"/> e. RATE CHANGE	<input type="checkbox"/> f. TYPE CHANGE
<input type="checkbox"/> g. RESUMPTION Knowledge Date: <u>1 / 1</u>	<input type="checkbox"/> h. ANNIVERSARY	<input checked="" type="checkbox"/> i. OTHER (Explain) Late Report Pen.			

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
7-2-84	TTD	6-12-84	6-12-84	0-1	\$ 110.00	\$ 15.72
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$ 15.72

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began 6/19/84	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ 390.00
b. First Payment Date 7/12/84	c. Employer Attorney Fees \$ _____	d. Medical \$ 245.00
21. Date Disability Ended 6/12/84	e. Second Injury Fund \$.94	f. Rehabilitation \$ _____
	<input type="checkbox"/> s. WA	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

<input checked="" type="checkbox"/> 23. Returned to Work 6/13/84	<input checked="" type="checkbox"/> 24. Released for Work 6/13/84	<input type="checkbox"/> 25. Moved from Alaska	<input type="checkbox"/> 26. Compromise and Release
<input type="checkbox"/> At New Job	<input checked="" type="checkbox"/> At Same Job	<input type="checkbox"/> 27. Returned to Alaska	<input type="checkbox"/> 28. Controversy (Attach 07-6105)
Occupation _____	<input checked="" type="checkbox"/> Regular Work	<input type="checkbox"/> 29. Recompensation	<input type="checkbox"/> 30. Board Order
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	<input type="checkbox"/> 31. Other	<input type="checkbox"/> 32. Lack Recent Medical Report

33. Remarks:
Claimant has still not sent in W2 as of this date

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Alicia Thurman, Claims Rep.	35. Signature <i>Alicia Thurman</i>	36. Date 10/10/84
37. Address (if different from No. 11) City Seattle	State WA	Zip 98104



A CRUM - FORSTER
INSURANCE COMPANY

payment instruction worksheet

ROUTE TO _____

1) Marcy 2) _____ 3) _____

TYPE OF PAYMENT

- IND.
- MED.
- EXP.
- PARTIAL
- SUPPLEMENTAL
(PAYMENT ON CLOSED CLAIM)
- SALVAGE EXP.
- SUBRO EXP.
- ADVANCED PAYMENT
- DROP CHECK
- FINAL (KEEP CLAIM OPEN)
- FINAL (CLOSE CLAIM)

FILE DESTRUCTION DATE (M/Y)

CLAIM NUMBER ▶	FEATURE # <u>1</u>	AMOUNT ▶ \$ <u>390.00</u>
----------------	--------------------	---------------------------

ISSUE TO:

SIF

PAYMENT DISTRIBUTION

FEATURE NO. _____ \$ _____

FEATURE NO. _____ \$ _____

IRS NUMBER

MAIL TO:

PAID

OCT 11 1984

Voucher # 2485338

REASON FOR PAYMENT:

Late Report Pen.
Anthony G. Moore

TYPE OF PAYMENT

- IND.
- MED.
- EXP.
- PARTIAL
- SUPPLEMENTAL
(PAYMENT ON CLOSED CLAIM)
- SALVAGE EXP.
- SUBRO EXP.
- ADVANCED PAYMENT
- DROP CHECK
- FINAL (KEEP CLAIM OPEN)
- FINAL (CLOSE CLAIM)

FILE DESTRUCTION DATE (M/Y)

CLAIM NUMBER ▶	FEATURE	AMOUNT ▶ \$
----------------	---------	-------------

ISSUE TO:

PAYMENT DISTRIBUTION

FEATURE NO. _____ \$ _____

FEATURE NO. _____ \$ _____

IRS NUMBER

MAIL TO:

REASON FOR PAYMENT:

SPECIAL INSTRUCTIONS

Copy all to CAS

By SIF

REQUESTED BY

CAT

DATE

10/10/84

APPROVED BY

OS

10/10/84

DATE

FILE DESTRUCTION

DATE (M/Y)

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Anthony G. Moore

Employee,

vs.

Wright Schuchart Harbor

Employer,

and

Industrial Indemnity Co.

Insurers,
Defendants.

AFFIDAVIT

Case No. AWR 911477

State of Alaska

First Judicial District

) ss.

Elaine VanderSande, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 7/2/84 was postmarked 8/29/84 and received 8/31/84 in Juneau, Alaska.

Elaine VanderSande
Elaine VanderSande

Subscribed and sworn to before me this 19th day of September 1984, in Juneau, Alaska.

Patricia A. Shua
Notary Public for Alaska

My commission expires 10-21-87.

EMPLOYEE: KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
 READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 Box 1149, Juneau, Alaska 99802

COMPENSATION REPORT
 (FOR INJURY DATES JANUARY 1, 1984 & AFTER)

AWCB Case Number

411 457

1. Employee's Name (Last, First, Middle Initial) Moore, Anthony G.		2. Insurer Claim Number 59-018110		3. Injury Date 6 / 7 / 84	
4. Address S.R. 40284-C		5. a. <input type="checkbox"/> Single <input type="checkbox"/> Married		5. b. No. of Dependents	
City Fairbanks, Ak 99701		Telephone 543-XXXX		6. Social Security Number	
8. Employer Wright Schuchart Inc.		9. Insurer/Adjusting Company		7. Birthdate 1 / 1	
10. Address		11. Address INDUSTRIAL INDEMNITY CO P.O. BOX 307 ANCHORAGE, AK 99510			
City State Zip Telephone		City State Zip Telephone			

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input checked="" type="checkbox"/> 1. Awaiting gross earnings documents	13. If method 3, 4, or 5, how did you figure gross weekly earnings?			
	<input type="checkbox"/> 2. Two years gross earnings Documents received: <u>1 / 1</u> Date				
	<input type="checkbox"/> 3. Nature of work/work history				
	<input type="checkbox"/> 4. Minor or apprentice	<input type="checkbox"/> 14. Board and room included. Explain how you figured it.			
	<input type="checkbox"/> 5. Volunteer policeman, etc.				
	<input type="checkbox"/> 6. Offset: Social Security (#42) or §155(i) (#33)				
RATE	<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	b. Gross Earnings	Gross Weekly Earnings	Alaska Weekly Rate*	Alaska Max. or Min.
		\$	- 100 weeks = \$	- Tax & FICA x 80% = \$	\$ 110.00
	<input type="checkbox"/> c. Alaska unscheduled PPD or TPD	d. Alaska Wk. TTD Rate	Wk. Earning Capacity	Alaska Weekly Rate	Alaska Max. or Min.
		\$ - (- Tax & FICA x 80% = \$) = \$	\$
<input type="checkbox"/> e. Out-of-state TTD, TPD, PPD, PTD or death	f. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	+ \$	= % x \$	= \$	
g. State or Country		h. Date Left <u>1 / 1</u>		i. Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly (#41)	

16. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: 1 / 1 h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
7/2/84	TTD	6/12/84	6/12/84	0 1	\$ 110.00	\$ 15.72
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ 15.72

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began <u>6 19 84</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>7 12 84</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ <u>245</u>
21. Date Disability Ended <u>6 112 84</u>	e. Second Injury Fund \$ <u>.94</u>	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <u>6 13 84</u>	24. <input checked="" type="checkbox"/> Released for Work <u>6 113 84</u>	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <u>At Same Job</u>	Date <u>6 113 84</u>	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 07-6165)
Occupation _____	<input checked="" type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board

34. Name and Title of Person Submitting Report (Type or Print) Alicia Thurman Claims Rep.	35. Signature <i>Alicia Thurman</i>	36. Date 8 123 1984
37. Address (if different from No. 11)	City State Zip Telephone	

DELIVER TO:

11/14/84

- I.I.
- I.U.I
- CENTRAL DIVISION
- MORRISTOWN
- WDP
-

ATTENTION:

NAME Cathy Smith

ACTION REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> SIGNATURE |
| <input type="checkbox"/> COMMENTS | <input type="checkbox"/> AN APPOINTMENT |
| <input type="checkbox"/> FOR FILE | <input type="checkbox"/> PLEASE HANDLE |
| <input type="checkbox"/> APPROVAL | <input type="checkbox"/> PLEASE RETURN |
| <input type="checkbox"/> OTHER <u> </u> | |

MESSAGES AND/OR DESCRIPTIONS:

oversight on part of
tech - benefit 31.44
late penalty \$440 -
equitable

FROM NT

DATE

INTER-OFFICE ROUTING



payment instruction worksheet

A CUNY FORSTER INSURANCE COMPANY

ROUTE TO

May

TYPE OF PAYMENT

- IND.
- MED.
- EXP.
- PARTIAL
- SUPPLEMENTAL (PAYMENT ON CLOSED CLAIM)
- SALVAGE EXP.
- SUBRO EXP.
- ADVANCED PAYMENT
- DROP CHECK
- FINAL (KEEP CLAIM OPEN)
- FINAL (CLOSE CLAIM)

FILE DESTRUCTION DATE (M/Y)

CLAIM NUMBER ▶

FEATURE

AMOUNT ▶ \$

440.00

ISSUE TO:

SIF

PAYMENT DISTRIBUTION

FEATURE NO. \$

FEATURE NO. \$

IRS NUMBER

MAIL TO:

REASON FOR PAYMENT:

state penalty payment

TYPE OF PAYMENT

- IND.
- MED.
- EXP.
- PARTIAL
- SUPPLEMENTAL (PAYMENT ON CLOSED CLAIM)
- SALVAGE EXP.
- SUBRO EXP.
- ADVANCED PAYMENT
- DROP CHECK
- FINAL (KEEP CLAIM OPEN)
- FINAL (CLOSE CLAIM)

FILE DESTRUCTION DATE (M/Y)

CLAIM NUMBER ▶

FEATURE

AMOUNT ▶ \$

ISSUE TO:

PAYMENT DISTRIBUTION

FEATURE NO. \$

FEATURE NO. \$

IRS NUMBER

MAIL TO:

REASON FOR PAYMENT:

SPECIAL INSTRUCTIONS

1) pay SIF

2) make copies of all paperwork from state to cas

ESTED BY

DATE

APPROVED BY

DATE

FILE DESTRUCTION

DATE (M/Y)

ESTED BY: [Signature] DATE: 11/13/84 APPROVED BY: CAS DATE: 11/13/84 FILE DESTRUCTION DATE: [Blank] DATE (M/Y): [Blank]

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

DATE 10/15/84

P

INDUSTRIAL INDEMNITY CO
PO BOX 307

ANCHORAGE AK 99510

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 28 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT FOR A PAYMENT MADE 06/27/84 WAS FILED 35 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF \$440.

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: PUTNAM, EDITH E.
PALMER ARMS B-17

EMPLOYER: PALMER AK 99645
VALLEY HOTEL
P.O. BOX 822

INJURY DATE: PALMER AK 99645
06/01/84
AWCB CASE NO: 411176
REF YOUR CLAIM 59-018086

VERY TRULY YOURS,

ALASKA WORKERS COMPENSATION DIVISION
SECOND INJURY FUND

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

DIVISION OF WORKERS' COMPENSATION

Putnam, Edith, E. Employee,)
 vs.)
 (Palmer) Valley Hotel Employer,)
 and)
 Industrial Indemnity Insurers,)
 Defendants.)

AFFIDAVIT

Case No. 411186

State of Alaska)
 First Judicial District) ss.

Elaine VanderSande, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 6/27/84 was postmarked 8/29/84 and received 8/31/84 in Juneau, Alaska.

Elaine VanderSande
 Elaine VanderSande

Subscribed and sworn to before me this 29th day of October
 1984, in Juneau, Alaska.

Patricia A. [Signature]
 Notary Public for Alaska

My commission expires 6-21-87.

EMPLOYEE: KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
 AND IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 Box 1149, Juneau, Alaska 99802

COMPENSATION REPORT
 (FOR INJURY DATES JANUARY 1, 1984 & AFTER)

AWCB Case Number
 411186 ✓

Employee's Name (Last, First, Middle Initial) Putnam, Edith E		2. Insurer Claim Number 59-018086	3. Injury Date 6 / 1 / 84
4. Address Palmer Arms B 17		5. a. <input type="checkbox"/> Single <input type="checkbox"/> Married	5. b. No. of Dependents
City Palmer, Alaska 99645	State Alaska	Zip 99645	Telephone
8. Employer Valley Hotel		9. Insurer/Adjusting Company	
10. Address		11. Address INDUSTRIAL INDEMNITY CO.	
City Palmer, Alaska 99645		State Alaska	
State Alaska		Zip 99645	
Telephone		Telephone	

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input checked="" type="checkbox"/> 1. Awaiting gross earnings documents	13. If method 3, 4, or 5, how did you figure gross weekly earnings?			
	<input type="checkbox"/> 2. Two years gross earnings				
	Documents received: <u>1 / 1</u>				
	<input type="checkbox"/> 3. Nature of work/work history				
	<input type="checkbox"/> 4. Minor or apprentice				
	<input type="checkbox"/> 5. Volunteer policeman, etc.				
	<input type="checkbox"/> 6. Offset: Social Security (#42) or §155(j) (#33)	<input type="checkbox"/> 14. Board and room included. Explain how you figured it.			
RATE	<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	b. Gross Earnings	Gross Weekly Earnings	Alaska Weekly Rate*	Alaska Max. or Min.
		\$	< 100 weeks = \$	- Tax & FICA x 80% = \$	\$ 110.00
	<input type="checkbox"/> c. Alaska unscheduled PPD or TPD	d. Alaska Wk. TTD Rate	Wk. Earning Capacity	Alaska Weekly Rate	Alaska Max. or Min.
		\$ - (- Tax & FICA x 80% = \$) = \$	\$
	<input type="checkbox"/> e. Out-of-state TTD, TPD, PPD, PTD or death	f. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	+ \$	=	% x \$	= \$
g. State or Country		h. Date Left <u>1 / 1</u>		i. Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly (#41)	

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: 1 / 1 h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
<u>6/27/84</u>	<u>TTD</u>	<u>6/5/84</u>	<u>6/6/84</u>	<u>02</u>	<u>\$ 110.00</u>	<u>\$ 31.44</u>
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						<u>\$ 31.44</u>

(If additional space is needed, use chart on reverse.)

TOTAL \$ 31.44

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began <u>6/2/84</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>6/27/84</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended <u>6/16/84</u>	e. Second In, Iry Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ _____	g. Other \$ _____
	Check to SIF Attached	

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <u>6/17/84</u>	24. <input checked="" type="checkbox"/> Released for Work <u>6/17/84</u>	25. <input type="checkbox"/> Moved from Alaska	28. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job	Date <u>6/17/84</u>	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 07-6105)
Occupation _____	<input checked="" type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board

34. Name and Title of Person Submitting Report (Type or Print) <u>Alicia Thurman Claims Rep.</u>	35. Signature <u>Alicia Thurman</u>	36. Date <u>8/23/84</u>
37. Address (if different from No. 11)	City	State
	Zip	Telephone

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

DATE ~~3/20/84~~ 5/10/84

INDUSTRIAL INDEMNITY CO
PO BOX 307

ANCHORAGE AK 99510

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT WAS FILED 2 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF ~~STATE~~ \$120.00

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: FRERSON, ROBERT D.
3506 WYOMING

ANCHORAGE AK 99503
EMPLOYER: SOUTHCENTRAL CONSTRUCTION & DEVE
8740 HARTZELL RD

ANCHORAGE AK 99507
INJURY DATE: 02/20/84
AWCB CASE NO: 402550
REF YOUR CLAIM 59-017771

VERY TRULY YOURS,
Paul House
PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Robert D. Ebersole
Employee,

vs.

Southcentral Construction + Dev.
Employer

and

Industrial Indemnity Co.
Insurer,
Defendants.

AFFIDAVIT

Case No. *402550*

State of Alaska

First Judicial District

ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 4-2-84 was instmarked 4-18-84 and received 4-20-84 in Juneau, AK.

J Paul House
J. Paul House

Subscribed and sworn to before me this 17th day of May, 1984, in Juneau, Alaska.

Elaine Vandevande
Notary Public for Alaska
My commission expires 6/24/87.

EMPLOYEE

READ THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. REVERSE SIDE HAS IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 119, Juneau, Alaska 99802

COMPENSATION REPORT
(FOR INJURY DATES JANUARY 1, 1984 & AFTER)

AWCB Case Number
4125502

1. Employee's Name (Last, First, Middle Initial) EERSOLE, ROBERT		2. Insurer Claim Number 59-017771		3. Injury Date 02 / 20 / 84	
4. Address 2426 W. NORTHERN LIGHTS		5. a. <input type="checkbox"/> Single <input type="checkbox"/> Married		5. b. No. of Dependents	
City State Zip Telephone ANCHORAGE, AK 99503		AWCB APR 20 1984 BUREAU 4/18/84 P		7. Birthdate / /	
6. Employer SOUTH CENTRAL CONSTRUCTION & DELV.		9. Insurer/Adjusting Company INDUSTRIAL INDEMNITY			
10. Address		11. Address P.O. BOX 307			
City State Zip Telephone		City State Zip Telephone ANCHORAGE AK 99510 561-6000			

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input checked="" type="checkbox"/> 1. Existing gross earnings documents		13. If method 3, 4, or 5, how did you figure gross weekly earnings?		
	<input type="checkbox"/> 2. Two years gross earnings documents received: / /				
	<input type="checkbox"/> 3. Nature of work/work history				
	<input type="checkbox"/> 4. Minor or apprentice		<input type="checkbox"/> 16. Board and room included. Explain how you figured it.		
	<input type="checkbox"/> 5. Former policeman, etc.				
<input type="checkbox"/> 6. Effect: Social Security (#42) or §155(j) (#33)					

RATE	<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD		b. Gross Earnings		Gross Weekly Earnings		Alaska Weekly Rate*		Alaska Max. or Min.		
			\$ -		- 100 weeks = \$		- Tax & FICA x 80% = \$		\$ 110.00		
	<input type="checkbox"/> c. Alaska unscheduled PPD or TPD		d. Alaska Wk. TTD Rate		Wk. Earning Capacity		Alaska Weekly Rate		Alaska Max. or Min.		
		\$ -		- Tax & FICA x 80% = \$) = \$					
<input type="checkbox"/> e. State of state TTD, PTD, death or death		f. State Avg. Wk. Wage		Alaska Avg. Wk. Wage		State Ratio		Alaska Weekly Rate		State Weekly Rate	
		\$		\$		=		% x \$		= \$	
g. State or Country		h. Date Left / /		i. Were gross wages earned in Alaska?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly (#41)					

18. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
4/2/84	TTD	2/20/84	3/20/84	5 6/7	\$ 110.00	\$ 534.32
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$ 534.32

18. Impairment Rating: % of ; % of ; % of

19. Payment disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began 2/20/84	22. a. Employee Attorney Fees \$	b. Late Report Penalties \$
b. Final Payment Date 3/23/84	c. Employer Attorney Fees \$	d. Medical \$ 223.00
21. Date Disability Ended 3/25/84	e. Second Injury Fund \$	f. Rehabilitation \$
	<input type="checkbox"/> \$	g. Other \$

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work / /	24. <input checked="" type="checkbox"/> Released for Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job	Date 3/26/84	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 07-6105)
Occupation	<input type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: NOTE: 4/3/84 RECEIVED DR'S REPORT INDICATING RELEASED FOR WORK 2/26/84. OVERPAYMENT IN THE AMOUNT OF \$125.72.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) DEBORAH S. DOTY, AN: CLAIMS REP.	35. Signature Deborah S. Doty	36. Date 4/18/84
37. Address (if different from No. 11)	City State Zip	Telephone

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

P
AT
11/16
DATE 11/07/84

INDUSTRIAL INDEMNITY EC
PO. BOX 307

ANCHORAGE AK 99510

DEAR INSURER:

AT

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 28 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT FOR A PAYMENT MADE 09/06/84 WAS FILED 25 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF \$340.

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: BONNER, DAVID
P.O. BOX 479

EMPLOYER: SITKA AK 99835
SHELDON JACKSON COLLEGE
LINGCLA & JEFF DAVIS STS
BOX 479

SITKA AK 99835
INJURY DATE: 09/03/84
AWCB CASE NO: 417379
REF YOUR CLAIM 59-018490

VERY TRULY YOURS,

ALASKA WORKERS COMPENSATION DIVISION
SECOND INJURY FUND

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
12149, Juneau, Alaska 99802

COMPENSATION REPORT (FOR INJURY DATES JANUARY 1, 1984 & AFTER)

AWCB Case Number
417312

1. Employee's Name (Last, First, Middle Initial) Bonner David B		2. Insurer Claim Number 59-018490	3. Injury Date 08 / 03 / 84
4. Address 836 Hillcrest Dr.		5. a. <input type="checkbox"/> Single <input type="checkbox"/> Married	5. b. No. of Dependents
City Sitka, AK	State AK	Zip 99835	Telephone 747-8959
6. Employer Sheldon College		9. Insurer/Adjusting Company Industrial Indemnity Insurance Co.	
10. Address Box 479		11. Address P.O. Box 307	
City Sitka, AK	State AK	Zip 99835	Telephone
City Anchorage, Ak	State AK	Zip 99510	Telephone 561-6000

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS MAIL	<input checked="" type="checkbox"/> 1. Awaiting gross earnings documents		13. If method 3, 4, or 5, how did you figure gross weekly earnings?		
	<input type="checkbox"/> 2. Two years gross earnings				
	Documents received: _____ Date _____				
	<input type="checkbox"/> 3. Nature of work/work history				
	<input type="checkbox"/> 4. Minor or apprentice		<input type="checkbox"/> 14. Board and room included. Explain how you figured it.		
	<input checked="" type="checkbox"/> 5. Volunteer policeman, etc.				
<input type="checkbox"/> 6. Offset: Social Security (#42) or \$155(j) (#33)					
5. <input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD		b. Gross Earnings	Gross Weekly Earnings	Alaska Weekly Rate*	Alaska Max. or Min.
		\$ _____	+ 100 weeks = \$ _____ - Tax & FICA x 60% = \$ _____	\$ _____	\$ 110.00
<input type="checkbox"/> c. Alaska unscheduled PPD or TPD		d. Alaska Wk. TTD Rate	Wk. Earning Capacity	Alaska Weekly Rate	Alaska Max. or Min.
		\$ _____	- Tax & FICA x 60% = \$ _____) = \$ _____	\$ _____	\$ _____
<input type="checkbox"/> e. Out-of-state TTD, TPD, PPD, PTD or death		f. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
		\$ _____	+ \$ _____ = _____	% x \$ _____ = \$ _____	\$ _____
g. State or Country		h. Date Left		j. Wore gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly (#41)	

16. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) **Wage continuation**

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
9/6/84	TTD	8/10/84	8/14/84	0-5	\$ 110.00	\$ 78.60
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$ 78.60

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____
19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began 8/17/84	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ 340.00
b. First Payment Date 9/10/84	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended 8/14/84	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ _____	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work 8/15/84	24. <input type="checkbox"/> Released for Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input checked="" type="checkbox"/> At Same Job	Date 8/15/84	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversal (Attach 07-8105)
Occupation _____	<input checked="" type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: **Claimant worked from 8/10/84 thru 8/14/84. Claimant received sick pay for time he was off.**

certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Alicia Thurman, Claims Rep.	35. Signature <i>Alicia Thurman</i>	36. Date 10/23/84
37. Address (if different from No. 11) Sitka, AK	City Sitka	State AK
	Zip 99835	Telephone 747-8959

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

DIVISION OF WORKERS' COMPENSATION

David Bonner Employee,

vs.

Sheldon Jackson College Employer,

and

Industrial Indemnity Co. Insurers,
Defendants.

AFFIDAVIT

Case No. 417373

State of Alaska

First Judicial District

} ss.

Elaine VanderSande, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 09/06/84 was postmarked 10/29/84 and received 10/31/84 in Juneau, Alaska.

Elaine VanderSande
Elaine VanderSande

Subscribed and sworn to before me this 14th day of November 1984, in Juneau, Alaska.

Patricia A. Shera
Notary Public for Alaska

My commission expires 10-21-87.

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

4/11/84
DATE 03/22/84

INDUSTRIAL INDEMNITY CO
PO BOX 307

ANCHORAGE AK 99510

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT WAS FILED 6 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF ~~100.00~~ *160.00 (1-1-84 amendment applies)*

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: KING, RICHARD M.
P.O. BOX 143

EMPLOYEE: FAIRBANKS AK 99707
ALASKA RENTAL & SALES
P.O. BOX 10056
INT'L AIRPORT GATE 5
FAIRBANKS AK 99707

INJURY DATE: 09/22/82
AWCR CASE NO: 220489
OFF YOUR CLAIM 59-C-016037 *Case*

VERY TRULY YOURS,
J. Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Richard M. King
Employee,
vs.
Alaska Rental + Sales
Employer
and
Industrial Indemnity
Insurer,
Defendants.

AFFIDAVIT

Case No. 220448

State of Alaska)
First Judicial District) ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 2-28-84 was POSTMARKED 3-19-84 and received 3-21-84 in JUNEAU, AK.

J. Paul House
J. Paul House

Subscribed and sworn to before me this 11th day of April, 1984, in Juneau, Alaska.

Patricia A. Shira
Notary Public for Alaska
My commission expires 6-21-87

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. INFORMATION ONLY.
 READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 Box 114, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

220488

1. Employee's Name (Last, First, Middle Initial) KING RICHARD		2. Insurer/Claim Number 59-016037	3. Injury Date 09 / 30 / 82
4. Address P.O. BOX 143		AWCB 3/19/84P JUNEAU MAR 21 1984	5. Social Security Number -
City State Zip Telephone FAIRBANKS, AK. 99707			6. Birth Date / /
7. Employer ALASKA RENTAL & SALES		8. Insurer/Adjusting Company INDUSTRIAL INDEMNITY	
9. Address		10. Address P.O. BOX 307	
City State Zip Telephone		City State Zip Telephone ANCHORAGE, AK. 99510	

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents

2. Highest of three years, 19 _____ Documents received: _____ / _____ / _____ Date

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$ <u>175.64</u>	15. HOW RATE WAS FIGURED
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages Employee Avg. Wk. Wage Alaska Weekly Rate Alaska Max. or Min. \$ _____ : 52 weeks = \$ _____ X 662/3% = \$ _____
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage Earning Capacity Difference Alaska Weekly Rate Alaska Max. or Min. \$ _____ - \$ _____ = \$ _____ X 662/3% = \$ _____
<input type="checkbox"/> c. Out of state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage Alaska Avg. Wk. Wage State Ratio Alaska Weekly Rate State Weekly Rate \$ _____ : \$ _____ = _____ X \$ _____ = \$ _____
(1) State or Country	(2) Date Left / / (3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	10-1-82	10-10-82	1 3	\$ 175.64	\$ 250.91
	TTD	10-10-82	2-18-83	18	\$ 175.64	\$ 3161.52
	TTD	2-18-83	4-28-83	7 6	\$ 103.10	\$ 1016.28
	TTD	4-29-83	7-17-83	11 3	\$ 175.64	\$ 2001.31
11-23-83	TTD	7-18-83	11-27-83	17	\$ 175.64	\$ 3337.16
2-28-84	TTD	1-2-84	2-24-84	1 1	\$ 175.64	\$ 727.65
TOTAL						\$ 10500.83

(If additional space is needed, use chart on reverse.)

18. Impairment Rating: _____ % of _____ % of _____ % of _____ % of

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began <u>10/1/82</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>10/20/82</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ <u>7189.90</u>
e. Date Disability Ended <u>2/24/84</u>	e. Second Injury Fund \$ _____	f. Rehabilitation \$ <u>1867.85</u>
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work _____ / _____ / _____ 24. Released for Work Date 2/25/84

At New Job At Same Job

Occupation _____ Regular Work Modified Work

Weekly Pay Rate \$ _____

25. Moved from Alaska

26. Compromise and Release

27. Returned to Alaska

28. Controversy (Attach O7-G1051)

29. Reconciliation

30. Board Order

31. Other

32. Lack Recent Medical Report

33. Remarks: Employee overpaid \$89.99 for above period. 1-27 -> 2-27 notification of release obtained 3-12-84

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) CATHY SMITH CLAIMS SUPERVISOR	35. Signature <u>Cathy Smith</u>	36. Date <u>8/15/84</u>
37. Address (if different from No. 10)	City	State
	Zip	Telephone

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

DATE 6/8/84

8

KK HB

INDUSTRIAL INDEMNITY CO
PO BOX 307
ANCHORAGE AK 99510

DEAR INSURER:

AS 23.20.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT WAS FILED 3 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF ~~25.00~~ 150.00

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: BENSON, GARY L.
RT 1 BOX 9-A

EMPLOYER: COVE CR 97824
KONCOR
FOREST RESOURCE MGNT.
BOX 1186
KODIAK AK 99615

INJURY DATE: 05/29/83
AWCB CASE NO: 309907
REF YOUR CLAIM 59-016827

VERY TRULY YOURS,
Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Harry L. Benson
Employee,

vs.

Forest Resource Management
Employer

and

Industrial Indemnity Co.
Insurer,
Defendants.

AFFIDAVIT

Case No. 309907

State of Alaska

First Judicial District

ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 4-23-84 was reauthorized 5-10-84 and received 5-14-84 in Juneau, AK.

J Paul House
Paul House

Subscribed and sworn to before me this 8th day of June, 1984, in Juneau, Alaska.

Gleim Underbeade
Notary Public for Alaska
My commission expires 6/24/87

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORD - IMPORTANT INFORMATION

FOR YOUR INFORMATION ONLY. PUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
309907 ✓

3. Injury Date
05 / 29 / 83

5. Social Security Number
- - -

6. Birthdate
/ /

1. Employee's Name (Last, First, Middle Initial)
BENSON GARY

4. Address
RT. 1 BOX 8-A

City **COVE, OREGON** State **97824**

7. Employer
KONCOR

9. Address

City State Zip Telephone

2. Insurer Claim Number
59-016827

8. Insurer/Adjusting Company
INDUSTRIAL INDEMNITY

10. Address
P.O. BOX 307

City **ANCHORAGE, AK.** State **AK.** Zip **99510** Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19 **81**
Documents received: **1/1** Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages?
 13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE \$ **139.83**

15. HOW RATE WAS FIGURED

<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$ 10907.06	52 weeks = \$ 209.75	X 66 2/3% = \$ 139.83	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	- \$	= \$	X 66 2/3% = \$
<input type="checkbox"/> c. Out of state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	\$	% X S	\$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION: e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
4/23/84	TTD	5/29/83	4/12/84	45-6	\$ 139.83	\$ 6412.20
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.)

TOTAL \$ **6472.20**

18. Impairment Rating: % of % of % of

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began **5/29/83**
b. First Payment Date **6/16/83**
21. Date Disability Ended **9/12/84**

22. a. Employee Attorney Fees **\$ 5/10/84**
b. Late Report Penalties \$
c. Employer Attorney Fees \$
d. Medical \$ **10598-**
e. Small Claims Fee \$
f. Rehabilitation \$
g. Other \$

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON PAYMENT

23. Returned to Work Date **1**
 At New Job At Same Job
Occupation
Weekly Pay Rate \$

24. Released for Work Date **4/13/84**
 Regular Work
 Modified Work

25. Moved from Alaska
26. Compromise and Release
27. Returned to Alaska
28. Controversy (Attach O7 6105)
29. Recompensation
30. Board Order
31. Other
32. Lack Recent Medical Report

33. Remarks:
*Knowledge of RTW rec'd via phone 5/10/84
Employee has not returned to dr. since 4/13/84, therefore
presumed released for work - due to clerical*

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print)
KAY KELL CLAIMS REPRESENTATIVE

35. Signature
[Signature]

36. Date
5/10/84

37. Address (if different from No. 10)
City State Zip Telephone

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) <i>Bevacqua, Gary</i>		2. Insurer Claim Number 59 C 016827	3. Injury Date 05 / 29 / 83
4. Address RT 1 BOX 8-A		5. Social Security Number 541 - 70 - 0561	6. Birthdate AGE / 27 /
City COVE, OREGON	State Zip Telephone 97824 (503) 568 4495		
7. Employer KONCOR		8. Insurer/Adjusting Company INDUSTRIAL INDEMNITY CO. OF ALASKA	
9. Address P.O. BOX 2212		10. Address P.O. BOX 307	
City KODIAK, ALASKA	State Zip Telephone 99615 486 3985	City ANCHORAGE, ALASKA	State Zip Telephone 99510 561 6000

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19 81
 Documents received: 1/1 Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.
 13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE \$ <u>134.83</u>	15. HOW RATE WAS FIGURED			
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	52 weeks = \$	X 66 2/3% = \$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	-\$	X 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTO or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	\$	% X \$	-\$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) Rate increase

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
4-23-84	TTD	5-29-83	4-10-84	45 6	\$ 134.83	\$ 6,041.20

(If additional space is needed, use chart on reverse.) TOTAL \$ 6,041.20

18. Impairment Rating: % of % of % of
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began <u>5/29/83</u>	22. a. Employee Attorney Fees \$	b. Late Report Penalties \$ <u>130.00</u>
b. First Payment Date <u>10/16/83</u>	c. Employer Attorney Fees \$	d. Medical \$ <u>105.98</u>
21. Date Disability Ended <u>4/12/84</u>	e. Second Injury Fund <u>PA</u> \$ <u>381.73</u> Check to SIF Attached	f. Rehabilitation \$
		g. Other \$

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work <u>1/1</u> Date <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation Weekly Pay Rate \$	24. <input checked="" type="checkbox"/> Released for Work Date <u>4/13/84</u> <input checked="" type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska <input type="checkbox"/> Returned to Alaska <input type="checkbox"/> Recomputation <input type="checkbox"/> Other	26. <input type="checkbox"/> Compromise and Release <input type="checkbox"/> Controversy (Attach 07-6105) <input type="checkbox"/> Board Order <input type="checkbox"/> Lack Recent Medical Report
---	--	---	---

33. Remarks:
Report was 3 days late. No written report from DP. No claim contact present address unknown could not provide info. called on phone.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) HELEN L. BEVACQUA, CLAIMSREP.	35. Signature <i>Helen L. Bevacqua</i>	36. Date 10-21-84
37. Address (if different from No. 10) City State Zip Telephone		



TO	<i>Ron Hall</i>	OFFICE	
FROM	<i>Ken Murray</i>	OFFICE	FILE NO.
SUBJECT	<i>Penalty - Tankers vs. Kay & Jane</i>		DATE <i>1/23/85</i>

Rep -

Here's another one we owe. Lisa filed the report one day late & we owe for one lousy day, we owe \$110⁰⁰. Please have the check drawn to State of Alaska - Second Injury Fund.

Thanks,

Because we wish to serve you more quickly, we use this speed memo.

By *B. [Signature]*

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Linda Lowers
Employee,

vs.

Lamonts Apparel
Employer

and

Scott Wetzel Services
Insurer,
Defendants.

AFFIDAVIT

Case No. *400969*

State of Alaska

First Judicial District

) ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 2-1-84 was ~~destituted~~ 2-16-84 and received 2-21-84 in Tillicum, AK.

J. Paul House

J. Paul House

Subscribed and sworn to before me this 18th day of April, 1984, in Juneau, Alaska.

Elaine Hauvick Sande

Notary Public for Alaska
My commission expires 6/24/87.

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

DATE 04/26/84

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A

ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT WAS FILED 1 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF ~~\$100.00~~ \$110.00

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: LEWERS, LINDA L.
SRA BOX 1858-E

EMPLOYER: ANCHORAGE AK 99516
LAMENTS APPAREL
2002 W BENSON BLVD

ANCHORAGE AK 99503
INJURY DATE: 01/09/84
AWCB CASE NO: 400969
REF YOUR CLAIM 459

VERY TRULY YOURS,

J. Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READING IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1129, Juneau, Alaska 99811

COMPENSATION REPORT

(FOR INJURY DATES JANUARY 1, 1984- AFTER)

AWCB Case Number

4100919

1. Employee's Name (Last, First, Middle Initial) LEWERS, LINDA L.				2. Insurer Claim Number 459		3. Injury Date 1 / 9 / 84	
4. Address SPA BOX 1858-F City ANCHORAGE State AK. Zip 99516 Telephone 345-5845				5. <input type="checkbox"/> Single <input type="checkbox"/> Married E. b. No. of dependents		6. Social Security Number 526-58-2473	
6. Employer PAY N SAVE				9. Insurer/Adjusting Company SELF-INSURED		7. Birthdate 1 / 10 / 45	
10. Address 1511 6TH AVENUE City SEATTLE State WA. Zip 98101 Telephone				11. Address c/o SCOTT WETZEL SERVICES City State Zip Telephone			

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input checked="" type="checkbox"/> 1. Awaiting gross earnings documents.		13. If method 3, 4, or 5, how did you figure gross weekly earnings?		
	<input type="checkbox"/> 2. Two years gross earnings				
	Documents received: _____ Date _____				
	<input type="checkbox"/> 3. Nature of Work/work history		<input type="checkbox"/> 14. Board and room included. Explain how you figured it.		
	<input type="checkbox"/> 4. Minor or apprentice				
	<input type="checkbox"/> 5. Volunteer policeman, etc.				
<input type="checkbox"/> 6. Used: Social Security (42) or (151) (33)					

RATE	<input type="checkbox"/> a. Alaska TTD, PTD, dec. or scheduled PPC		b. Gross Earnings		Alaska Weekly Rate		Alaska Max. or Min.	
	S		Gross Weekly Earnings \$100 weeks = \$ _____ - Tax - FICA x 80% = \$ _____		= \$ _____		= \$ _____	
	<input type="checkbox"/> c. Alaska unscheduled PPD or TPD		d. Alaska Wk. TTD Rate / Wk. Earning Capacity		Alaska Weekly Rate		Alaska Max. or Min.	
S		- Tax - FICA x 80% = \$ _____		= \$ _____		= \$ _____		
<input type="checkbox"/> e. Out-of-state TTD, TPD, PPD, PTD or death		f. State Avg. Wk. Wage		Alaska Avg. Wk. Wage		State Ratio		
S		= \$ _____		= \$ _____		= \$ _____		
g. State or Country		h. Date Left		i. Were gross wages earned in Alaska?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly		

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE g. RESUMPTION Knowledge Date: 1 / 1 / 84 h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
2-1-84	(TTD)	1-20-84	2/1/84	1 6	\$ 110.00	\$ 214.26
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$ 214.26

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 1 / 17 / 84		22. a. Employee Attorney Fees \$ _____		b. Late Report Penalties \$ _____	
b. First Payment Date 2 / 1 / 84		c. Employer Attorney Fees \$ _____		d. Medical \$ -0-	
21. Date Disability Ended 10 / 7 / 84		e. Second Injury Fund \$ _____		f. Rehabilitation \$ _____	
		<input type="checkbox"/> s		g. Other \$ _____	

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work _____ Date _____		24. <input checked="" type="checkbox"/> Released for Work _____ Date 2/2/84		25. <input type="checkbox"/> Moved from Alaska		26. <input type="checkbox"/> Compromise and Release	
<input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job		<input checked="" type="checkbox"/> Regular Work		27. <input type="checkbox"/> Returned to Alaska		28. <input type="checkbox"/> Controversy (Attach 076105)	
Occupation _____		<input type="checkbox"/> Modified Work		29. <input type="checkbox"/> Recomputation		30. <input type="checkbox"/> Board Order	
Weekly Pay Rate \$ _____				31. <input type="checkbox"/> Other		32. <input type="checkbox"/> Lack Recent Medical Report	

33. Remarks:

cc: AWCB FILE

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) LISA ZOLLINGER JR CLAIMS EXAMINER		35. Signature <i>Lisa Zollinger</i>		36. Date 2 / 16 / 84	
37. Address (if different from No. 11) 741 SESAME STREET, SUITE 1A		City ANCHORAGE State ALASKA		Zip 99503 Telephone 561-1725	

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

DIVISION OF WORKERS' COMPENSATION

January 15, 1985

Ms. Renee Murray
Vice-President
Scott Wetzel Services Incorporated
741 Sesame Street, Suite 1A
Anchorage, AK 99503

Dear Ms. Murray:

Re: David Ford vs. State of Alaska
D/A 3-10-83 Case No. 304571

Although I thought I had carefully reviewed all cases on which Second Injury Fund petitions for late reporting were prepared, in this instance I believe you are correct, and a penalty should not be pursued.

Using the June 2, 1983 corrected payment date, your June 15, 1983 report would have been timely. I believe the date benefits were terminated may be subject to question concerning whether the correct date or the actual date should be used. The statute was changed July 1, 1984 in an attempt to clarify the date to be used in assessing penalties, and clarification of the earlier version does not appear critical now.

A similar question may arise, however, under the law change when a claim is paid beyond the return-to-work date. The 28 days allowed to file the report should reduce the frequency, although my understanding of the intent of the new provision is that the last correct payment date will be the one enforced. The reasoning is that the adjuster has an obligation to follow the claim carefully enough to know what is happening and report accurately. Particularly when the former employer is the same one where the worker returns to work, the employer should be educated to report the return to work or have to pay the late reporting penalty himself, passed on by the insurer.

That will be a question to resolve if and when the circumstances arises.

Very truly yours,



Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund

cc: W.C.C.A
Jack Thompson, President
2216 Post Road
Anchorage, AK 99501

Rep. Virginia Collins
Pouch V
Juneau, AK 99811

Randall J. Weddle, Esq.
2550 Denali, Suite 700
Anchorage, AK 99503



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

January 9, 1985

Elaine VanderSande
Workers Compensation Officer
Second Injury Fund
Box 1149
Juneau, Alaska 99802

RE: David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511

Dear Ms. VanderSande:

This will acknowledge receipt of your letter of December 28, 1984 notifying us of your decision that we owe a \$750.00 penalty and your filing of the notice of Statement of Readiness to Proceed hearing.

We don't owe this penalty. Marion Berry attempted to explain it, but it is a complicated situation, so I am going to try again.

First of all, I will tell you the facts and then explain our error which created this whole scenario.

The fact is that we paid Mr. Ford TTD benefits from 3/14/83 through 6/2/83. The last payment was made on 6/2/83. (Copies of the last 3 checks issued are attached.)

After making the final payment on 6/2/83, we filed a Termination Report on 6/15/83. When that report was completed, WE MADE AN ERROR AND INCORRECTLY INDICATED THAT THE FINAL PAYMENT HAD BEEN MADE ON 5/6/83 RATHER THAN 6/2/83.

I frankly have no idea why our clerical personnel picked up the incorrect date, but the fact is she did and we, therefore, filed a corrected report on 6/30/83 indicating the error and showing the final payment made on 6/2/83.

This final check was, in fact, returned to us by the claimant inasmuch as he had returned to work at an earlier date. We had an overpayment from 5/9/83 through 5/19/83, but for the purposes of the Compensation Report and the alleged penalty, the fact remains that we did issue the final check on 6/2/83 and we did file the Termination Report within the 14 day period following the final payment.

David Ford vs. State of Alaska
D/A: 3/10/83 Case No. 304511
Page 2

If we were to accept your reasoning, every time we overpay someone we would owe a late reporting penalty because we continued payment beyond their return to work date - for whatever reason. In this case, we relied on the doctor's report, which indicated he was not released for work. However, as you know, he returned to work without a doctor's release, and for this you want us to pay a \$750.00 penalty. Can you possibly believe this is justified?

If so, we request a formal hearing in Anchorage before the full Board.

You will note from the attached copies that we had to file SIX Compensation Reports, and it still isn't good enough for you. No wonder we are up in arms.

Very truly yours,

Renee Murray
Vice-President

RW/jlh
Enclosures

cc: WCCA Committee
cc: Rep. Virginia Collins
cc: Randy Weddle, Esq.
cc: SWS-Bremerton

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 P. O. Box 1149
 Juneau, Alaska 99811

COPY SERVED ON
 (HSS) State of AK / Scott Wetzel Services
 C-RRR

PETITIONES IN 12-29-84

AWCB Case Number

304511

(Not to be used by injured employee)

1. Employee's Name (Last, First, Middle Initial) Ford, David P.		2. Insurer Claim No. 647	3. Date of Injury 3 / 10 / 83
4. Address		5. Social Security Number 329 - 80 - 0804	
City	State	Zip Code	Telephone
7. Employer State of Alaska (HSS)		8. Insurer Self Insured / Scott Wetzel Services	
9. Address 400 Gambell, Suite 201		10. Address 741 Sesame St. Suite 1-A	
City	State	Zip Code	Telephone
Anchorage, Alaska 99503		Anchorage, Alaska 99503 561-1725	

REASON FOR PETITION - CHECK APPROPRIATE BOXES AND COMPLETE QUESTIONS IN DETAIL.

JOIN ADDITIONAL EMPLOYER AND/OR INSURER: (ATTACH PROOF OF SERVICE ON EMPLOYER AND/OR INSURER)

11. Name of Employer to be Joined		12. Insurer	
13. Address		14. Address	
City	State	Zip Code	City
15. Dates Injured Employee Worked for Employer to be Joined		16. Dates of Coverage (Use when joining only insurer)	
17. Date of Alleged Injury	18. Nature of Alleged Injury		

If more than one employer and/or insurer to be joined, attach additional page and provide above information for each employer and/or insurer.

PETITION TO TERMINATE BENEFITS (CHECK TYPE TO BE TERMINATED):

Temporary Total Disability Temporary Partial Disability Permanent Partial Disability Permanent Total Disability Medical Benefits
 Other:

20. Reason for termination:

21. If you are seeking termination of temporary compensation and allege the disability is permanent, report total compensation paid:

Type	From	Through	Weeks and Days	Rate	Amount
				S	S
				S	S
				S	S
				S	S

22. Date When Disability Became Permanent

OTHER (STATE IN DETAIL BELOW; ATTACH ADDITIONAL PAGE IF NECESSARY):

Request Board Order on late reporting penalty of \$150.00 per AS 23.30.155(c) based upon compensation report termination payment of May 6, 1983 which was 27 days late.
 The Second Injury Fund requests a determination based upon the information in the case file.

COMPLETE AND ATTACH A MEDICAL SUMMARY (Form 07-6103).
 ATTACH PROOF OF SERVICE

23. Name of Individual Submitting this Form (Print or Type) Elaine VanderSanto		24. Signature <i>Elaine VanderSanto</i>	25. Date 12/28/84
26. Address Second Injury Fund P.O. Box 1149, Juneau, Alaska 99802		28. Telephone	
27. Attorney's Name and Firm Name (If Represented)		29. Attorney's Address	
City	State	Zip Code	City

COPY SERVED ON
 (HSS) State of Alaska Scott Wetzel Services

C-RRR

AWCB on 12-28-84

ALASKA DEPARTMENT OF LABOR
 Alaska Workers' Compensation Board
 P.O. Box 1149
 Juneau, Alaska 99802

STATEMENT OF
 READINESS TO PROCEED

AWCB Case Number

304511

BEFORE YOU COMPLETE AND SUBMIT THIS FORM, READ CAREFULLY.

- Use only to request the scheduling of a pre-hearing or hearing after employee has filled an "Application for Adjustment of Claim" (Form 07-6106) or employer/insurer has filed a "Petition" (Form 07-6111).
- Note that once a hearing has been scheduled, a continuance will be permitted only for good cause following a written stipulation filed with the Board before the hearing or an oral motion at the time for the hearing. If a continuance is granted, there may be a significant delay before your case is rescheduled.
- You should complete and submit this form only if you are fully prepared for a hearing.
- Plan to be present at the hearing in person or represented by an attorney.

1. Employee's Name (Last, First, Middle Initial) Ford, David P.		2. Insurer Claim Number 647	3. Date of injury 3 / 10 / 83
4. Address		5. Social Security Number 329-80-0804	
City	State	Zip Code	Telephone
7. Employer State of Alaska (HSS)		8. Insurer/Adjusting Company Self Insured / Scott Wetzel Services	
9. Address 400 Gambell, Suite 201		10. Address 741 Sesame St. Suite 1-A	
City	State	Zip Code	Telephone
Anchorage, Alaska 99503		Anchorage, Alaska 99503 561-1725	

Before your case will be scheduled for a pre-hearing or hearing, you MUST comply with the following instructions:

11. Complete the entire form except (a) Section 4 if requesting a pre-hearing, or (b) Section 3 if requesting a hearing.

12. Attach a "Medical Summary" (Form 07-6103).

13. Attach proof of service upon opposing parties of the "Medical Summary" form and this form.

14. Mail this form to the Board's address in the city you want the pre-hearing or hearing held. If you request "Other", mail to the Board's Juneau address.

15. The Employee, Employer, Insurer, or Physician requests that this case be set for a Pre-hearing or Hearing in:

<input type="checkbox"/> Anchorage Pouch 7-019 Anchorage, AK 99510 (907) 264-2424	<input type="checkbox"/> Fairbanks 675 7th Avenue Station "J" Fairbanks, AK 99701 (907) 452-1509	<input checked="" type="checkbox"/> Juneau Box 1149 Juneau, AK 99602 (907) 465-2790	<input type="checkbox"/> Other (Check one) <input type="checkbox"/> Ketchikan <input type="checkbox"/> Sitka
--	--	--	--

16. Employee is now receiving compensation payments: YES NO Weekly Rate \$ _____

17. A pre-hearing is requested to:

Frame Issues, Record Stipulations, Join Necessary Parties, or Other (Explain): _____

18. A regular hearing is requested. If there are additional issues not listed on the "Application for Adjustment of Claim" or "Petition", please attach an amended Application or Petition.

19. I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for my portion of the hearing will be _____ minutes.

20. Comments: no testimony/witness

21. Name of individual submitting this form (Print or type) Elaine VanderSande	22. Signature <i>Elaine VanderSande</i>	23. Date 12/28/84
24. Address Second Injury Fund P.O. Box 1149, Juneau, Alaska		25. Zip Code 99802
25. Attorney's name and firm name (if represented)		26. Telephone
27. Attorney's Address		28. Zip Code

STATE OF ALASKA
STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

December 28, 1984

Ms. Marion C. Berry
Scott Wetzel Services
74i Sesame Street, Suite 1-A
Anchorage, AK 99503


Dear Ms. Berry:

Re: David P. Ford vs. State of Alaska
D/A 3-10-83 Case No. 304511
Insurer Claim No. 647

You responded on June 28, 1983 to J. Paul House's June 23, 1983 notice of late report penalty and explained that the adjuster was not notified of David Ford's return to work several weeks before it was anticipated.

AS 23.30.155 does not provide an option to waive penalty, and the Fund cannot excuse a late filing even though the period of disability changed after receipt of additional information. If the employer did not notify the adjuster of the return to work, you should discuss this failure with the employer as the employer/insurer/adjuster are jointly responsible for prompt filing.

Very truly yours,


Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund

5009

CLAIM NO. 390-110-647		SCOTT WETZEL SERVICES, INC. 741 SESAME STREET, SUITE 1A ANCHORAGE, ALASKA 99503		CLAIMANT FORD, DAVID P.	
DATE ISSUED 5/5/83	TYPE PMT 3	CLOSE	DATE OF LOSS 3/10/83	LOCATION CHUGIAK	
PAYEE FEDERAL ID. NO.		IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY (11 thru 3/15/83 (14 day wait period) PLUS THE ADJUSTMENT 3/14 thru 3/5/83 (2 weeks) 30/237			
PAY --- TWO THOUSAND, ONE HUNDRED, FORTY THREE & 74/100-----			DOLLARS \$ 2,143.74**		
TO: DAVID P. FORD 1547 N. 27th Avenue Anchorage, Alaska 99504			STATE OF ALASKA W/C CLAIMS PAYMENT ACCOUNT BY SCOTT WETZEL SERVICES, INC.		
NOT NEGOTIABLE					

3145		SCOTT WETZEL SERVICES, INC. 741 SESAME STREET, SUITE 1A ANCHORAGE, ALASKA 99503		NATIONAL BANK OF ALASKA SPENARD BRANCH ANCHORAGE, ALASKA 99503	
CLAIM NO. 390-110-647	DATE ISSUED 5/18/83	TYPE PMT 3	CLOSE	CLAIMANT FORD, DAVID P.	DATE OF LOSS 3/10/83
PAYEE FEDERAL ID. NO.		IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY 5/6 thru 5/10/83 (2 WEEKS) 30/222			
PAY FIVE HUNDRED EIGHTY EIGHT DOLLARS AND 72/100-----			DOLLARS \$ 588.72		
TO: DAVID P. FORD 1547 E 27th AVE ANCHORAGE, AK. 99504			STATE OF ALASKA W/C CLAIMS PAYMENT ACCOUNT BY SCOTT WETZEL SERVICES, INC.		
NOT NEGOTIABLE					

3308		SCOTT WETZEL SERVICES, INC. 741 SESAME STREET, SUITE 1A ANCHORAGE ALASKA 99503		NATIONAL BANK OF ALASKA SPENARD BRANCH ANCHORAGE ALASKA 99503	
CLAIM NO. 390-110-647	DATE ISSUED 6/2/83	TYPE PMT 3	CLOSE	CLAIMANT FORD, DAVID P.	DATE OF LOSS 3/10/83
PAYEE FEDERAL ID. NO.		IN FULL SETTLEMENT OF TEMPORARY TOTAL DISABILITY--5/20 thru 6/2/83 (2 wks) 30/22			
PAY --- FIVE HUNDRED, EIGHTY EIGHT & 72/100-----			DOLLARS \$ 588.72**		
TO: DAVID P. FORD 1547 N. 27th Avenue Anchorage, Alaska 99504			STATE OF ALASKA W/C CLAIMS PAYMENT ACCOUNT BY SCOTT WETZEL SERVICES, INC.		
NOT NEGOTIABLE					

feel we owe \$750.00 on

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1145, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P		2. Insurer Claim Number 647	3. Injury Date 3 / 10 / 83
4. Address 1547 E 27th AVE City State Zip Telephone ANCHORAGE AK 99504 276-5427		5. Social Security Num 329 - 80 - 0804	
7. Employer STATE OF ALASKA		9. Insurer/Adjusting Company SELF INSURED	
8. Address 400 GAMBLELL, SUITE 201 City State Zip Telephone ANCHORAGE AK 99505		10. Address SCOTT WETZEL SERVICES, INC. City State Zip Telephone	

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents

2. Highest of three years, 19____ Documents received: ____/____/____ Date

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$

15. HOW RATE WAS FIGURED

<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages \$ _____ ÷ 52 weeks = \$ _____	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) PPD PAYMENT

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	5/11/83	5/19/83	10	\$ 294.56	\$ 5405.16
11/8/83	PPD	-----20% OF LEFT ARM-----				\$ 8275.44
					\$	\$
					\$	\$
					\$	\$
					\$	\$

18. Impairment Rating: 20 % of L ARM (If additional space is needed, use chart on reverse.) TOTAL \$ 11,679.60

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? 45,580. X 20% = 8750.

20. a. Date Disability Began 5 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 5 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ 50,020.83
21. Date Disability Ended 5 / 19 / 83	e. Second Injury Fund \$ 675.02	f. Rehabilitation \$ _____
	<input checked="" type="checkbox"/> \$ 524.16 Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 5 / 9 / 83 Released for Work Date / /

At New Job At Same Job

Occupation _____ Regular Work Modified Work

Weekly Pay Rate \$ _____

25. Moved from Alaska

27. Returned to Alaska

29. Recomputation

31. Other

26. Compromise and Release

28. Controversion (Attach 07-6105)

30. Board Order

32. Lack Recent Medical Report

23. Remarks: OVERPAYMENT RECOVERED.

CC: ANCB
CC: SOA PR
CC: FILE
CC: SCS BREWERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print)
MARION C. BERRY/CLAIMS EXAMINER

35. Signature
MARION C. BERRY

36. Date
11 / 8 / 83

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647	3. Injury Date 3 / 10 / 83
4. Address 1517 E 27th AVE City State Zip Telephone ANCHORAGE AK 00504 276-5427		5. Social Security Number 320 - 80 - 0904	
7. Employer STATE OF ALASKA		8. Insurer/Adjusting Company SELF INSURED	
9. Address 400 GAMBELL, SUITE 201 City State Zip Telephone ANCHORAGE AK .99503		10. Address SCOTT WETZEL SERVICES, INC. City State Zip Telephone	

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input type="checkbox"/> 2. Highest of three years, 19____ Documents received: ____/____/____ Date	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	
	<input type="checkbox"/> 5. Volunteer policeman, etc.	

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly	Ala. Max. or Min.
	\$	÷ 52 weeks = \$	X 66 ² /3% = \$	
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	=\$	X 66 ² /3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	÷ \$	% X \$	= \$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) **CORRECTION**

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
6/2/83	TTD	5/11/83	5/19/83	10	\$ 294.36	\$ 5406.16
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$: 5406.16

18. Impairment Rating: ____% of ____; ____% of ____; ____% of ____
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3 / 11 / 83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3 / 24 / 83	c. Employer Attorney Fees \$ _____	d. Medical \$ 39,041.49
21. Date Disability Ended 5 / 19 / 83	e. Second Injury Fund \$ 148.86	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work 5 / 9 / 83	24. <input type="checkbox"/> Released for Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job	Date / /	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 076105)
Occupation _____	<input type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: OVERPAYMENT 5/9/83 THRU 5/19/83 = 1 WEEK 4 DAYS = 462.56 OVERPAYMENT LAST PAYMENT MADE ON 6/2/83, PAYING CLAIMANT THRU 6/2/83, BUT WAS RETURNED BY CLAIMANT ADVISING HE RETURNED WORK 5/9/83.

CC: ANCE CC: SOA PR CC: FILE CC: SOA RISK MANAGEMENT CC: S/S BREWERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY/CLAIMS EXAMINER	35. Signature <i>[Signature]</i>	36. Date 6 / 30 / 83
37. Address (If different from No. 10)	City	State

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCS Case Number
304511

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer/Claim Number 647	3. Injury Date 3 / 19 / 83
4. Address 1547 E 27th AVE		5. Social Security Number 329 - 80 - 0804	
City ANCHORAGE	State AK	Zip 99504	Telephone 276-5427
7. Employer STATE OF ALASKA (HSS)		8. Insurer/Adjusting Company SELF INSURED	
9. Address 400 GAMBELL, SUITE 201		10. Address SCOTT NETZEL SERVICES, INC.	
City ANCHORAGE	State AK	Zip 99503	Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19____
 Documents received: / /
 Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages?
 13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employer Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	52 weeks = \$	X 66 2/3% = \$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employer Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	=\$	X 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	=\$	=\$ X \$	=\$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
5/6/83	TTD	5/11/83	5/19/83	10	\$ 294.56	\$ 3405.16
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.)

TOTAL \$ 3406.16

18. Impairment Rating: _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began <u>5/11/83</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>5/24/83</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ <u>57,401.4</u>
21. Date Disability Ended <u>5/19/83</u>	e. Second Injury Fund \$ <u>148.86</u>	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ 148.86 Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 5/9/83 Released for Work Moved from Alaska Compromise and Release
 At New Job At Same Job Date / / Returned to Alaska Controversy (Attach 07-G105)
 Occupation _____ Regular Work Recomputation Board Order
 Weekly Pay Rate \$ _____ Modified Work Other Lack Recent Medical Report

23. Remarks: **OVERPAYMENT FROM 5/9/83 THRU 5/19/83, PERIOD OF 1 WEEK 4 DAYS, OF \$462.56.**
 CC: A*CB
 CC: SOA PR
 CC: FILE
 CC: SOA RISK MANAGEMENT
 CC: SWS BREWERTON

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

24. Name and Title of Person Submitting Report (Type or Print) MARION C. BEPPY/CLAIMS EXAMINER	25. Signature <i>[Signature]</i>	26. Date 6/15/83
27. Address (if different from no. 10) 731 SECANE ST SUITE 101	City ANCHORAGE	State AK

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.				2. Insurer Claim Number 647		3. Injury Date 3 / 10 / 83	
4. Address 1547E 27th AVENUE						5. Social Security Number 230 - 80 0804	
City	State	Zip	Telephone			6. Birthdate AGE 33 / /	
ANCHORAGE	AK	99504	276-5427				
7. Employer STATE OF ALASKA (DISS)				8. Insurer/Adjusting Company SELF INSURED			
9. Address 400 GAMBELL, SUITE 201				10. Address SCOTT WETZEL SERVICES, INC.			
City	State	Zip	Telephone	City	State	Zip	Telephone
ANCHORAGE	AK	99503					

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input type="checkbox"/> 2. Highest of three years, 19 81 Documents received: 3 / 29 / 83 Date	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	
	<input type="checkbox"/> 5. Volunteer policeman, etc.	

14. RATE \$ 88.98	15. HOW RATE WAS FIGURED		
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages \$ 6940.20	Employee Avg. Wk. Wage \$ 133.47	Alaska Weekly Rate × 66 2/3% = \$ 88.98
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio
(1) State or Country	(2) Date Left / /	(3) Were gross wages earned in Alaska? Yes / No	

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
4/7/83	TTD	3/14/83			\$ 88.98	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

18. Impairment Rating: % of % of % of % of

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began 5 / 11 / 83	22. a. Employee Attorney Fees \$	b. Late Report Penalties \$
b. First Payment Date 5 / 24 / 83	c. Employer Attorney Fees \$	d. Medical \$
21. Date Disability Ended CONTINUING	e. Second Injury Fund \$	f. Rehabilitation \$
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NONPAYMENT

23. <input type="checkbox"/> Returned to Work / / <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation Weekly Pay Rate \$	24. <input type="checkbox"/> Released for Work / / <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
		27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversial Attach 0161051
		29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

23. Remarks:
CC: AWCB
CC: SOA-PAYROLL
CC: FILE

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board

24. Name and Title of Person Submitting Report (Type or Print) CLARE HIPATSUKA/CLAIMS EXAMINER	35. Signature <i>Clare Hipatsuka</i>	Date 4 / 1 / 83
37. Address (If different from No. 10) 741 SESAME ST SUITE 1-A ANCHORAGE AK 99505 561-1725	City	State

RM

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) FORD, DAVID P.		2. Insurer Claim Number 647		3. Injury Date 3 / 10 / 83	
4. Address 1547 E 27th AVENUE				5. Social Security Number 239 - 80 - 0804	
City ANCHORAGE	State AK	Zip 99504	Telephone		
7. Employer STATE OF ALASKA (DHSS)			8. Insurer/Adjusting Company SELF-INSURED		
9. Address 400 GAMBELL, SUITE 201			10. Address c/o SCOTT WETZEL SERVICES, INC.		
City ANCHORAGE	State AK	Zip 99503	Telephone		

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents
 2. Highest of three years, 19____
 Documents received: ____/____/____
 Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$ **65.00**

15. HOW RATE WAS FIGURED

<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	÷ 52 weeks = \$	X 66 2/3% = \$	\$ 65.00
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	=\$	X 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	÷ \$	= % X \$	= \$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: ____/____/____ h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
3/24/83	TTD	3/14/83			\$ 65.00	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) TOTAL \$

18. Impairment Rating: ____% of ____; ____% of ____; ____% of ____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 3/11/83	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 3/24/83	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended continuing	e. Second Injury Fund \$ _____	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work ____/____/____ <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation _____ Weekly Pay Rate \$ _____	24. <input type="checkbox"/> Released for Work Date ____/____/____ <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska <input type="checkbox"/> Returned to Alaska <input type="checkbox"/> Recomputation <input type="checkbox"/> Other	26. <input type="checkbox"/> Compromise and Release <input type="checkbox"/> Controversy (Attach 076105) <input type="checkbox"/> Board Order <input type="checkbox"/> Lack Recent Medical Report
--	--	---	--

33. Remarks:

cc: ANCB-Juneau SOA-Payroll

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) CLARE HIRATSUKA, CLAIMS EXAMINER	35. Signature <i>Clare Hiratsuka</i>	36. Date 3 / 24 / 83
37. Address (if different from No. 10) 741 CECASIE STREET SUITE 1A	City ANCHORAGE	State AK
	Zip 99503	Telephone 551 1525



SCOT WETZEL SERVICES, INCORPORATED
AN AFFILIATE OF THE HOME GROUP INC.

INTER OFFICE MEMORANDUM

TO W.C.C.A. COMMITTEE	OFFICE	FILE NO.
FROM RENEE MURRAY	OFFICE	
SUBJECT PENALTY CASE (ROBERT BRETZ VS ALASKA PULP CORPORATION)	D/A: 4/24/82	DATE 12/19/84

THIS IS A CASE THAT WAS CONTROVERTED AND THE CLAIMANT WAS OVERPAID BY SEVERAL THOUSAND DOLLARS, BUT A \$1,000.00 PENALTY WAS ASSESSED FOR FAILURE TO FILE A SUSPENSION REPORT.

THE INITIAL REPORT WAS FILED ON 5/7/82 BY BETTY SEXTON IN OUR JUNEAU OFFICE.

ON 4/8/83, SHE FILED A RATE CHANGE REPORT.

ON 5/16/83, SHE FILED A CONTROVERSION WHICH, OF COURSE, INDICATES THAT BENEFITS HAVE STOPPED, BUT SHE FAILED TO FILE A SUSPENSION REPORT.

THE FILE WAS TRANSFERRED TO OUR OFFICE AND WE CAUGHT THE ERROR AND FILED A TERMINATION REPORT AND A NOTICE OF OVER-PAYMENT TO THE CLAIMANT IN THE AMOUNT OF \$6,624.12 AND WE PAID THE SIF, ON 4/9/84.

ON 5/16/84, WE FILED A CORRECTION OF THE 4/9/84 REPORT.

THE CLAIM WAS SUBSEQUENTLY SETTLED ON A COMPROMISE AND RELEASE (AND WE RECOVERED THE \$6,624.12 OVERPAYMENT) AND WE FILED THE FINAL TERMINATION REPORT ON 9/10/84.

NOW THE BOARD WOULD LIKE US TO PAY \$1,000.00 FOR FAILURE TO FILE A SUSPENSION REPORT WHEN WE CONTROVERTED THE CLAIM ON 5/16/83.

RENEE MURRAY



SCOTT WETZEL SERVICES, INCORPORATED

AN AFFILIATE OF THE HOME GROUP INC.

INTER OFFICE MEMORANDUM

TO	OFFICE	FILE NO.
Randy Weddle, Esq. = Faulkner, Banfield, Doogan & Holmes		
FROM	OFFICE	
Renee Murray		
SUBJECT		DATE
PENALTY CASE (Robt. Bretz vs. Alaska Pulp Co. D/A: 4/24/82		10/31/84

Randy,

The Board has started sending penalty letters again and we are receiving a rash of them, so here's another one for you.

The initial report was filed on 5/7/82 by Betty Sexton in our Juneau office.

On 4/8/83, she filed a rate change report.

On 5/16/83 she filed a Controversion, but failed to file a suspension report.

The file was transferred to our office and we caught the error and filed a Termination Report and a notice of over-payment of \$6,624.12 and we paid the SIF, on 4/9/84.

On 5/16/84, we filed a correction of the 4/9/84 report.

The claim was subsequently settled on a Compromise and Release (and we recovered the \$6,624.12 overpayment) and we filed the final Termination Report on 9/10/84.

Now the Board would like us to pay \$1,000.00 for failure to file a Suspension Report when we controverted the claim on 5/16/83.

I sure hope you can get us out of this one.

Let me know if you need anything else.

P.S. This case points out the absurdity of this system by the requirement of filing report, after report, after report. Do you think something can be done legislatively this year? Any suggestions? I am sure willing to devote my time and efforts to it.

cc Saltan

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99802
(907) 465 2790

100313 TL

DATE ~~05/11/84~~

9/18/84

Rec'd

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A
ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 28 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

A REVIEW OF OUR RECORDS SHOWS YOUR COMPENSATION REPORT FOR A PAYMENT MADE WAS FILED 311 DAYS LATE. AN AFFIDAVIT STATING THIS FACT IS ATTACHED. IF YOU TIMELY MAILED YOUR REPORT, PLEASE RETURN A COPY OF THE REPORT TOGETHER WITH YOUR AFFIDAVIT OF MAILING. IF YOU DO NOT SUBMIT AN AFFIDAVIT, YOU MUST PAY A LATE REPORTING PENALTY OF \$1,000.

IF I DO NOT RECEIVE YOUR CHECK OR AFFIDAVIT WITHIN 30 DAYS, THE FUND WILL PETITION THE BOARD FOR AN ORDER REQUIRING PAYMENT.

EMPLOYEE: BRETZ, ROBERT L.
BOX 1553
809 S. 16TH AVE.
YAKIMA WA 99902
EMPLOYER: ALASKA LUMBER AND PULP
BOX 1050

SITKA AK 99835
INJURY DATE: 04/24/82
ANCB CASE NO: 206809
REF YOUR CLAIM 100313

VERY TRULY YOURS,

~~J. PAUL HOUSE~~, ADMINISTRATOR
SECOND INJURY FUND

Elaine Vandersande, *jk*

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (907) 465-2790

Robert L. Bretz Employee,

vs.

Alaska Lumber and Pulp. Employer,

and

Scott Wetzel Services Insurers,
Defendants.

AFFIDAVIT

Case No. AWCB 206809

State of Alaska

First Judicial District

ss.

Elaine VanderSande, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made through 5/1/83 was postmarked 4/19/84 and received 5/19/84 in Juneau, Alaska.

Elaine VanderSande
Elaine VanderSande

Subscribed and sworn to before me this 19th day of September 1984, in Juneau, Alaska.

Patricia A. Shea
Notary Public for Alaska

My commission expires 10-31-87

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

206809 1/

1. Employee's Name (Last, First, Middle Initial) BRETZ, ROBERT		2. Insurer Claim Number 100513	3. Injury Date 4 / 24 / 82
4. Address 809 South 16th Avenue City: Yakima, Washington 98902 State: Zip: Telephone:		AWCB MAY 29 1984 ANCHORAGE APR 11 1984 4/9/84 P	5. Social Security Number 552-44-3962
7. Employer ALASKA PULP AMERICA, INC.		8. Insurer/Adjusting Company SELF-INSURED c/o SCOTT WETZEL SERVICES	
9. Address P.O. Box 1050 City: Sitka, Alaska 99835 State: Zip: Telephone: 747-2216		10. Address 741 Sesame Street, Suite 1A City: Anchorage, Alaska 99503 State: Zip: Telephone: 561-1725	

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents
 2. Highest of three years, 19____
 Documents received: ____/____/____
 Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages?
 13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE S	15. HOW RATE WAS FIGURED				
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. Cr. Lim.	
	\$	÷ 52 weeks = \$	X 662/3% = \$	\$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate	Alaska Max. Cr. Lim.
	\$	-\$	\$	X 662/3% = \$	\$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	÷ \$	% X \$	= \$	= \$

(1) State or Country (2) Date Left, ____/____/____ (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: ____/____/____ h. ANNIVERSARY i. OTHER (Explain) SIF Overpayment

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	4/25/82	6/8/82	6 3	\$ 481.95	\$ 3,098.25
	TTD	6/9/82	12/31/82	29 3	\$ 304.11	\$ 8,940.51
5/11/83	TTD	1/1/83	5/7/83	18 1	\$ 313.75	\$ 5,692.32
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.)

TOTAL \$ 17,731.08

12. Impairment Rating: ____% of ____; ____% of ____; ____% of ____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began: 4/25/82	22. a. Employee Attorney Fees: \$ 1,064.40	b. Late Report Penalties: \$
b. First Payment Date: 5/7/82	c. Employer Attorney Fees: \$ 771.24	d. Medical: \$ 5,364.20
21. Date Disability Ended: see remarks	e. Second Injury Fund: \$ 1,064.40	f. Rehabilitation: \$
	Check to SIF Attached	g. Other: \$

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

22. <input type="checkbox"/> Returned to Work ____/____/____ <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation: _____ Weekly Pay Rate \$ _____	23. <input checked="" type="checkbox"/> Released for Work Date: 5/21/83 <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska <input type="checkbox"/> Returned to Alaska <input type="checkbox"/> Recompensation <input type="checkbox"/> Other	26. <input type="checkbox"/> Compromise and Release <input type="checkbox"/> Controversion (Attach CG105) <input type="checkbox"/> Board Order <input type="checkbox"/> Lack Recent Medical Report
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23. Remarks: CONTROVERTED 5/6/83. **ACTUAL PAID TTD \$24,364.20. OVERPAYMENT OF \$6,624.12.

cc: AWCB
 AL&P
 File cc: Tom Bachelor, Attny.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board

24. Name and Title of Person Submitting Report (Type or Print) JULIA FALKE, CLAIM EXAMINER	25. Signature Julia Falke	26. Date 4/9/84
27. Address (if different from No. 10) City: _____ State: _____ Zip: _____ Telephone: _____		

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) BRETTZ, ROBERT		2. Insurer Claim Number 100313		3. Injury Date 4 / 24 / 82	
4. Address 809 SOUTH 16th AVE.				5. Social Security Number 532 - 44 - 3062	
City YAKIMA	State WA	Zip 98902	6. Birthdate 7 / 23 / 48		
7. Employer ALASKA PULP CORPORATION		8. Insurer/Adjusting Company SELF INSURED			
9. Address P.O. BOX 1050		10. Address SCOTT WETZEL SERVICES			
City SITKA	State AK	Zip 99835	City	State	Zip Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents 12. If method 3, 4, or 5, how did you figure gross wages? _____
 2. Highest of three years, 19____ Documents received: / / Date _____
 3. Same or similar wages 13. Tips, board, rent, housing or similar advantage included. Explain how figure: _____
 4. Minor or apprentice
 5. Volunteer policeman, etc.

14. RATE \$		15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.	
	\$	÷ 52 weeks = \$	× 66 2/3% = \$	\$	\$
<input type="checkbox"/> b. Alaska unscheduled TPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate	Alaska Max. or Min.
	\$	-\$	× 66 2/3% = \$	\$	\$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTO or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	÷ \$	% × \$	\$	\$

(1) State or Country (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: **9/4/84** h. ANNIVERSARY i. OTHER (Explain) **CCR**

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	4-25-82	6-08-82	6 3	\$ 481.95	\$ 3,098.75
	TTD	6-09-82	12-31-82	29 3	\$ 304.11	\$ 8,940.57
	TTD	1-01-83	5-07-83	18 1	\$ 313.75	\$ 5,607.52
9-7-84	PER COMPROMISE AND RELEASE APPROVED 8-31-84 BY AWCB					\$ 15,795.22
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.) **TOTAL \$ 33,555.30**

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began 4 / 25 / 82	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date 5 / 7 / 82	c. Employer Attorney Fees \$ _____	d. Medical \$ 5,361.20
21. Date Disability Ended 5 / 7 / 83	e. Second Injury Fund 9,011.51	f. Rehabilitation \$ _____
	<input type="checkbox"/> \$ 947.11 Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work <u> / / </u> Date	24. <input type="checkbox"/> Released for Work <u> / / </u> Date	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job	<input type="checkbox"/> Regular Work	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 07-6105)
Occupation _____	<input type="checkbox"/> Modified Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

23. Remarks:
CC: FILE AWCB AL&P/PAT 6,624.12 portion of 15,795.22 constitutes OVERPAYMENT. Actual paid to Employee per CTR is \$9,161.10

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board

24. Name and Title of Person Submitting Report (Type or Print) TRITA FALKE/CLAIMS EXAMINER	25. Signature <i>Trita Falke</i>	26. Date 9/10/84
27. Address (if different from No. 10) City _____ State _____ Zip _____ Telephone _____		

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

1. Employee's Name (Last, First, Middle Initial) Bretz, Robert		2. Insurer Claim Number 100313		AWCB Case Number 204809	
4. Address 809 South 16th Ave.				J. Injury Date 04 / 24 / 82	
City Yakima, Washington	State WA	Zip 98902	Telephone	K. Social Security Number 532 - 44 - 3962	
7. Employer Alaska Pulp America, Inc		8. Insurer/Adjusting Company Self Insured		L. Billing 07 / 21 / 88	
9. Address P. O. Box 1050		10. Address c/o Scott Wetzel Services			
City Sirka	State AK	Zip 99835	Telephone		

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHODS

1. Awaiting gross wages documents

2. Highest of three years, 19 _____ Documents received: 1/1 Date _____

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured: _____

14. RATE \$	15. HOW RATE WAS FIGURED				
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Tax or Min.	
	\$	÷ 52 weeks = \$	× 66 2/3% = \$	\$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate	Alaska Tax or Min.
	\$	- \$	- \$	× 66 2/3% = \$	\$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
	\$	÷ \$	% × \$	\$	\$

(1) State or Country _____ (2) Date Left 1/1 (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE g. RESUMPTION Knowledge Date: 1/1 h. ANNIVERSARY i. OTHER (Explain) Continuation of 1/1/82

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
	TTD	4/25/82	6/18/82	6 3	\$ 421.25	\$ 2,527.50
	TTD	6/19/82	12/13/82	29 3	\$ 304.11	\$ 8,819.19
5/1/83	TTD	1/1/83	5/7/83	12 1	\$ 312.75	\$ 3,753.00
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$ 17,144.62

18. Impairment Rating: _____ % of _____; _____ % of _____; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began <u>4/25/82</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>5/7/82</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ <u>2,500.00</u>
21. Date Disability Ended <u>Self Resumes</u>	e. Second Injury Fund \$ <u>10,000.00</u>	f. Rehabilitation \$ _____
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 1/1 Date 2/2 At New Job At Same Job

24. Released for Work Date 3/21/83

25. Moved from Alaska

26. Compromise and Release

27. Returned to Alaska

28. Controversy (Attach 07 G1051)

29. Recomputation

30. Board Order

31. Other

32. Lack Recent Medical Report

33. Remarks:
Controversied 5/6/83. Actual Paid TTD 24,364.20 Overpayment of 6,624.12.

cc: File AWCB AL & P/Pat

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Julia Falke Claims Examiner	35. Signature <i>Julia Falke</i>	35. Date 05 / 16 / 84
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STATE OF ALASKA

DEPARTMENT OF LABOR

BILL SHEFFIELD, GOVERNOR

BOX 1149
JUNEAU, ALASKA 99811
PHONE: 465-2790

TO: Julia Falke
North West
ANCH, AK

Date 4-20-81

Dear Insurer:

- I. _____ According to AS 23.30.155(a),(c), and (e), compensation payments must be made within 14 days after payment is due unless timely controverted or late payment resulted from conditions beyond your control. Your recent Compensation Report for the case captioned below indicates the payment you made _____ 1982 was later than 14 days after due.

If you dispute this determination, please advise the reasons why the penalty should be excused. If you do not dispute it, please pay the injured worker 20% of each late installment of compensation and file a compensation report showing that payment.

- II. _____ The compensation report for the payment you made _____, 1982 contained the following error(s) or omission(s):

_____ Items 1 - 10	_____ Items 18 - 19
_____ Items 11 - 13	_____ Items 20 - 21
_____ Item 14 - 15	_____ Items 23 - 32
_____ Item 17	_____ Items 33 - 35

Please correct the(se) error(s) or omission(s) and attach this letter to your corrected report when it is resubmitted.

Employee Robert Robert Insurer No. 100.313
 Employer Alaska Bldg Co ANCB No. 20680
 Date of Injury 8-1-54-80

Very truly yours,

Pat Shera
 Workers' Compensation Division

Termination report + payment date

AN INITIAL REPORT HAS NOT BEEN RECEIVED ON THIS CLAIM. PLEASE PROVIDE THE INITIAL REPORT. IF YOU PREVIOUSLY MAILED THE REPORT REQUESTED, PLEASE FILE AN AFFIDAVIT WITH THE REPORT TO PREVENT A LATE REPORTING PENALTY.

NOTICE TO CONTROVERT
 PAYMENT OF BENEFITS

AV-101 Comp. Act
 200809

This form is required if the employer/insurer desires to controvert payment of benefits.
 Complete and mail the original to the employee with a copy to the Alaska Workers' Compensation Board.

Employee Name (Last, First, Middle Initial) <i>Bretz, Robert</i>				Insurer Claim Number <i>100313</i>		Alleged Date of Injury <i>4/21/83</i>	
Address <i>Box 1553</i>				Date of Employer's First Knowledge <i>4/24/82</i>		Social Security Number <i>572 114 3962</i>	
City <i>Sitka</i>	State <i>AK</i>	Zip Code <i>99835</i>	Telephone		Date of Birth <i>7-22-48</i>		
Employer <i>Alaska Pulp America</i>				Insurer <i>Scott Wages Service</i>			
Address <i>P.O. Box 1050</i>				Address <i>P.O. Box 2559</i>			
City <i>Sitka</i>	State <i>Alaska</i>	Zip Code <i>99835</i>	Telephone		City <i>Juneau</i>	State <i>AK</i>	Zip Code <i>99801</i>

Nature of Alleged Injury or Illness:
Low back strain

Under the provisions of AS 23.30.155 the employer/insurer gives notice that the right to the benefit(s) described below is controverted on the following grounds:

Type of Benefits Controverted	Reason for Controverting - State specific reasons and describe evidence relied upon and state merely conclusions. The controversion must show valid factual or legal objections to the payment of benefits. (Note: Failure to state specific reasons may result in this notice being declared invalid.)
<input type="checkbox"/> Entire Claim Denied on the Issue of Compensability	Reason Entire Claim Controverted:
Specific Benefits Controverted <i>TID benefits after 5-7-83</i>	Reason Specific Benefit Controverted: <i>Claimant released for modified work, modifications by employer, claimant failed to mitigate damages, failed to report to Employer in Return to work.</i>

This is to certify that the original notice and compensation report form 07-0104 have been mailed to the employee or the above listed address and has been mailed to the Alaska Workers' Compensation Board.

Prepared By (Signature) <i>Scott Wages</i>	Title <i>Claim Manager</i>	Date <i>5/16/83</i>
Company Name <i>Scott Wages Service</i>	Address <i>P.O. Box 2559</i>	City <i>Juneau</i>

COMPENSATION REPORT

AWCC Case No.
206804

1. Employee's Name (last, first, middle initial) Bretz, Robert		2. Insurer Claim No. 100313		3. Injury Date 4 24 82	
4. Address P.O. Box 1553 City State Zip Telephone Sitka, Ak. 99835				5. Social Security No. 532 44 3962	
7. Employer Alaska Lumber & Pulp Co., Inc.				8. Insurer Scott Wetzel Services, Inc.	
9. Address P.O. Box 1050 City State Zip Telephone Sitka, Ak. 99835				10. Address P. O. Box 2559 City State Zip Telephone Juneau, Alaska 99803 789-3081	

COMPENSATION RATE (Complete for initial payment or rate change.)

11. METHODS:

1. Awaiting gross wage documentation

2. Highest of three years, 19 81

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If Method 3, 4, or 5, explain: _____

13. Board, rent, housing, similar advantage Included?
 No Yes. If yes, how computed? _____

14. RATE: \$ 313.75	15. COMPUTATION		
<input checked="" type="checkbox"/> Alaska TTD, PTD, death, or scheduled PPD	Gross Wages \$ 37,590.30	÷ 52 weeks = \$ 722.89	Employee Ave. Wk. Wage \$ 722.89
<input type="checkbox"/> Alaska unscheduled PPD or TPD	Employee Ave. Wk. Wage \$ -	Earning Capacity \$ -	Alaska Weekly Rate \$ 481.95
<input checked="" type="checkbox"/> Out-Of-State TTD, TPD, PPD, PTD or death	State Ave. Wk Wage \$ 297	Alaska Ave. Wk. Wage \$ 471	Alaska Weekly Rate \$ 304.11 (A-2)
Specify State or Country: <u>Washington</u>	Date Moved: <u>6 9 82</u>	Alaska Weekly Rate \$ 313.75	

16. INITIAL PAYMENT RATE CHANGE SUSPENSION* RESUMPTION TERMINATION*
 ANNIVERSARY** TYPE CHANGE OTHER (Explain) _____

17. Payment Date	Type***	From	Through	Weeks & Days	Rate	Total Amount	
	TTD	4 25 82	6 8 82	6 3	\$ 481.95	\$ 3,098.25	
4 7 83	TTD	6 9 82	12 31 82	29 3	\$ 304.11	\$ 8,949.52	
4 7 83	TTD	1 1 83			\$ 313.75	\$	
					\$	\$	
					\$	\$	
					\$	\$	
(If additional space needed, use chart on reverse.)						TOTAL	\$

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Was permanent disability compensation paid in a lump sum? No Yes (Enter Amount Above.)
If yes, how computed? _____

20. Date Disability Began: 4 25 82 21. Date Disability Ended: _____

22. Employee Attorney Fees \$ _____ Late Resort Fines \$ _____ Medical \$ 3,759.00
Employer Attorney Fees \$ _____ Second Injury Fund \$ _____ Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NONPAYMENT

23. Returned to work _____ Date _____

A: Same Job At New Job
Occupation _____
Weekly Pay Rate \$ _____

24. Released for Work
 Regular Work Modified Work
Date: _____

25. Moved from Alaska
27. Returned to Alaska
29. Recomputation
31. Other (Explain) _____

26. Compromise & Release
28. Controversy (Attach 07-610S)
30. Board Order

22. REMARKS: Clmt. has been ~~over~~ overpaid \$7,001.91 because we paid at Alaska Rate from 5/9/82 - 3/26/83 when he was living in Washington. We have adjusted to approp. out of State rate and are taking a 20% offset until we recover the overpayment.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

33. Name & Title of Person Submitting Report (Type or Print)
Betsy Sexton, Claim Manager

34. Signature Betsy Sexton

35. Date 4 8 83

36. Address EWS PO Box 2559 Juneau AK 99803 Telephone 789-3081

Alaska Workers' Compensation Board
 Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

1. Employee's Name (Last, first, middle initial) Brettz, Robert				2. Insurer Claim No. 100313		3. Injury Date 4-24-82	
4. Address Box 1553				5. Social Security No. 512 / 44 / 3962			
City Sitka		State AK		Zip 99835		Telephone 747-8552	
7. Employer Alaska Lumber & Pulp Co., Inc.				6. Insurer Scott Wetzel Services, Inc. (Administrator)			
9. Address P.O. Box 1050				10. Address P.O. Box 2559			
City Sitka, AK		State AK		Zip 99803		Telephone 789-3081	

COMPENSATION RATE (Complete for initial payment or rate change.)

12. METHODS: 12. If Method 3, 4, or 5, explain: _____

1. Awaiting gross wage documentation

2. Highest of three years, 19 81

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

13. Board, rent, housing, similar advantage included?
 No Yes, if yes, how computed? _____

14. RATE: \$ 481.95		15. COMPUTATION			
<input checked="" type="checkbox"/> Alaska TTD, PTD, death, or scheduled PPD	Gross Wages \$ 37,590.30	+ 52 weeks = \$	Employee Ave. Wk. Wage 722.89	X 66-2/3% =	Alaska Weekly Rate \$ 481.95
<input type="checkbox"/> Alaska unscheduled PPD or TPD	Employee Ave. Wk. Wage \$ -		Earning Capacity \$ -	X 66-2/3% =	Alaska Weekly Rate \$ -
<input type="checkbox"/> Out-Of-State TTD, TPD, PPC, PTD or death	State Ave. Wk Wage \$ -	+ \$	Alaska Ave. Wk. Wage \$ -	= % X \$	State Weekly Rate \$ -
Specify State or Country: _____		Date Moved: _____			

16. INITIAL PAYMENT RATE CHANGE SUSPENSION* RESUMPTION TERMINATION
 ANNIVERSARY** TYPE CHANGE OTHER (Explain) _____

17. Payment Date	Type***	From	Through	Weeks & Days	Rate	Total Amount
5-7-82	TTD	4-26-82			\$ 481.95	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
(If additional space needed, use chart on reverse.)						TOTAL \$

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Was permanent disability compensation paid in a lump sum? No Yes (Enter Amount Above.)
 If yes, how computed? _____

20. Date Disability Began: 4-25-82 21. Date Disability Ended: _____

22. Employee Attorney Fees \$ _____ Late Report Fines \$ _____ Medical \$ _____
 Employer Attorney Fees \$ _____ Second Injury Fund \$ _____ Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NONPAYMENT

23. Returned to work _____ Date _____

A: Same Job Released for Work 25. Moved from Alaska 26. Compromise & Release

A: New Job Regular Work 27. Returned to Alaska 28. Controversy (Attach 07-C10)

Occupation _____ Modified Work 29. Recomputation 30. Board Order

Weekly Pay Rate \$ _____ Date: _____ 31. Other (Explain) _____

22. REMARKS:

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

33. Name & Title of Person Submitting Report (Type or Print) Karen M. West, Claims Assistant		34. Signature <i>Karen M. West</i>		35. Date 5-7-82	
36. Address P.O. Box 2559		City Juneau		State AK	
		Zip Code 99803		Telephone 789-3081	

EMPLOYEE: THE BACK OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS. PLEASE READ IT.
 Explanations and Instructions on back.

CRAWFORD & COMPANY

Insurance Adjusters

BUD AUFDERMAUER,
MANAGER

TELEPHONE (907) 276-3336

3300 ARCTIC BLVD. SUITE 101
ANCHORAGE, ALASKA 99503

September 17, 1982

J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND
STATE OF ALASKA, DEPT. OF LABOR
Post Office Box 1149
Juneau, Alaska 99811

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

RE: Case No: 211597
Insured: HALLIBURTON SERVICES
Employee: Larry W. Middleton
Accident: June 6, 1982
Our File: 126-75747-B

Dear Mr. House:

Your letter of September 3, 1982 arrived in our office on the 8th prompting a review of this file. The department of Labor intends to assess a penalty of \$325.00 in this case for failure to comply with Sec. 155 (c). That section of the act indicates a \$100. fine and an additional penalty of \$25.00 daily for failure to notify the Workmen's Compensation Board within 14 days of commencement of payment of benefits on form 07-6104.

In the case at hand, the employee is recovering out of the State of Alaska and is not a resident. The employer elected to pay a rate over and above that which calculations entitle the injured workman. The employee is receiving \$319.06 weekly but is entitled to \$212.51 per week. Overpayment of TTD will be adjusted from any eventual PPD. If no permanency occurs, the overpayment may be waived by the employer.

Concerning your penalty letter, our records indicate that the compensation report was mailed to the AWCB in Juneau on July 16, 1982 indicating first payment was made July 8 and continuing. Under Item #16, the small box for initial payment was not checked off.

Your date stamps from the AWCB indicate that the report was somehow received in your Anchorage office on July 26, 1982 and received in Juneau on July 28, 1982. Pat Shira then sent us form letter 07-G6LH under her date of July 30, 1982. Our date stamp indicates that we received this letter on August 2, 1982 and we returned it to Juneau that same date. The Board's next stamp date is August 6, 1982 so our mailing date of return on 8/2/82 is certainly realistic. We did not enter a date on the bottom line, probably because of our haste to return the form and because that typed line was a new addition to the form to which we were unaccustomed. We merely checked off in pen the initial payment square and returned the form.

We did not send the form to the Anchorage division and do not know why they received it first. Although it is going to be time and cost consuming, we are presently considering individually certifying every document mailed to the Board by this office.

Perhaps to adopt this practice, the necessity of future correspondence such as this will be eliminated.

So, to make the reading easier here:

7/16/82 - Report mailed to Juneau by Crawford
7/26/82 - Report Received AWCB Anchorage
7/28/82 - Report Received AWCB Juneau
7/30/82 - Report returned to Crawford
8/02/82 - Report received by Crawford & returned.
8/06/82 - Report received AWCB Juneau

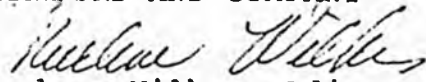
Aside from the fact that I think it is absolutely ridiculous to reject a filing where a tiny box marked initial payment is not checked off when the filing is obviously a first payment, I would like to give you the opportunity to advise why the compensation report was sent to the Anchorage division and then returned to Juneau and then later returned to us for correcting.

The policing of the insurance industry by the Department of Labor is becoming intolerable to all carriers. The situation is becoming unhealthy and the wedge which has been driven in between the employee and carrier has not only increased the costs of handling claims but has established a distrustful attitude which is affecting us all. The local office of the AWCB is now verbally advising that they will require a sworn affidavit (reminding adjusters of the penalties of perjury) in cases where a compensation report has been mailed but has not appeared in Juneau. While there may be instances of injustices by carriers, I have not in the past twenty years with this office personally made such an observation.

Perhaps the similarity to an approaching oppressive standard will resolve in the future. I will look forward to your response.

Very truly yours,

CRAWFORD AND COMPANY


Murlene Wilkes, Adjuster

cc: Halliburton Services
Highlands Insurance Co.
Jay S. Hammond, Governor
Tom Fink, Gubernatorial Candidate
Bill Sheffield Gubernatorial Candidate
Dick Randolph Gubernatorial Candidate
Virginia Collins
Ken Moore, Insurance Commissioner

JAY S. HAMMOND, GOVERNOR

75747-B

DEPARTMENT OF LABOR

BOX 1149
JUNEAU, ALASKA 99811
PHONE:

TO: M. Wilber
Cr & Co
Anch, AK

Date 7-30-82

AWCB AUG 06 1982
JUNEAU

Dear Insurer:

As 23.30.155(c) requires you to notify the Board within 14 days after making first payment or increasing, reducing, terminating, suspending, resuming or changing compensation rates or types. Your Compensation Report for the case captioned below regarding payment made _____, 1982 does not comply with AS 23.30.155(c) as:

I. It was overdue. Accordingly, \$ _____ is due. Please send your check in that a Fund, P.O. Box 1149, Juneau, Alaska 99811

II. You failed to complete the following:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Item 11 | <input checked="" type="checkbox"/> Item 16 |
| <input type="checkbox"/> Item 12 | <input type="checkbox"/> Item 17 |
| <input type="checkbox"/> Item 14 | <input type="checkbox"/> Item 20 |
| <input type="checkbox"/> Item 15 | |

17 days grace 7-9-82. This
9-25-82. 7-25-82 paid on
Sunday no penalty check
7-27-82. Corrected
report received 8-6-82
7-27-82. This 8-5-82 =
10 days

As a result of the failure to comply with AS 23.30.155(c) not timely and a penalty is due. The penalty rate of \$25.00 per day until a report is filed 23.30.155(c).

If your report is attached, you may revise and resubmit. If your report is not attached, a new report must be completed and submitted. In either case, please attach this letter as well as your penalty check, payable to the Second Injury Fund, to the corrected report. The penalty is due through the date the corrected report is mailed to the Fund.

Employee M. Adalstein, Larry W Insurer No. 82-00-C380969

Employer Halliburton Services Inc AWCB No. 52

Date of Injury 6-6-82

Very truly yours,

Pat Sherin
Alaska Workers' Compensation Division

DATE THE CORRECTED REPORT MAILED TO OUR OFFICE: _____

STATE OF ALASKA

DEPARTMENT OF LABOR

JAY S. HAMMOND, GOVERNOR

BOX 1149
JUNEAU, ALASKA 99811
PHONE:

September 3, 1982

Murlene Wilkes
Claims Department
Crawford & Company
3300 Arctic Blvd, Suite 101
Anchorage, AK 99503

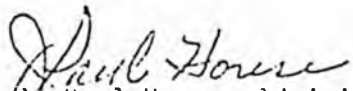
Dear Ms. Wilkes:

Re: Larry W. Middleton vs. Haliburton Service Co.
D/A 6-6-82 Case No. 211597

On July 30, 1982, Pat Shira of this office returned to you a compensation report which had been received by us on July 28, 1982, along with a letter advising that the report had not been completed in compliance with A.S.23.30.155 and that late filing penalty was due the Second Injury Fund until the date the corrected report was mailed to our office. At the bottom of the Pat's letter a space was provided underlined in red, for you to insert the mailing date. The mailing date was not entered and for this reason the date we received the corrected report applies. Consequently, the report was 10 days late in reaching this office (see attached) and a penalty payment is due the Second Injury Fund in the amount of \$325.00 in compliance with Sec. 155(c).

The statute makes no provision for our excusing late filing penalties, therefore, we will anticipate your payment of \$325.00 being made within 14 days from the date of this letter or we have no alternative but to schedule this matter for hearing by the Workers' Compensation Board.

Very truly yours,


Paul House, Administrator
Second Injury Fund
Workers' Compensation Division



SCOTT WETZEL SERVICES, INCORPORATED

AN AFFILIATE OF THE MORMON GROUP INC

INTER OFFICE MEMORANDUM

TO	OFFICE	FILE NO
Randy Weddle		
FROM	OFFICE	
Renee Murray		
SUBJECT		DATE
Penalty Case	Lloyd Rice vs. Alaska Lumber & Pulp	10/22/84

Randy,

Here is another penalty case and this is a little unique also. This was handled by our Juneau office.

No payment was ever made on this case until it was settled on a Compromise and Release and then it was paid in one lump sum. Our Juneau office did not file a Compensation Report, as far as I can tell, but, of course, all amounts paid were included in the Compromise and Release which the Board signed, so they obviously did have the figures at their disposal.

I guess this is one I think we should fight on principal. They are asking us to pay \$1000.00 for not providing them with a form that contains the information they already had.

Sure, we were wrong - but does this minor, infraction warrant a \$1000.00 penalty - or any penalty, for that matter.

Thanks for handling this for us.

Renee Murray

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF LABOR

DIVISION OF WORKERS' COMPENSATION

1111 WEST 8th, Rm 305
BOX 1149
JUNEAU, ALASKA 99802
PHONE: (507) 465-2790

October 17, 1984

Alaska Lumber and Pulp, Inc.
3000 Rainier Bank Tower
Seattle, WA 98101

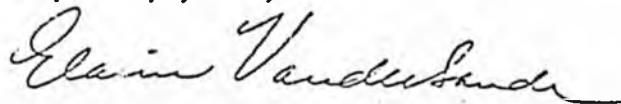
Gentlemen:

Re: Lloyd M. Rice (deceased) vs. Alaska Lumber and Pulp, Inc.
D/A 4-20-79 or 6-68 Case No. 78-06-1945

On January 14, 1983 the Alaska Workers' Compensation Board approved a compromise and release in settlement of the above claim. Until that time, no benefits had been paid. The Alaska Workers' Compensation Act under AS 23.30.155(c) requires that a compensation report be filed concerning all payments made, and no such report has been filed in this case. That section also provides for penalty payable to the Second Injury Fund for failure to file the report timely.

Please file the necessary report and include the present maximum penalty for late filing of \$1,000, or submit a copy of a previously completed report which you claim was provided timely, together with an affidavit stating the report was filed as required.

Very truly yours,



Elaine VanderSande
Workers' Compensation Officer
Second Injury Fund

cc: Scott Wetzel Services ✓
741 Sesame Street, Suite 1A
Anchorage, AK 99503



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

MARCH 17, 1983

JACQUELINE McCLINTOCK, DIRECTOR
ALASKA WORKERS' COMPENSATION DIVISION
P. O. Box 1149
JUNEAU, AK 99811

RE: PENALTIES ASSESSED UNDER SECTION 23.30.155(c),
ALASKA WORKERS' COMPENSATION ACT

DEAR JACKIE:

THE PURPOSE OF THIS LETTER IS TO VOICE MY CONCERNS OVER WHAT I CONSIDER TO BE EXCESSIVE AND UNNECESSARY PENALTIES WHICH ARE BEING ASSESSED UNDER THE ABOVE SECTION OF THE ALASKA WORKERS' COMPENSATION LAW.

FIRST OF ALL, LET ME ASSURE YOU THAT I AM FULLY COGNIZANT OF THE FACT THAT YOU ARE ACTING AS DIRECTED BY THE LAW AND THAT YOU HAVE NO CHOICE IN THE MATTER. THEREFORE, MY CONCERN IS WITH HAVING THE LAW CHANGED BECAUSE I FEEL IT IS UNREASONABLE AND REQUIRES EXCESSIVE AND REDUNDANT REPORTING AND I OBJECT STRONGLY TO THE POLICING ACTION AND THE HARASSMENT.

THE ENTIRE WORKERS' COMPENSATION ACT IS A LAW WHICH WE OBEY SIMPLY BECAUSE IT IS THE LAW AND WE ATTEMPT TO OBEY IT TO THE BEST OF OUR ABILITY. WE DO THIS WITH OR WITHOUT THE THREAT OF ANY PENALTY.

LET ME ASSURE YOU THAT I HAVE NO OBJECTION TO THE FILING OF THE COMPENSATION REPORT. IN FACT, IT IS QUITE THE CONTRARY. I FEEL THAT IT IS NECESSARY THAT YOU HAVE THIS INFORMATION AND IT IS IMPORTANT TO US AS WELL AS TO THE DIVISION THAT THE ACTUAL COSTS OF ALL OF OUR SYSTEMS ARE KNOWN AND RETRIEVABLE, SO WE WOULD FILE THE REPORT WITH OR WITHOUT THE THREAT OF ANY PENALTY AS WE DO WITH ALL OTHER FORMS WHICH WE ARE REQUIRED TO FILE.

OUR FIRM HAS HAD TO PAY VERY FEW PENALTIES, BUT THAT IS NOT THE ISSUE. THE ISSUE IS THE CONSTANT HARASSMENT BY THE LETTERS WHICH ARE GENERATED BY THE COMPUTER THREATENING US WITH HUGE PENALTIES OF ANYWHERE FROM \$100 TO ~~\$2500~~ *changed to \$1000*. THE MORALE PROBLEM IT HAS CREATED WITH OUR STAFF, AND THE TIME THAT IT TAKES TO ANSWER THESE NUMEROUS INQUIRIES OVER NITPICKY DETAILS AND EXPLAIN WHY WE NEGLECTED OR FORGOT TO MARK AN "X" IN A CERTAIN BOX WHICH HAS CAUSED US TO BE ASSESSED A PENALTY OF SEVERAL HUNDRED DOLLARS. AN EXAMPLE OF THIS IS ATTACHED HERETO.

JACQUELINE McCLINTOCK, DIRECTOR
PAGE TWO
MARCH 17, 1983

IN THIS CASE, YOU WILL NOTE THAT WE FILED OUR INITIAL REPORT AND WE FILED THE TERMINATION REPORT WHICH ALSO INCORPORATED A RATE CHANGE AND WE NEGLECTED TO MARK THE RATE CHANGE BOX. THE PROPER RATE WAS PAID, THE REPORT WAS TIMELY FILED BUT THE FAILURE TO MARK THIS BOX HAS GENERATED A \$200 PENALTY LETTER, COPY ATTACHED.

I FEEL ABSOLUTELY CERTAIN THAT YOU WILL AGREE WITH ME THAT THIS IS WRONG AND THAT THIS WAS NEVER THE INTENT OF THE LAW; IT JUST HAPPENS TO BE THE END RESULT. I GUESS WHAT I'M REALLY OBJECTING TO IS THE BUREAUCRACY THAT THIS HAS CREATED AND ALL OF THE PAPERWORK, THE TIME, THE EXPENSE, THE AURA OF DISTRUST, THE REQUEST FOR AFFIDAVITS WHICH ARE A COMPLETE INSULT TO OUR HONESTY AND INTEGRITY AND THE FACT THAT THERE IS ABSOLUTELY NO ALLOWANCE FOR HUMAN ERROR.

IT GOES WITHOUT SAYING THAT THE PUNISHMENT IS EXCESSIVE AND DOES NOT FIT THE CRIME.

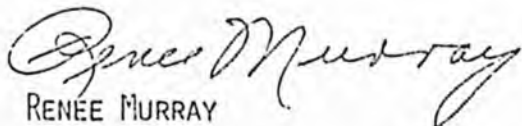
THIS LAW HAS CREATED IMMEASURABLE ADMINISTRATIVE EXPENSE WHICH OBVIOUSLY MUST BE PASSED ON TO OUR CLIENTS AND EVENTUALLY TO THE GENERAL PUBLIC AND CONSUMER, SO EVERYONE LOSES EXCEPT THE STATE OF ALASKA.

I REALIZE YOU ARE NOT RESPONSIBLE FOR THIS LAW BUT I ALSO REALIZE THAT YOU CAN BE QUITE EFFECTIVE IN HAVING THE NECESSARY CHANGES EFFECTED. THIS COULD EASILY BE REMEDIED BY REMOVING THE WORD "SHALL" ASSESS AND CHANGING IT TO "MAY" ASSESS. THEREFORE, I AM ASKING YOUR ASSISTANCE TO ACCOMPLISH THIS IN THE MOST EXPEDIENT AND REASONABLE MANNER.

THANK YOU SO MUCH FOR YOUR ASSISTANCE AND CONTINUED COOPERATION.

VERY TRULY YOURS,

SCOTT WETZEL SERVICES, INC.



RENEE MURRAY
ALASKA MANAGER

RM/vp

CC: JIM ROBINSON, COMMISSIONER OF LABOR

STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU ALASKA 99811
(907) 465 2790

DATE 02/25/83

*Paul
3-4-83*

SCOTT WETZEL SERVICES
741 SESAME ST SUITE 1A
ANCHORAGE AK 99503

DEAR INSURER:

AS 23.30.155(C) REQUIRES YOU TO NOTIFY THE BOARD WITHIN 14 DAYS AFTER MAKING FIRST PAYMENT OR INCREASING, REDUCING, TERMINATING, SUSPENDING, RESUMING OR CHANGING COMPENSATION RATES OR TYPES.

YOUR COMPENSATION REPORT FOR THE CASE CAPTIONED BELOW REGARDING PAYMENT MADE 01/04/83, WAS 29 DAYS OVERDUE. ACCORDINGLY, \$800 LATE REPORT PENALTY IS DUE. PLEASE SEND YOUR CHECK IN THAT AMOUNT TO THE SECOND INJURY FUND, P.O. BOX 1149, JUNEAU, AK 99811.

EMPLOYEE: BAUER, STEPHAN
BOX 9

EMPLOYER: ILIAMMA AK 99806
WIEN AIR ALASKA
4100 INT'L AIRPORT RD.

ANCHORAGE AK 99502
INJURY DATE: 12/09/82
AWCB CASE NO: 226213
REF YOUR CLAIM 794

VERY TRULY YOURS,
Paul House
J. PAUL HOUSE, ADMINISTRATOR
SECOND INJURY FUND

EMPLOYEE: KEEP REAL REPORT FOR YOUR RECORDS. INFORMATION ONLY. IMPORTANT INFORMATION ABOUT RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1143, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number
2216313

1. Employee's Name (Last, First, Middle Initial) Pruett, Stephen		2. Insurer Claim Number 794	3. Injury Date 12/9/82
4. Address Box 9 City: Miamna, AK State: AK Zip: 99606 Telephone:		5. Social Security Number 476-104-7033	
6. Birthdate 5/29/54		8. Insurer/Adjusting Company S.O.I. - Snowed	
7. Employer Wien, Air Alaska		10. Address (1) 90 Scott Wilson Services	
9. Address 4100 Intl Airport Rd. City: Anch, AK State: AK Zip: 99502 Telephone:		10. Address (2) City: State: Zip: Telephone:	

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19 81
 Documents received: 1/3/83
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.
 13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE \$ <u>320.90</u>	15. HOW RATE WAS FIGURED				
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.	
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity Difference	Alaska Weekly Rate	Alaska Max. or Min.	
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTO or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate	State Weekly Rate
(1) State or Country	(2) Date Left	/ /	(3) Were gross wages earned in Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Parity	

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
1-4-83	TTD	12-13-82	1-3-83	3 /	\$ 320.90	\$ 1008.54
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL						\$ 1008.54

18. Impairment Rating: % of : % of : % of
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?

20. a. Date Disability Began <u>1/14/83</u>	22. a. Employee Attorney Fees \$ <u>0</u>	b. Late Report Penalties \$ <u>0</u>
b. First Payment Date <u>12/25/82</u>	c. Employer Attorney Fees \$ <u>0</u>	d. Medical \$ <u>1150.00</u>
21. Date Disability Ended <u>1/3/83</u>	e. Second Injury Fund \$ <u>100.51</u>	f. Rehabilitation \$ <u>0</u>
	<input type="checkbox"/> s Check to SIF Attached	g. Other \$ <u>0</u>

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <u>1/14/83</u> <input type="checkbox"/> At New Job <input checked="" type="checkbox"/> At Same Job Occupation _____ Weekly Pay Rate \$ _____	24. <input type="checkbox"/> Released for Work Date / / <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska 27. <input type="checkbox"/> Returned to Alaska 29. <input type="checkbox"/> Recomputation 31. <input type="checkbox"/> Other	26. <input type="checkbox"/> Compromise and Release 28. <input type="checkbox"/> Controversy (Attach 07-6125) 30. <input type="checkbox"/> Board Order 32. <input type="checkbox"/> Lack Recent Medical Report
--	---	---	---

33. Remarks: CC: AWCB
 Wien
 File
 Rate change report only, FINAL filed
 1/4/83. See ATTACHED.

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) Julia Falckheim Examiner	35. Signature Julia Falckheim	36. Date 2/18/83
37. Address (if different from No. 10) 7411 Sanding St Ste 1-1X	City Anch, AK	State AK
Zip 99502	Telephone 561-1776	

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. IT CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) <i>Davies, Stephen</i>		2. Insurer Claim Number <i>794</i>	3. Injury Date <i>12/9/82</i>
4. Address <i>Box 9</i>		5. Social Security Number <i>470 - 64 - 7033</i>	
City <i>1114mm, AK 99800</i>	State <i>AK</i>	Zip <i>99800</i>	Telephone
7. Employer <i>Wien Air Alaska</i>		8. Insurer/Adjusting Company <i>Self-Insured</i>	
9. Address <i>4100 International</i>		10. Address <i>c/o Scott Weber Services</i>	
City <i>Arsh. AK 99503</i>	State <i>AK</i>	Zip <i>99503</i>	Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

11. METHOD USED

1. Awaiting gross wages documents

2. Highest of three years, 19____ Documents received: 1/1 Date

3. Same or similar wages

4. Minor or apprentice

5. Volunteer policeman, etc.

12. If method 3, 4, or 5, how did you figure gross wages? _____

13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____

14. RATE \$ 65.00

15. HOW RATE WAS FIGURED

<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages \$ _____	Employee Avg. Wk. Wage ÷ 52 weeks = \$ _____	Alaska Weekly Rate X 66 2/3% = \$ _____	Alaska Max. or Min. \$ <u>65.00</u>
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate X 66 2/3% = \$ _____
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate State Weekly Rate

(1) State or Country _____ (2) Date Left 1/1 (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE

g. RESUMPTION Knowledge Date: 1/1 h. ANNIVERSARY i. OTHER (Explain) _____

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
<i>12/13/82</i>	<i>TTD</i>	<i>12/13/82</i>			<i>65.00</i>	\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

(If additional space is needed, use chart on reverse.) TOTAL \$ _____

18. Impairment Rating: _____ % of _____ ; _____ % of _____ ; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began <u>12/10/82</u>	22. a. Employee Attorney Fees \$ <u>-0-</u>	b. Late Report Penalties \$ <u>-0-</u>
b. First Payment Date <u>12/28/82</u>	c. Employer Attorney Fees \$ <u>-0-</u>	d. Medical \$ <u>-0-</u>
21. Date Disability Ended <u>1/1</u>	e. Second Injury Fund \$ <u>-0-</u>	f. Rehabilitation \$ <u>-0-</u>
	<input type="checkbox"/> S Check to SIF Attached	g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work <u>1/1</u> Date	24. <input type="checkbox"/> Released for Work Date <u>1/1</u>	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job	Occupation _____	<input type="checkbox"/> Regular Work	27. <input type="checkbox"/> Returned to Alaska
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	29. <input type="checkbox"/> Recomputation	28. <input type="checkbox"/> Controversy (Attach 976105)
		31. <input type="checkbox"/> Other	30. <input type="checkbox"/> Board Order
			32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:
cc: AWCB + WIEN AIR AK

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) <i>Julia Falke, Claims Examiner</i>	35. Signature <i>Julia Falke</i>	36. Date <i>12/28/82</i>
37. Address (If different from No. 10) <i>Scott Weber Services, 741 Sesame St. Anch AK 99503</i>	City <i>Anch AK</i>	State <i>AK</i>
	Zip <i>99503</i>	Telephone

EMPLOYEE:

RELA

REPORT FOR YOUR RIGHTS INFORMATION ONLY. IMPORTANT INFORMATION ABOUT

INFORMATION ONLY. YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1142, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) <u>Bauer, Stephan</u>		2. Insurer Claim Number <u>794</u>	3. Injury Date <u>12/9/82</u>
4. Address <u>Box 9</u> City: <u>Umanua, AK</u> State: <u>AK</u> Zip: <u>99606</u> Telephone: _____		5. Social Security Number <u>476-64-7033</u>	
6. Employer <u>Wien air AK</u>		7. Birthdate <u>5/29/54</u>	
8. Address <u>4100 Intl Airport Rd.</u> City: <u>Anch, AK</u> State: <u>AK</u> Zip: <u>99502</u> Telephone: _____		9. Insurer/Adjusting Company <u>Self-Insured</u>	
		10. Address <u>40 Scott Witzel Services</u> City: _____ State: _____ Telephone: _____	

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages (documents)	12. If method 3, 4, or 5, how did you figure gross wages? _____
	<input type="checkbox"/> 2. Highest of three years, 19____ Documents received: <u>1/1</u> Date: _____	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured. _____
	<input type="checkbox"/> 4. Minor or apprentice	
	<input type="checkbox"/> 5. Volunteer policeman, etc.	

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employer Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$ _____	÷ 52 weeks = \$ _____	X 66 2/3% = \$ _____	\$ _____
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$ _____	-\$ _____	=\$ _____	X 66 2/3% = \$ _____
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$ _____	\$ _____	% X \$ _____	= \$ _____

(1) State or Country _____ (2) Date Left / / (3) Were gross wages earned in Alaska? Yes No Partly

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain) _____

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
<u>1-4-83</u>	<u>TTD</u>	<u>12/3/82</u>	<u>1-3-83</u>	<u>3 1</u>	\$ <u>320.90</u>	\$ <u>1008.54</u>
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____

(If additional space is needed, use chart on reverse.)

TOTAL \$ 1008.54

18. Impairment Rating: _____ % of _____ : _____ % of _____ : _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter Amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began <u>12/10/82</u>	22. a. Employee Attorney Fees \$ <u>0</u>	b. Late Report Penalties \$ <u>0</u>
b. First Payment Date <u>12/25/82</u>	c. Employer Attorney Fees \$ <u>0</u>	d. Medical \$ <u>0</u>
21. Date Disability Ended <u>1/1</u>	e. Second Injury Fund \$ <u>60.51</u>	f. Rehabilitation \$ <u>0</u>
	<input checked="" type="checkbox"/> \$ <u>60.51</u> Check to SIF Attached	g. Other \$ <u>0</u>

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input checked="" type="checkbox"/> Returned to Work <u>1/4/83</u>	24. <input type="checkbox"/> Released for Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
<input type="checkbox"/> At New Job <input checked="" type="checkbox"/> At Same Job	Date <u>1/1</u>	27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversion (Attach O7 € 1051)
Occupation _____	<input type="checkbox"/> Regular Work	29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
Weekly Pay Rate \$ _____	<input type="checkbox"/> Modified Work	31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks: cc: AWCB
Wien
File

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) <u>Judith Parks/Claim Examiner</u>	35. Signature <u>Judith Parks</u>	36. Date <u>1/14/83</u>
37. Address (If different from No. 10) <u>241 Serrano St. Ste 1-A Anch, AK 99502</u>	City: <u>Anch, AK</u> State: <u>AK</u> Zip: <u>99502</u> Telephone: <u>276-7111</u>	



Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone (907) 551-1725

February 13, 1984

Ms. Jacquelyn McClintock, Director
Alaska Worker's Compensation Division
P. O. Box 1149
Juneau, AK. 99811

Re: ANCB CASE NO: 204653
Employee: Kemo T. Crosby
Employer: Pacific Pearl Seafoods/AMFAC, Inc.
D.O.I. : 3/30/82

Dear Jackie:


Attached please find our Answer to the Petition of Readiness to Proceed filed by J. Paul House relative to the penalty for alleged late reporting.

Please schedule this for a formal hearing before the Worker's Compensation Board in Anchorage and also provide us with a copy of the Board's file so that we may know what information Mr. House is using as a basis for this alleged penalty.

Since it appears that all of the insurance carriers are receiving similar petitions, we would appreciate it if you would schedule all, or as many as possible, of these hearings on the same day, so that we may all set that time aside to be in attendance for this very important issue.

Your consideration to this request will be sincerely appreciated.

Very truly yours,


Renee Murray
Vice President

RM/bb

*P.S. Jackie - Please note the
affidavit that was filed on 2/2/84.
MM*



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc.

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

FEBRUARY 1, 1984

J. PAUL HOUSE, ADMINISTRATOR
STATE OF ALASKA
SECOND INJURY FUND
P.O. Box 1149
JUNEAU, AK 99802

RE: EMPLOYEE: KEMO T. CROSBY
EMPLOYER: AMFAC
DATE OF INJURY: 3/30/82
CLAIM NUMBER: 5870
AWCB NUMBER: 204653

DEAR MR. HOUSE:

I AM IN TOTAL DISAGREEMENT WITH YOUR LETTERS OF JANUARY 12, 1984 AND JANUARY 25, 1984.

AS YOU ARE AWARE, THE LAST TEMPORARY TOTAL DISABILITY PAYMENT MADE WAS JUNE 30, 1982, FOR THE PERIOD OF 6/23/83 THROUGH 7/6/83, WITH THE UNDERSTANDING FROM DR. FROST OF 6/30/83 THAT THE CLAIMANT WAS NOT RELEASED TO RETURN TO WORK. ON JULY 10, 1983, DR. FROST'S REPORT WAS RECEIVED INDICATING THAT MR. CROSBY HAS BEEN RELEASED TO RETURN TO WORK ON JULY 1, 1983. A TERMINATION REPORT WAS FILED ON JULY 20, 1983, TEN DAYS AFTER OUR KNOWLEDGE THAT MR. CROSBY HAD BEEN RELEASED TO RETURN TO WORK. I DO NOT SEE WHERE THE \$225.00 IS DUE.

ENCLOSED IS MY AFFIDAVIT FOR YOUR RECORD.

VERY TRULY YOURS,

SCOTT WETZEL SERVICES, INC.

MARION BERRY
CLAIM EXAMINER

MB/BB

ENCLOSURE

cc: AWCB

SCOTT WETZEL SERVICES, INC.
741 SESAME STREET, SUITE 1A
ANCHORAGE, ALASKA 99503

STATE OF ALASKA)
THIRD JUDICIAL DISTRICT) SS.

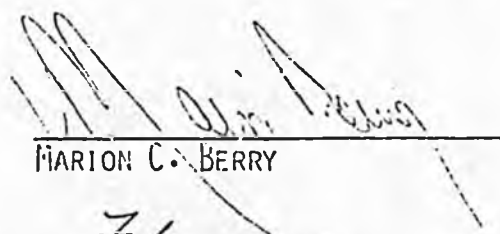
KEMO CROSBY,
EMPLOYEE,
VS.
PACIFIC PEARL SEAFOODS,
EMPLOYER,
AND
SELF-INSURED,
SCOTT WETZEL SERVICES, ADJUSTER
DEFENDANTS.

AFFIDAVIT

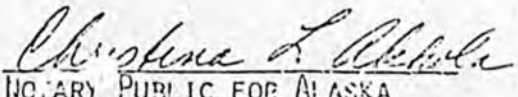
CASE NUMBER: 204653

MARION C. BERRY, BEING FIRST DULY SWORN, SAYS:

1. I AM AN EMPLOYEE OF SCOTT WETZEL SERVICES, HERE IN ANCHORAGE, ALASKA.
2. THE LAST COMPENSATION PAYMENT MADE TO THE EMPLOYEE, MR. KEMO CROSBY, WAS ISSUED ON 6/30/83 FOR TEMPORARY TOTAL DISABILITY FROM 6/23/83 THROUGH 7/6/83, WHICH GENERATED FROM A TELEPHONE CALL TO DR. JOHN FROST OF ANCHORAGE, ALASKA ON 6/30/83, STATING MR. CROSBY WAS NOT RELEASED TO RETURN TO WORK.
3. ON 7/10/83, DR. JOHN FROST'S PHYSICIAN'S REPORT RECEIVED AT SCOTT WETZEL SERVICES, ANCHORAGE OFFICE, INDICATED KEMO CROSBY WAS RELEASED TO RETURN TO WORK ON 7/1/83.
4. ON 7/20/83 A TERMINATION REPORT WAS FILED, SHOWING AN OVERPAYMENT ON TEMPORARY TOTAL DISABILITY BENEFITS.


MARION C. BERRY

SUSCRIBED AND SWORN TO BEFORE ME THIS 2 DAY OF February, 1984, IN ANCHORAGE, ALASKA.


NOTARY PUBLIC FOR ALASKA

MY COMMISSION EXPIRES ON: April 3, 1985.

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ALASKA WORKERS' COMPENSATION BOARD
P.O. Box 1149 Juneau, Alaska 99811

IN THE MATTER OF THE CLAIM)
FOR COMPENSATION AND/OR)
BENEFITS UNDER THE ALASKA)
WORKERS' COMPENSATION ACT.)

KENO CROSBY)

Employee,)

vs.)

PACIFIC PEARL SEAFOODS/AMFAC)

Employer,)

and)

SCOTT WETZEL SERV ICES, INC.)

, its Workers')

Compensation Insurance Company)

Claims Administrator)

Case No. 204653

Second Injury Fund's
ANSWER TO ~~EMPLOYEE'S~~
APPLICATION FOR BENEFITS

The employer and its workers' compensation carrier admit the following portions of the ~~employee's~~ claim filed on 'SECOND INJURY FUND'S

_____ Temporary Total Disability - From _____ through _____
From _____ through _____

_____ Temporary Partial Disability - From _____ through _____

_____ Permanent Total Disability - From _____ through _____

_____ Permanent Partial Disability - From _____ through _____

_____ Medical Costs - _____

_____ Compensation Rate (Average Weekly Wage Adjustment - _____

_____ Other - _____

The employer disputes the following claims made by the employer on 'SECOND INJURY FUND'

_____ Temporary Total Disability - From _____ through _____
From _____ through _____

_____ Temporary Partial Disability - From _____ through _____

_____ Permanent Total Disability - From _____ through _____

_____ Permanent Partial Disability - From _____ through _____

_____ Medical Costs - _____

_____ Compensation Rate (Average Weekly Wage Adjustment - _____

XX Other - _____ Penalty for Late Reporting

1. There ~~is~~/is not a reason the case cannot be heard
2. completely at the first hearing. The reason the case cannot be
heard completely at the first hearing is _____
3. _____
4. _____

5. _____ The claim is/is not barred under AS 23.30.100,
AS 23.30.105, or otherwise barred by law or equity.

6. _____ The injury was occasioned by the willful intention of
7. the employee to injure or kill himself or another.

8. _____ The injury was occasioned by the intoxication of the
employee.

9. _____ The last injurious exposure rule is or may be
10. applicable to this claim.

11. _____ The employee has failed to mitigate his/her injuries.
(State specific allegations.) _____
12. _____
13. _____

14. _____ The employee has been overpaid/paid at a different
15. rate than that to which the employee is or may be
entitled.

16. _____ The employee's compensation rate should be adjusted
for out-of-state residency under AS 23.30.175(d)&(e).

17. _____ Other: _____
18. _____
19. _____

20. DATED this 13 day of Feb., 1984.

22. SCOTT WETZEL SERVICES, INC.

24. By: Renee Murray
25. Renee Murray
Alaska Manager

26. I hereby certify that a true and
27. correct copy of the foregoing was
mailed this 13 day of Feb.,
28. 1984, to:
29. Jacquelyn McClintock, Director
Alaska Worker's Compensation Division
and Paul House - Second Injury Fund
30. and AMFAC, Inc.
31. _____
32. _____



SCOTT WETZEL SERVICES, INC.

AN AFFILIATE OF THE HMM GROUP INC

SPEED MEMO

TO	OFFICE	
Jacqueline McClintock		
FROM	OFFICE	FILE NO.
Renee Murray		304504
SUBJECT		DATE
Compensation Reports	Garnand vs. Wien Air	7 / 6 / 83

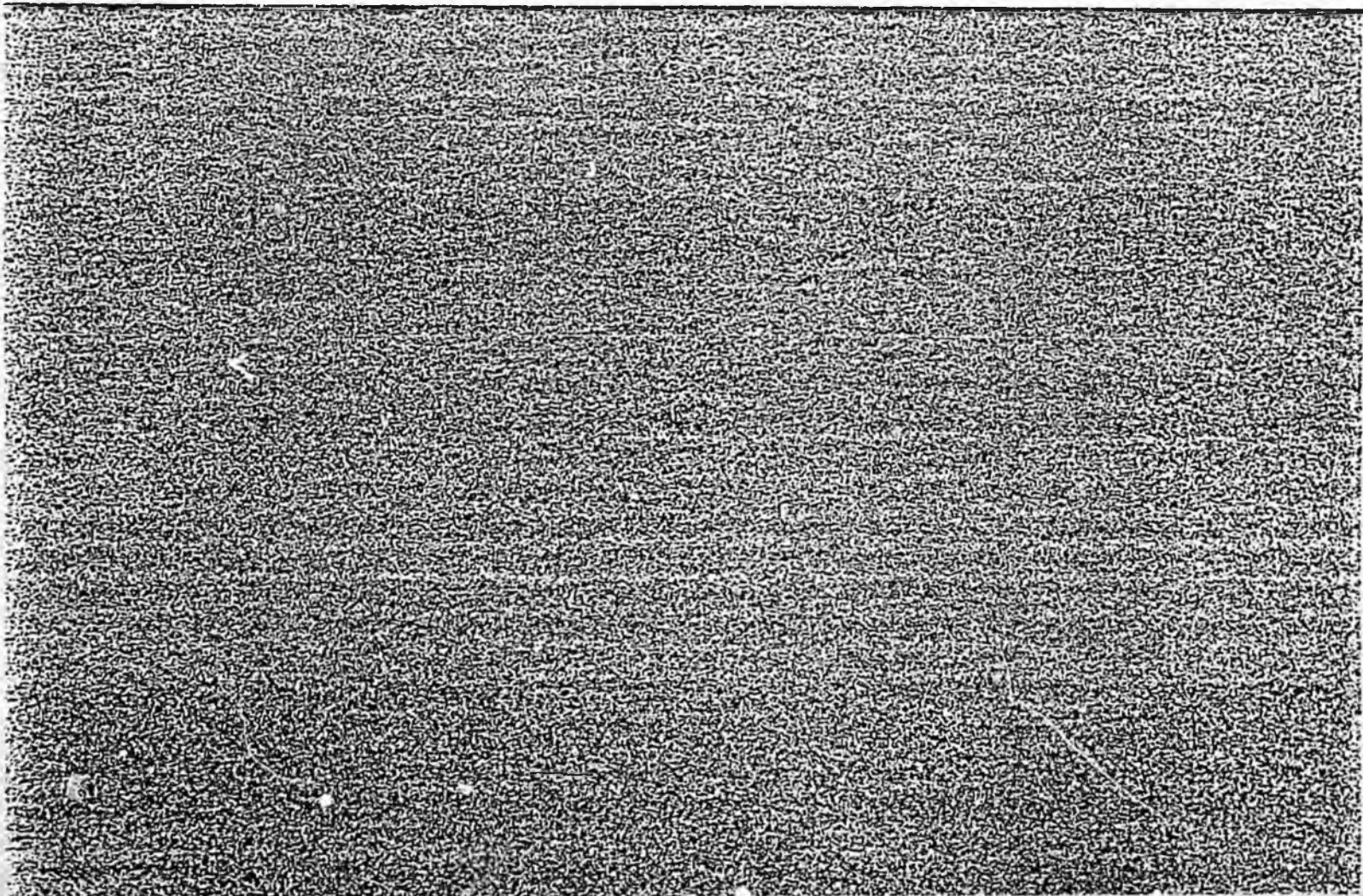
Dear Jackie:

I know you still don't understand my displeasure with the Compensation Report system, but maybe the attached will give you some idea of the cost factor..... involved and help explain industry's side of the question....In less than 3 mos. on this minor claim, the system required that we file 6 reports and if you don't think that's redundant and ridiculous and very expensive, then you and I are operating on totally different wave lengths.....

Because we wish to serve you more quickly, we use this speed memo.

ADM-107

By



STATE OF ALASKA
DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION
P.O. BOX 1149
JUNEAU, ALASKA 99802
(907) 465 2790

DATE 2-2-84

Scott Wetzel
741 Sesame St., Suite 1A
Anchorage, AK 99503

Dear Insurer:

AS 23.30.155(c) requires you to notify the Board within 14 days after making first payment or increasing, reducing, terminating, suspending, resuming or changing compensation rates or types.

A review of our records shows your compensation report was filed 117 days late. An affidavit stating this fact is attached. If you timely mailed your report, please return a copy of the report together with your affidavit of mailing. If you do not submit an affidavit, you must pay a late reporting penalty of \$2,500.00.

If I do not receive your check or affidavit within 30 days, the Fund will petition the Board for an order requiring payment.

Employee: Gunter, Bob

Employer: Anglo Alaskan Construction

Injury Date: 7-21-83
AWCB Case No: 314907
Your Case No.: 425

Very truly yours,

Paul House
Paul House, Administrator
Second Injury Fund

State of Alaska
Department of Labor
Workers' Compensation Division
P.O. Box 1149, Juneau, AK 99802

Bob Gunter,
Employee,

vs.

Anglo Alaskan Construction,
Employer,

and

Self-Insured,

Scott Wetzel, Adjuster
Defendants.

AFFIDAVIT
Case No. 314907

State of Alaska
First Judicial District } ss.

J. Paul House, being first duly sworn, says:

1. I am an employee of the State of Alaska, Division of Workers' Compensation.
2. I have reviewed our records for the above captioned case and find the compensation report for the payment made 07-29-83 was postmarked 12-7-83 and received 12-12-83 in Juneau, Alaska.

J. Paul House

Subscribed and sworn to before me this 2nd day of February, 1984, in Juneau, Alaska.

Elaine Vandenberg

Notary Public for Alaska

My commission expires 6/24/87.



Scott Wetzel Services Incorporated

An Affiliate of The Home Group, Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone (907) 561-1725

Bob Gunter, Employee

vs.

Anglo Alaska Construction Co.,

Employer

vs.

Scott Wetzel, Adjusters

Defendants

AFFIDAVIT

Case No. 314907

State of Alaska

Third Judicial District

Renee Murray, being first duly sworn, says:

1. I am an employee of Scott Wetzel Services, Inc.
2. I have reviewed our records for the above captioned case and find the Compensation Report for the payment made 7/29/83 was completed and mailed from our office to the State of Alaska Worker's Compensation Division on 7/29/83.
3. I swear under threat of perjury that this statement is true, but this affidavit is filed under protest and is an insult to the integrity of this firm, our employees and our industry as a whole.

Renee Murray

/

Subscribed and sworn to before me this 11th day of Feb.

1984, in Anchorage, Alaska.

Supplement to Affidavit on Bob Gunter vs. Scott Wetzel Services

On 9/7/83 you sent us a letter stating you had not received our initial report. In checking our file, our copy clearly indicated that it had been completed and mailed to you on 7/29/83. We send a bulk mailing to your office every day and since you obviously received the rest of the mail (or we would have received innumerable notices that you had not received the reports for that date, and we did not); then we must presume that you did, in fact, receive our initial report dated 7/29/83 and lost it somewhere in the bowels of your system.

Upon receipt of your request, a note was given to our clerical department to photocopy the report and send you another copy.

You obviously received our copy and date stamped it into your office on 12/7/83 and for sending you the copy, you have now indicated we owe you \$2500.00 because you received our second copy and date stamped it in 117 days after you should have stamped in the first copy. THIS IS YOUR ERROR - NOT OURS. Maybe you should pay us the \$2500.00 for all the stress, harassment and extra work you have caused us.

However, we are willing to forgive you for an occasional error, even though you are not willing to offer us the same courtesy.

Renee Murray

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY. READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) GUNTER, BOB				2. Insurer Claim Number 425		3. Injury Date 7 / 21 / 83	
4. Address 1503 CARR ST						5. Social Security Number 432 - 66 - 2129	
City	State	Zip	Telephone			6. Birthdate 2 / 20 / 38	
FAIRBANKS	AK	99701	456-8270				
7. Employer ANGLO				8. Insurer/Adjusting Company SELF INSURED			
9. Address 4300 B ST, SUITE 400				10. Address SCOTT WETZEL SERVICES, INC.			
City	State	Zip	Telephone	City	State	Zip	Telephone
ANCHORAGE	AK	99503	561-2231				

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS	<input type="checkbox"/> 1. Awaiting gross wages documents	12. If method 3, 4, or 5, how did you figure gross wages?
	<input checked="" type="checkbox"/> 2. Highest of three years ⁸² 8 / 8 / 83 Documents received: _____ Date	
	<input type="checkbox"/> 3. Same or similar wages	<input type="checkbox"/> 13. Tips, board, rent, housing or similar advantage included. Explain how figured.
	<input type="checkbox"/> 4. Minor or apprentice	
	<input type="checkbox"/> 5. Volunteer policeman, etc.	

14. RATE \$ 674.48	15. HOW RATE WAS FIGURED			
<input checked="" type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$ 52,608.69	÷ 52 weeks = \$ 1011.71	x 66 2/3% = \$ 674.48	\$ -----
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	=\$	x 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPO, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	÷ \$	= %	x \$ = \$
(1) State or Country	(2) Date Left	/ /	(3) Were gross wages earned in Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly

16. <input type="checkbox"/> a. INITIAL PAYMENT	<input type="checkbox"/> b. SIF PAYMENT ONLY	<input type="checkbox"/> c. TERMINATION	<input type="checkbox"/> d. SUSPENSION	<input checked="" type="checkbox"/> e. RATE CHANGE	<input type="checkbox"/> f. TYPE CHANGE
<input type="checkbox"/> g. RESUMPTION	Knowledge Date: / /	<input type="checkbox"/> h. ANNIVERSARY	<input type="checkbox"/> i. OTHER (Explain)		

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
8/12/83	TTD	7/25/83			\$ 674.48	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.)

TOTAL

\$

18. Impairment Rating: _____ % of _____; _____ % of _____; _____ % of _____

19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it? _____

20. a. Date Disability Began	7 / 22 / 83	22. a. Employee Attorney Fees	\$ _____	b. Late Report Penalty	\$ _____
b. First Payment Date	7 / 29 / 83	c. Employer Attorney Fees	\$ _____	d. Medical	\$ 605.20
21. Date Disability Ended	/ /	e. Second Injury Fund	\$ _____	f. Rehabilitation	\$ _____
		<input type="checkbox"/> s	Check to SIF Attached	g. Other	\$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. <input type="checkbox"/> Returned to Work _____ / _____ / _____ <input type="checkbox"/> At New Job <input type="checkbox"/> At Same Job Occupation _____ Weekly Pay Rate \$ _____	24. <input type="checkbox"/> Released for Work Date _____ / _____ / _____ <input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work	25. <input type="checkbox"/> Moved from Alaska	26. <input type="checkbox"/> Compromise and Release
		27. <input type="checkbox"/> Returned to Alaska	28. <input type="checkbox"/> Controversy (Attach 07-6105)
		29. <input type="checkbox"/> Recomputation	30. <input type="checkbox"/> Board Order
		31. <input type="checkbox"/> Other	32. <input type="checkbox"/> Lack Recent Medical Report

33. Remarks:
CC: ANCB
CC: ANGLO
CC: FILE

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.

34. Name and Title of Person Submitting Report (Type or Print) MARION C. BERRY/CLAIMS EXAMINER	35. Signature <i>Marion C. Berry</i>	36. Date 8 / 12 / 83
37. Address (if different from No. 10) City	State	Zip Telephone

EMPLOYEE:

KEEP THIS REPORT FOR YOUR RECORDS. FOR INFORMATION ONLY.
READ IMPORTANT INFORMATION ABOUT YOUR RIGHTS ON BACK.

ALASKA DEPARTMENT OF LABOR
Alaska Workers' Compensation Board
Box 1149, Juneau, Alaska 99811

COMPENSATION REPORT

AWCB Case Number

1. Employee's Name (Last, First, Middle Initial) GUNTER, BOB		2. Insurer Claim Number 425		3. Injury Date 7 / 21 / 83	
4. Address 1503 CARR ST				5. Social Security Number 432- 66 - 2129	
City FAIRBANKS,	State AK	Zip 99701	Telephone 456-8270	6. Birthdate 2 / 20 / 38	
7. Employer ANGLO		8. Insurer/Adjusting Company SELF INSURED			
9. Address 4300 B ST, SUITE 400		10. Address SCOTT WETZEL SERVICES, INC.			
City ANCHORAGE	State AK	Zip 99503	Telephone 561-2231	City	State Zip Telephone

COMPENSATION RATE (Complete for initial payment or rate change)

11. 1. Awaiting gross wages documents
 2. Highest of three years, 19____ Documents received: / / Date
 3. Same or similar wages
 4. Minor or apprentice
 5. Volunteer policeman, etc.
 12. If method 3, 4, or 5, how did you figure gross wages?
 13. Tips, board, rent, housing or similar advantage included. Explain how figured.

14. RATE \$	15. HOW RATE WAS FIGURED			
<input type="checkbox"/> a. Alaska TTD, PTD, death or scheduled PPD	a. Gross Wages	Employee Avg. Wk. Wage	Alaska Weekly Rate	Alaska Max. or Min.
	\$	÷ 52 weeks = \$	X 66 2/3% = \$	\$
<input type="checkbox"/> b. Alaska unscheduled PPD or TPD	b. Employee Avg. Wk. Wage	Earning Capacity	Difference	Alaska Weekly Rate
	\$	-\$	=\$	X 66 2/3% = \$
<input type="checkbox"/> c. Out-of-state TTD, TPD, PPD, PTD or death	c. State Avg. Wk. Wage	Alaska Avg. Wk. Wage	State Ratio	Alaska Weekly Rate
	\$	÷ \$	= % X \$	= \$
(1) State or Country	(2) Date Left / /	(3) Were gross wages earned in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly		

16. a. INITIAL PAYMENT b. SIF PAYMENT ONLY c. TERMINATION d. SUSPENSION e. RATE CHANGE f. TYPE CHANGE
 g. RESUMPTION Knowledge Date: / / h. ANNIVERSARY i. OTHER (Explain)

17. a. Payment Date	b. Type	c. From	d. Through	e. Weeks & Days	f. Weekly Rate	g. Total Amount
8/29/83	TTD	7/22/83	8/25/83	4 5	\$ 674.48	\$ 3178.67
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

(If additional space is needed, use chart on reverse.)

TOTAL \$ 3178.67

18. Impairment Rating: _____ % of _____ % of _____ % of _____
 19. Permanent disability compensation was paid in a lump sum. (Enter amount in No. 17.) How did you figure it?
 20. a. Date Disability Began 7 / 22 / 83
 b. First Payment Date 7 / 29 / 83
 21. Date Disability Ended 8 / 23 / 83
 22. a. Employee Attorney Fees \$ _____ b. Late Report Penalties \$ _____
 c. Employer Attorney Fees \$ _____ d. Medical \$ 680.20
 e. Second Injury Fund \$ 190.78 f. Rehabilitation \$ _____
 \$ 190.78 Check to SIF Attached g. Other \$ _____

REASON FOR SUSPENSION, TERMINATION, RATE CHANGE, TYPE CHANGE, OR NON-PAYMENT

23. Returned to Work 8 / 24 / 83 Date
 At New Job At Same Job
 Occupation _____
 Weekly Pay Rate \$ _____
 24. Released for Work Date / /
 Regular Work
 Modified Work
 25. Moved from Alaska
 26. Compromise and Release
 27. Returned to Alaska
 28. Controversy (Attach O7G105)
 29. Recomputation
 30. Board Order
 31. Other
 32. Lack Recent Medical Report

33. Remarks:
 CC: AWCB
 CC: ANGLO
 CC: FILE

I certify that I have mailed the original of this report to the employee at the address above and a copy to the Alaska Workers' Compensation Board.
 34. Name and Title of Person Submitting Report (Type or Print) **MARION C. BERRY/CLAIMS EXAMINER**
 35. Signature *[Signature]*
 36. Date **8 / 29 / 83**
 37. Address (if different from No. 10)



SCOTT WETZEL SERVICES, INC.
AN AFFILIATE OF THE FIDARE GROUP, INC.

SPEED MEMO

TO	OFFICE	FILE NO.	DATE
Randy Weddle - Faulkner, Banfield, Doogan & Holmes -- Denali Tower, 2550 Denali, Anchorage			7/6/74
FROM	OFFICE	FILE NO.	
Renee Murray			
SUBJECT			
Ruth Adams vs. State of Alaska			

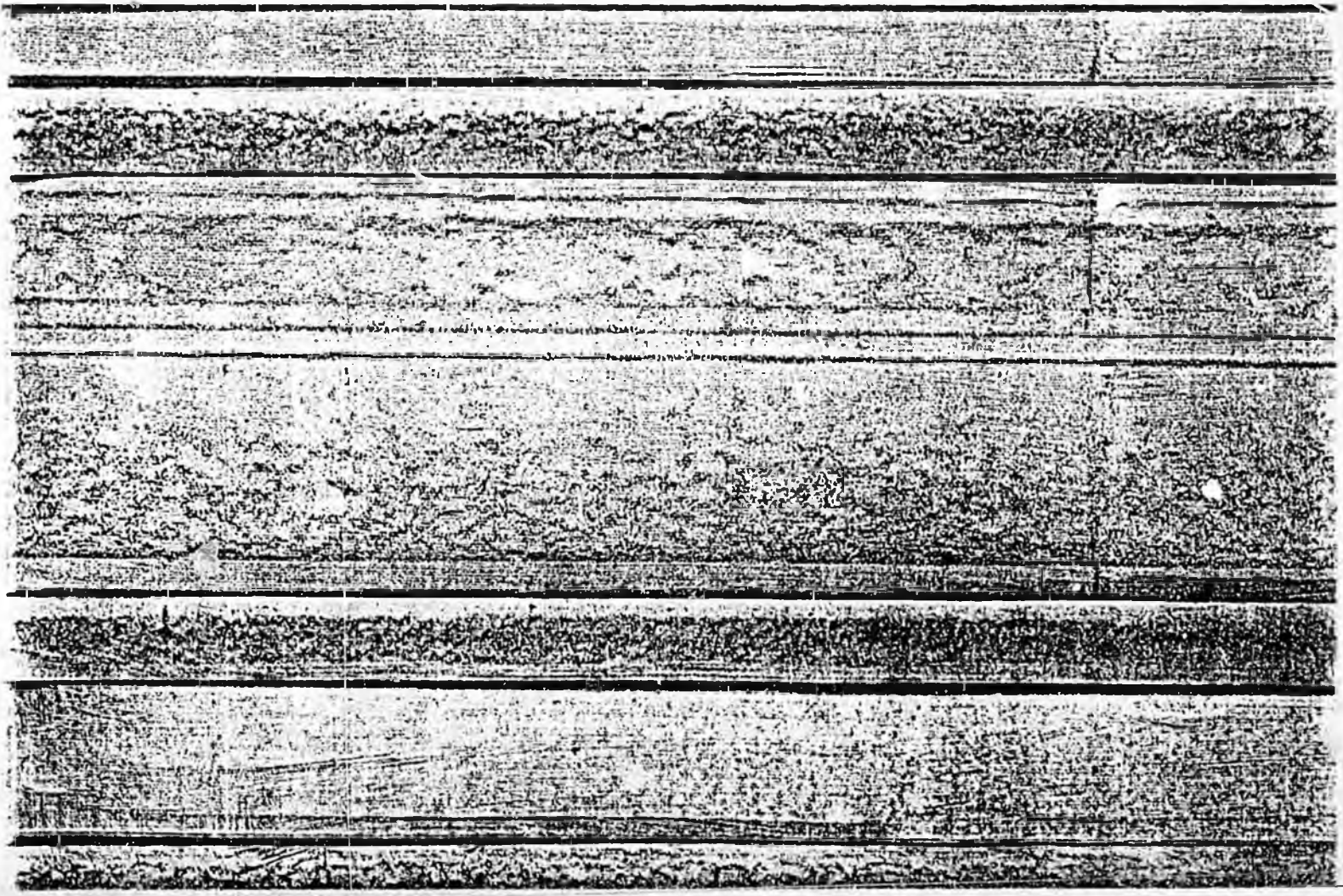
..... Randy - I told you that we now send all of our reports to the State in a certified envelope and we attach a list of the enclosed reports and make the Board sign and return a copy to us. I also told you we now have a case wherein this procedure was followed, the Board acknowledged receipt of the initial report and we subsequently received a letter stating they had not received it.

..... When we called the Board, they acknowledged their error and admitted it they had the report. THIS IS THE VERY FIRST TIME THEY HAVE EVER ADMITTED AN ERROR. They have always insisted their system was fool proof and error free and if they said they had not received a report - then they had not received it. We should be able to use this proof to throw out most of the penalties wherein they say we did not file and we insist that we did.

..... We recently had a case (prior to the use of the certified mail) wherein they said they had not received an initial report. We contacted the clmt and she said she had received the report along with the initial payment and within 14 days. We had her complete an Affidavit and the W. C. Toward still said that wasn't good enough because it didn't prove they had received their copy and that was all that mattered. IF you want this file too, I will send it over.

Because we wish to serve you more quickly, we use this speed memo.
ADM-107

Renee Murray





Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

June 6, 1984

State of Alaska
Department of Labor
Box 1149
Juneau, Alaska 99811

Attn: Pat Shira
Worker's Compensation Division

Re: Ruth Adams vs State of Alaska
Date of Loss: 2/19/84
Claim # 1540
AWCB # 403900

Dear Pat:

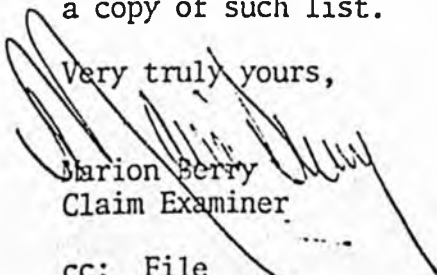
This letter is only to confirm my conversation with you of 6/6/84 on the above claim.

As you are aware you sent a form letter stating that an Initial Report was not received by your office, your letter was dated 5/23/84. When we spoke you advised me that your office did indeed receive our initial report and it was post-marked 5/2/84 according to the information on your computer.

I also advised you that along with the initial report a controversion notice on the same claim was sent, which you stated you did receive and it also was post-marked 5/2/84.

As you are aware we send all correspondence (Compensation Reports, Controversion, etc) to AWCB certified now and according to our records that report along with other were received on your office 5/7/85 and signed by Laila Clarke, attached is a copy of such list.

Very truly yours,


Marion Berry
Claim Examiner

cc: File

Encl.

mcb



AWC
FORM 07 1984

Scott Wetzel Services Incorporated

An Affiliate of The Home Group Inc

741 Sesame Street • Suite 1A • Anchorage, Alaska 99503

Phone: (907) 561-1725

TO: ALASKA WORKER'S COMPENSATION DIVISION
PO BOX 1149
JUNEAU AK 99802

RETURN RECEIPT REQUESTED
P 666 652 766

THE FOLLOWING COMPENSATION REPORTS AND CONTROVERSIONS ARE ENCLOSED HERewith:

<u>NAME</u>	<u>DATE OF INJURY</u>	<u>DATED</u>
✓ HORVATH, W (CONT)	08-21-82	05-02-84
✓ RAUER, C	07-06-83	05-02-84
✓ ADAMS, R	02-19-84	05-01-84
✓ ADAMS, R (CONT)	02-19-84	05-01-84
✓ NOUWENS, S	03-02-84	05-01-84
✓ MINNELLER, T	06-18-82	05-02-84
✓ BILLINGTON, T	04-04-84	05-02-84
✓ SULLIVAN, M	04-11-84	05-02-84
✓ JOSEY, D	04-17-84	05-02-84
✓ MEYER, T	03-27-84	05-02-84
✓ RUSHER, R	07-04-84	05-02-84
✓ HUFFMAN, G	01-04-84	05-02-84
✓ HOWELL, F.	6-7-83	5-2-84
✓ Forest, D.	12-29-83	5-2-84
✓ Adams, T.	7-6-82	5-2-84
✓ Constantino, M.	1-13-83	5-2-84

WE HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE REPORTS.

PLEASE SIGN AND RETURN THIS FORM TO THE ABOVE ADDRESS.

DATE

APR 5-9-84

Saila Clarke 5-7-84
ALASKA WORKER'S COMPENSATION DIVISION

STATE OF ALASKA

DEPARTMENT OF LABOR

BILL SHEFFIELD, GOVERNOR

BOX 1149
JUNEAU, ALASKA 99811
PHONE: 465-2790

TO: Marion C. Berry
1122nd
anch, AK

Date 5-23-84

Dear Insurer:

- I. _____ According to AS 23.30.155(a),(c), and (e), compensation payments must be made within 14 days after payment is due unless timely controverted or late payment resulted from conditions beyond your control. Your recent Compensation Report for the case captioned below indicates the payment you made _____, 1982 was later than 14 days after due.

If you dispute this determination, please advise the reasons why the penalty should be excused. If you do not dispute it, please pay the injured worker 20% of each late installment of compensation and file a compensation report showing that payment.

- II. The compensation report for the payment you made _____, 1982 contained the following error(s) or omission(s):

<input type="checkbox"/> Items 1 - 10	<input type="checkbox"/> Items 18 - 19
<input type="checkbox"/> Items 11 - 13	<input type="checkbox"/> Items 20 - 21
<input type="checkbox"/> Item 14 - 15	<input type="checkbox"/> Items 23 - 32
<input type="checkbox"/> Item 17	<input type="checkbox"/> Items 33 - 35

Please correct the(se) error(s) or omission(s) and attach this letter to your corrected report when it is resubmitted.

Employee Adams, Ruth Insurer No. 1540

Employer State of AK ANCB No. 403900

Date of Injury 2-19-84

Very truly yours,

[Signature]

Workers' Compensation Division

*We have a rate change suspension
rept to correct of that report
dated 5-10-84 & 5-11-84 no entry*

AN INITIAL REPORT HAS NOT BEEN RECEIVED ON THIS CLAIM. PLEASE PROVIDE THE INITIAL REPORT. IF YOU PREVIOUSLY MAILED THE REPORT REQUESTED, PLEASE FILE AN AFFIDAVIT WITH THE REPORT TO PREVENT A LATE REPORTING PENALTY.

Thank You



SCOTT WETZEL SERVICES, INC.
AN AFFILIATE OF THE HOME GROUP INC.

SPEED MEMO

AWOL BUREAU NOV 01 1982

ATTN: RENEE

TO Jan Hansen OFFICE - W.C. Div - Juneau

FROM Renee Murray OFFICE FILE NO.

SUBJECT Mail Service:

DATE 10/28/82

AWOL BUREAU NOV 01 1982

Jan -
Here is a classic example of why we don't trust the U.S. Mail. As you can see, the attached envelope was mailed from Fairbanks on 10/8/82 & received here 10/27/82. If this was one of our Comp reports, would you believe us?

Because we wish to serve you more quickly, we use this speed memo.

11/12/82 Yes, we would accept your affidavit. Jan Renee Murray

State of Alaska
Department of Labor
Workmen's Compensation Division
675 - 7th Avenue, Station J
Fairbanks, Alaska 99701

ORIGINAL BUSINESS
STATE OF ALASKA
FAIRBANKS, ALASKA
OCT 8 1982
AIRMAIL
AIRMAIL
AIRMAIL

CLAIM CHECK NO.
295006

HOLD

DATE

1ST NOTICE

2ND NOTICE

RETURN

Detached from
PS Form 3849-A
May 1979

RETURN RECEIPT REQUEST

CERTIFIED
P 316 145 723
MAIL

Scott Wetzel Services
741 Sesame Street, Suite 1A
Anchorage, Alaska 99503

RECEIVED
OCT 10 1982

ANCHORAGE, AK
OCT 27 1982
SCOTT WETZEL
SERVICES, INC.

SCOTT WEITZEL
SERVICES, INC.

NOV 22 1982

ANCHORAGE, AK



Official Business

Alaska State Legislature

House

Pouch V
State Capitol
Juneau, Alaska 99811

MEMO

DATE: 2/26/85
TO: LABOR AND COMMERCE COMMITTEE
FROM: REPRESENTATIVE VIRGINIA COLLINS
RE: DEPARTMENT OF LABOR POSITION PAPER

The issues raised in the Department of Labor position paper are no longer relevant. House Bill 6, Sponsor Substitute, provides for a (21) day grace period for the employer or insurer to correct "human errors" after the first \$100.00 penalty is assessed.

Provisions contained in the original bill, which may have required substantial time and cost, have been eliminated. Therefore House Bill 6, Sponsor Substitute, will carry a zero dollar fiscal note.

Bill No. House Bill 6

Date February 7, 1985

Title "An Act relating to Workers' Compensation;
and providing for an effective date."

Contact *JM* L. McClintock
465-2790

The Department of Labor is opposed to the passage of HB 6, which provides for the discretionary, instead of mandatory, payment of late reporting penalties assessed under AS 23.30.155(c), and requires the board to review all civil penalties imposed since July 11, 1981.

Under AS 23.30.155, the employer/insurer independently decides when to begin, change or stop the payment of compensation benefits to an injured worker. When the employer/insurer initiates action that affects the payment of compensation, the insurance adjuster must notify the board and injured worker of the action taken by filing a compensation report with the board within 28 days and mailing a copy of it to the injured worker. Failure to timely file a report subjects the employer/insurer to a civil penalty of \$100 for the first day plus \$10 for each day thereafter until the report is filed, up to a maximum of \$1,000. The term "notify" or "file with the board" means the date the report was placed in the mail, i.e. postmark date.

This bill allows the board to waive the penalty if it finds that failure to timely file was due to conditions over which the employer/insurer had no control. Since any action to begin, change or stop payment of compensation is initiated by the employer/insurer and the insurer has 28 days to file a report, it is difficult to imagine any circumstance which would be beyond the employer's/insurer's control other than nondelivery of mail. The board has provided for this contingency by allowing the employer/insurer to file an affidavit affirming that a report was mailed to the board. The bill further provides that the requirement to pay a late reporting penalty would be a discretionary decision by the board.

Although the bill is not clear on how the board would proceed in its review of employer/insurer penalties, the only workable procedure is through an appeal process. This means that following the assessment of a penalty by the Second Injury Fund the insurer would have to petition the board for waiver of a disputed penalty, which would then initiate the full board adjudication process.

Statistics show that 133 penalties were paid during CY84, 89 penalties are still pending action by the insurer and 42 penalty cases were referred to the board for order or payment. While it is conceivable that an equal number of cases per year could be appealed to the board as a result of this bill, the fiscal note is based on an assumption that no more than half of all penalties assessed annually will be appealed. Although the issues are much less complex to adjudicate, there would be substantial time and cost involved for the Alaska Workers' Compensation Board to hold hearings, decide the case, and issue its findings of fact, conclusions of law and

POSITION PAPER/Department of Labor

order. From this level, of course, the insurer or Second Injury Fund could appeal the board's decisions to the Superior Court. The increased hearing load will require on-going additional board hearing officer and clerical resources, as well as legal representation for the Second Injury Fund. Additional resources would also be required for one year to conduct hearings on penalties imposed and paid since January 1, 1982.

APPROVED:

A handwritten signature in cursive script that reads "Jim Robison". The signature is written in dark ink and is positioned above a horizontal line.

Jim Robison
Commissioner

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: H36
 Title: "An Act relating to
 Workers' Compensation"
 Sponsor: Collins & Martin
 Requestor: House Labor and Commerce
 Date of Request: 2/7/85

FISCAL DETAIL

Agency Affected: Labor
 Program Category Affected: Public Protection
 BRU, Program or Subprogram(s) Affected: Workers' Compensation

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES		85.7	88.7	91.7	94.9	98.2
200 TRAVEL		34.9	19.1	20.2	21.4	22.7
300 CONTRACTUAL		219.0	30.7	32.6	34.5	36.6
400 SUPPLIES		1.5	1.6	1.7	1.8	1.9
500 EQUIPMENT		3.2	0	0	0	0
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	344.3	140.1	146.2	152.6	159.4

CAPITAL						
----------------	--	--	--	--	--	--

REVENUE						
----------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		344.3	140.1	146.2	152.6	159.4
FEDERAL FUNDS						
OTHER						
TOTAL	0	344.3	140.1	146.2	152.6	159.4

POSITIONS:

FULL-TIME	0	2	2	2	2	2
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Analysis attached

Prepared By: ^{MB} Jacque McClintock
 Division: Workers' Compensation

Phone: 465-2790

Date: 2/2/85

Approved by Commissioner: ^{MB} Jim Robinson
 Agency: Department of Labor

Date: 2/8/85

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84

FISCAL NOTE

The Legislature of the State of Alaska
 Fourteenth Legislature
 Bill/Resolution No.: HB6
 Title: "An Act relating to Workers' Compensation"
 Agency Affected: Department of Labor

As a result of this bill we estimate a minimum of 125 workers' compensation hearings would have to be held each year. Also, since the bill is retroactive to July 11, 1981, we estimate that at least half of the 327 penalties assessed since January 1, 1982 would have to be heard the first year the bill is effective.

In order to hold the estimated number of hearings each year the following costs would be incurred:

	<u>FY 86 Costs</u>
A. One full time Workers' Compensation hearing officer and associated costs*	\$ 77.1
B. Clerk typist III and associated costs*	42.3
C. Attorney general's fees	5.0
D. Workers' Compensation Board per diem expenses (2 people x 50 days x \$130 per day)	<u>13.0</u>
Total for normal hearing load	\$137.4

In order to hear the retroactive claims during the first year the following additional resources would be required in FY 86:

A. Contractual hearing officer services	\$150.0
B. Contractual secretary services for hearings	35.0
C. Attorney general's fees	5.0
D. Workers' Compensation Board per diem expenses (2 people x 65 days x \$130/day)	<u>16.9</u>
Total for retroactive hearings	\$206.9

We have assumed an effective date of July 1, 1986 for this bill. Also, in fiscal years 87-90 we assumed an inflation rate of 6% on non personal services costs, and 3.5% on personal services costs.

* See attached New Position Requests for associated costs.

1.	POSITION TITLE Clerk Typist III			RANGE/STEP 8A	BARG. UNIT GGU	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Anch.	ELECTION DISTRICT	LEG.	
3.	CONTINUATION LEVEL	ADDITION			JUSTIFICATION				
4.	TYPE OF EXPENDITURE			AMOUNT	<p>The services of a clerk typist III are needed to process the legal filings and board orders resulting from enactment of HB6.</p> <p>At least 125 penalty cases per year, will be brought before the board for adjudication. This will result in an additional workload for the board's clerks in processing legal documents and issuing the board's decisions and orders that are an integral part of the board's adjudication procedure.</p> <p>Failure to provide the additional clerical resources would adversely affect timely scheduling of disputed claims and issuing the board's decisions.</p> <p>Contractual services costs associated with this position would include rent, \$3,600; indirect, \$2,300; and other average expenses of \$7,049 for a clerical position.</p> <p>Normal commodities of \$1,000 and a one-time expense for equipment of \$1,600 are also included.</p>				
	1	2	3						
	PERSONAL SERVICES								
5.	Salary		19,572						
6.	Benefits		3,261						
7.	Supplemental Benefits		1,200						
8.	Fixed Benefits		2,732						
9.	TOTAL PERSONAL SERVICES	01		26,765					
10.	Travel	02		0					
11.	Contractual	03		12,949					
12.	Commodities	04		1,000					
13.	Equipment	05		1,600					
14.	Other								
15.	TOTAL COST			42,314					
	RECEIPT CODE	FUNDING SOURCE							
16.		Federal Receipts	1002						
17.		G.F. Match	1003						
18.		General Funds	1004	42,314					
19.		I-A Receipts	1005						
20.		Program Receipts	1028						
21.		Other							

FOR B&M USE ONLY
4A KEY NUMBER _____

13 REQUEST FOR
NEW POSITION

AGENCY Department of Labor
PROGRAM Worker Protection
BRU Workers' Compensation
COMPONENT Workers' Compensation

Page _____ of _____
Revised Date _____

FY 86

LEG:F:36

1.	POSITION TITLE Workers' Compensation Hearing Officer			RANGE/STEP 21A	BARG. UNIT GGU	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Anch.	ELECTION DISTRICT	LEG.	
3.	CONTINUATION LEVEL			ADDITION			JUSTIFICATION		
4.	TYPE OF EXPENDITURE			AMOUNT					
	1		2		3				
	PERSONAL SERVICES								
5.	Salary		45,744						
6.	Benefits		7,621						
7.	Supplemental Benefits		2,804						
8.	Fixed Benefits		2,732						
9.	TOTAL PERSONAL SERVICES	01		58,901					
10.	Travel	02		5,000					
11.	Contractual	03		11,090					
12.	Commodities	04		500					
13.	Equipment	05		1,600					
14.	Other								
15.	TOTAL COST			77,091					
	RECEIPT CODE	FUNDING SOURCE							
16.		Federal Receipts 1002							
17.		G.F. Match 1003							
15.		General Funds 1004		77,091					
19.		I-A Receipts 1005							
20.		Program Receipts 1028							
21.		Other							

The services of a board hearing officer are needed to chair hearings on disputed employer/insurer penalty cases resulting from enactment of HB6.

At least 125 penalty cases per year will be brought before the board for adjudication. Although the issues are much less complex to adjudicate, there will be substantial time involved for the hearing officer to chair the hearings and write the board's findings of fact, conclusions of law, and order.

Failure to provide the additional board resources would adversely affect the board's ability to promptly hear and decide disputed claims between injured workers and employers.

Contractual services expenses associated with this position would include rent, \$3,600; indirect, \$5,490; and other average costs of \$2,000.

Normal commodities of \$500 and one-time equipment charges of \$1,600 are also included.

FOR B&M USE ONLY
4A KEY NUMBER _____

13 REQUEST FOR
NEW POSITION

AGENCY Department of Labor
PROGRAM Worker Protection
BRU Workers' Compensation
COMPONENT Workers' Compensation

FY 86

Page of
Revised Date

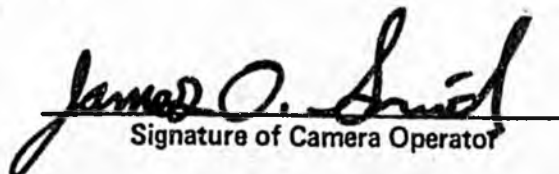
LEG:F:35



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.


Signature of Camera Operator


Date