

ALASKA LEGISLATURE COMMITTEE FILED 1900 1900  
3454 HLAB HB 6 330

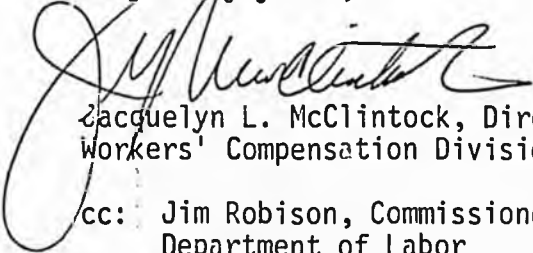
controversion notice? The controversion provision under §.155 was amended last year extending the time period to controvert a claim from 14 days to 21 days, allowing the employer/insurer more investigative time to verify a claim. Or you may be confusing the time period to pay compensation with the time 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) ~~255-2000~~ 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 THIS REPORT FOR YOUR RECORDS. 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

1. Employee's Name (Last, First, Middle Initial) <u>Bauer, Stephen</u>		2. Insurer Claim Number <u>794</u>	3. Injury Date <u>12 9 182</u>
4. Address <u>Box 9</u>		5. Social Security Number <u>476-641-7033</u>	
City <u>Hianna, AK</u>	State <u>AK</u>	Zip <u>99606</u>	6. Birthdate <u>5 / 29 / 54</u>
7. Employer <u>Wien Air Alaska</u>		8. Insurer/Adjusting Company <u>Self-Insured</u>	
9. Address <u>4100 Intl Airport Rd.</u>		10. Address I <u>90 Scott Medical Services</u>	
City <u>Anch, AK</u>	State <u>AK</u>	Zip <u>99502</u>	Telephone <u>511-1707</u>

COMPENSATION RATE (Complete for initial payment or rate change)

METHODS

1. Awaiting gross wages documents  
 2. Highest of three years, 10 81  
 Documents received: 1/3/83  
 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 <u>\$25,030.18</u>	Employee Avg. Wk. Wage <u>52 weeks = \$ 481.35</u>	Alaska Weekly Rate <u>x 66 2/3% = \$ 320.90</u>	Alaska Max. or Min. <u>\$</u>
<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
<u>1-4-83</u>	<u>TTD</u>	<u>12-13-82</u>	<u>1-3-83</u>	<u>3 /</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>1/14/83</u>	22. a. Employee Attorney Fees <u>\$ 0</u>	b. Lat's Report Penalties <u>\$ 0</u>
b. First Payment Date <u>12/28/82</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>\$ (00.51)</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 <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: 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) <u>Julia Falckheim Examiner</u>	35. Signature <u>Julia Falckheim</u>	36. Date <u>2/18/83</u>
37. Address (if different from No. 10) <u>741 Seaview St Ste. 1-1X Anch AK 99502</u>	City <u>Anch AK</u>	State <u>AK</u>
	Zip <u>99502</u>	Telephone <u>511-1707</u>

**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 99500

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 \$ _____ \$ _____ %	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 <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>1/1/83</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.  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>Scott Wozel Services</u>	
9. Address <u>4100 Intl Airport Rd.</u>		10. Address <u>40 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  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*

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

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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. PENTLAND  
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 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.

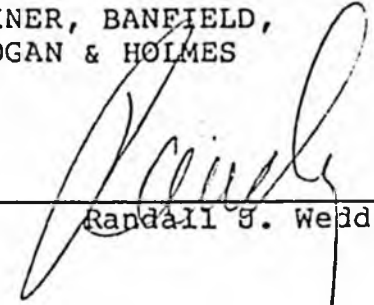
Actually, this case may prove to be a useful tool in getting the Second Injury Fund cases handled in a more rational fashion. Before Paul House left, the prosecution of his claims was handled in a rigid manner. I believe that Mr. House became

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  
\$1100*

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.

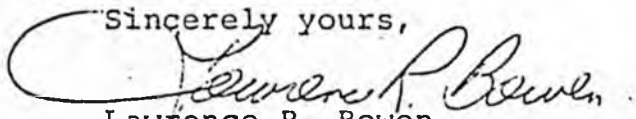
We are concerned with the requirement that the initial rehabilitation evaluation be followed every thirty days with another written status report. Our areas of concern include a lack of qualified rehabilitation personnel to provide these reports to the parties, as well as a concern the Vocational Rehabilitation 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

QIC

American International Adjustment Company, Inc.

POUCH 6999

ANCHORAGE, ALASKA 99502

907/278-8844 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 \$1000<sup>00</sup>.

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".

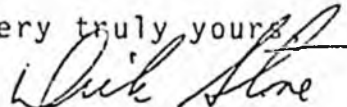
Regarding vocational rehabilitation, I cringe when I see some of the programs that are trying to be developed, and some of the controls that are trying to be set up. I think these programs just keep the injured worker in the "system" and increases their compensationitis. They prolong a claim and this, 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

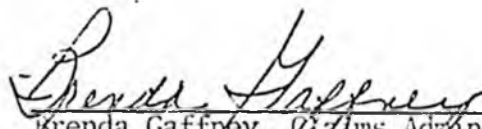
March 18, 1983

To Whom It May Concern:

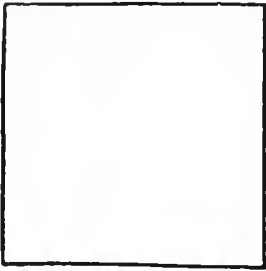
Please be advised that the Municipality of Anchorage objects to the imposition of a fine for failure to comply with the Worker's Compensation Act which provides for a \$100 escalating fine for failure to controvert or pay workers' compensation to a claimant within 14 days. — *now 28 days.*

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,

A handwritten signature in cursive script that reads "Marilyn Murphy".

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.

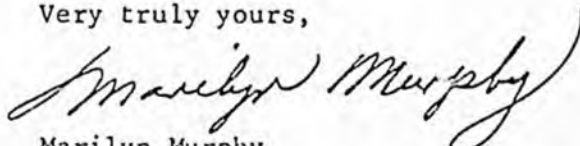
Rehabilitation regulations are becoming another concern. Rehabilitation regulations have not been approved by the Attorney General's office, however, we are being asked to assume that they have been approved and submit reports on forms approved by the Board. The main concern we have at this point, is 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	6. Date of Birth <u>09/15/35</u>	
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>	Telephone <u>200-1591</u>	City <u>Anchorage</u>	State <u>AK</u>
				Zip Code <u>99503</u>	Telephone <u>242-7194</u>

Section 1

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

- 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 - LER*  
*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) <b>Craini, John</b>				2. Insurer Claim No. <b>S21273 WRS</b>		3. Date of Injury <b>07/30/82</b>	
4. Address <b>2231 PARSONS</b>				AWCB FEB 07 1984 JUNEAU		5. Social Security Number <b>457-48-0426</b>	
City <b>Anchorage</b>	State <b>AK</b>	Zip Code <b>99504</b>	Telephone		6. Date of Birth <b>09/15/35</b>		
7. Employer <b>Parker Drilling Company</b>				8. Insurer <b>Northern Adjusters/Travelers</b>			
9. Address <b>P.O. Box 435</b>				10. Address <b>2609 Arctic Blvd.</b>			
City <b>Anchorage</b>	State <b>AK</b>	Zip Code <b>99510</b>	Telephone <b>349-1591</b>	City <b>Anchorage</b>	State <b>AK</b>	Zip Code <b>99503</b>	Telephone <b>377-7450</b>

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, ANCH

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

23. Name of Individual Submitting this Form (Print or Type) <b>J. Paul House</b>		24. Signature <i>J. Paul House</i>		25. Date <b>2-6-84</b>	
26. Address <b>Second Injury Fund, P.O. Box 1149, Juneau, Alaska 99802</b>		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 AD  
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  
AWCB 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 8<sup>th</sup> day of January, 1985, in Juneau, Alaska.

Patricia A. Shera  
Notary Public for Alaska  
My Commission expires 10-21-87





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 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. 517E

*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

COPY SERVED  
FILED IN COURT  
AWCB Case Number

STATEMENT OF  
READINESS TO PROCEED

AWCB Case Number  
319789

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 3 1984  
JUNEAU

1. Employee's Name (Last, First, Middle Initial) LAMMEYS, EARL C.				2. Insurer Claim Number 83-2182 WRS		3. Date of Injury 09/02/83	
4. Address P.O. Box 27						5. Social Security Number 574-12-8213	
City Haines	State AK	Zip Code 99827	Telephone			6. Date of Birth 05/27/40	
7. Employer Alaska Int. Constructors				8. Insurer/Adjusting Company Northern Adjusters/Employers Casualty			
9. Address P.O. Box 1410				10. Address 2609 Arctic Blvd.			
City Fairbanks	State AK	Zip Code 99707	Telephone 452-5771	City Anchorage	State AK	Zip Code 99503	Telephone 272-7484

Section 1

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

- 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  <sup>Second Injury Fund</sup> ~~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  
 Temporary Partial Disability  
 Permanent Partial Disability  
 Permanent Total Disability  
 Medical Costs  
 Transportation Costs  
 Attorney Fees  
 Penalty  
 Compensation Rate (Average Weekly Wage Adjustment)  
 Review of Rehabilitation Plan  
 Other Penalty for late reporting

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 1/1	
23. Address Second Injury 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	
		City		State	

EMPLOYEE:

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

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

COMPENSATION REPORT

AWCC 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				8. Insurer/Adjusting Company Emp. Cas. c/o Northern Adjusters, Inc.	
City Haines	State AK	Zip 99827	Telephone	10. Address 2609 Arctic Blvd.	
7. Employer Alaska International Construction				10. Address (cont.) Anchorage AK 99503 272-7484	
9. Address P.O. Box 1410				10. Address (cont.) Anchorage AK 99503 272-7484	
City Fairbanks	State AK	Zip 99707	Telephone	City Anchorage	State Zip Telephone 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\_\_\_\_  
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
<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? <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
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 <u>9 / 3 / 83</u>	22. a. Employee Attorney Fees \$ _____	b. Late Report Penalties \$ _____
b. First Payment Date <u>9 / 27 / 83</u>	c. Employer Attorney Fees \$ _____	d. Medical \$ _____
21. Date Disability Ended <u>Unknown / /</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 <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 O7G105)
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:  
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 <i>Richard Stone</i>	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



NO: 319789

PLACE: Anchorage

DATE: 4/4/84

RE TITLE:

Earl Lammers

v.

Alaska International Constructors

PARTIES APPEARING:

Dick Stone Northern Adm

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 Adm 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 14<sup>th</sup> 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 24<sup>th</sup> 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 - AWCB

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:

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  <sup>Second Injury Fund</sup> 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) 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			



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 AGENT  
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 Coast

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 8/20/83 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 1984 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. ...  
DATE:

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 24<sup>th</sup> 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 24<sup>th</sup> 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

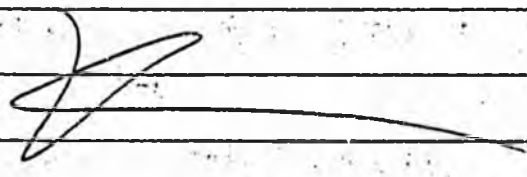
TO: CAS FROM:

SUBJECT: Late reporting penalty

DATE \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_  
CLAIM NUMBER \_\_\_\_\_

Objective/  
Purpose  
  
Information  
To Be  
Conveyed  
  
Request  
for  
Action  
(Who, What,  
By When)  
  
Follow-Up  
Required

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.



Ray C. Kell JUN 11 1984

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) 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 Rate
\$	\$	\$	\$	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

APR 10 1984

ALASKA - ANCH

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:

DATE:

Joe Richardson 2099 Arctic Blvd 99503

Gov House State of Alaska Box 1149 Juneau 99801

Insulation Service, P.O. Box 240060 Prudhoe Bay 99734

Joe Richardson SR 20145 C Fairbanks AK 99720

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 24<sup>th</sup> day of February, 1984.

By: J. Paul House  
J. Paul House, Administrator  
Second Injury Fund

cc: Northern Adjusters  
2609 Arctic Blvd  
Anchorage, AK 99503

