

## Workers' Compensation (MN)

### *Claims and Reports*

<i>Form #</i>	<i>Form Name &amp; Description</i>
AC03	Annual Claim for Reimbursement of Supplementary Benefits
AC03 Supp	Addendum to Annual Claim for Reimbursement of Supplementary Benefits
AR04	Annual Claim for Reimbursement From the Second Injury Fund
AS01	Affidavit of Significant Financial Hardship
BD02	Notice of Discontinuance of Workers' Compensation Benefits Upon Death of Employee
CE0003	Objection to Penalty Assessment (Attorney)
CE0003	Objection to Penalty Assessment (Employer)
CE0003	Objection to Penalty Assessment (Insurer)
CE0003	Objection to Penalty Assessment (Other)
CP03	Claim Petition for Dependency Benefits or Payment to Estate
DB02	Notice of Discontinuance of Workers' Compensation Dependency Benefits
DS01	Disability Status Report
EC04	Employee's Claim Petition
ED02	Employee's Objection to Discontinuance
EP04	Retraining Plan
EQ05	Employee's Request for Administrative Conference
FR01	First Report of Injury
HC01	Health Care Provider Report
IS03	Interim Status Report
IW05	Rehabilitation Rights and Responsibilities of Injured Worker
JA04	On the Job Training Plan
MQ03	Medical Request
MR03	Medical Response
NA03	Notice of Appearance of Attorney for Employee
NB01	Notice of Benefit Payment
NC01	Notice of Benefit Reinstatement
ND01	Notice of Intention to Discontinue Worker's Compensation Benefits
NL01	Notice of Insurer's Primary Liability Determination
NR01	R-8 Notice of Rehabilitation Plan; Closure
PA04	Permanent Total Disability Agreement
PF04	Excess Fee Exhibit
PR01	Plan Progress Report
PT03	Petition for Taxation of Actual and Necessary Disbursements
QE03	Request for Extension
RC01	Rehabilitation Consultation Report
RE01	R-2 Rehabilitation Plan
RF03	Request for Formal Hearing
RP01	R-3 Rehabilitation Plan Amendment
RQ03	Rehabilitation Request
RR03	Rehabilitation Response
RS05	Notice of Intention to Claim Reimbursement From the Second Injury Fund
RT01	Employee and Insurer's Response to Attorney Fees
RW01	Report of Work Ability
SA04	Statement of Attorney's Fees

### *Miscellaneous*

<i>Form #</i>	<i>Form Name &amp; Description</i>
BMR01	Election to Exclude Relatives of Managers of a Limited Liability Company
BMR02	Election to Exclude Relatives of Executive Officers of a Closely Held Corporation

MN LIC 04      Certificate of Compliance Minnesota Workers' Compensation Law

### ***Optional Forms***

<b><i>Form #</i></b>	<b><i>Form Name &amp; Description</i></b>
3203	Small Claims Court Statement of Claim
3219	Employee's Request to Reopen Benefits
3284.75	Petition for Disputed or Excess Attorney Fees and or Non-Reimbursed Disbursements
BA01	Benefit Addendum
CA0022	Request for Certification of Dispute
FCE	Functional Capacity Evaluation
FE0005	Authorization for file review or release of copies of workers' comp claim file
ISA	Intervention Service Affidavit
LE0002	Intervention Stipulation
MO0001	Intervention Motion
MO0001A	Intervention Cover Letter
NF01	Notice of File Closing
NO0015	Notice of Penalty Payment
NO0016	Notice of Appeal to Workers' Compensation Court of Appeals (Employer)
NO0016	Notice of Appeal to Workers' Compensation Court of Appeals (Employee)
OOA	Occupational On-Site Analysis

### ***Rehabilitation***

<b><i>Form #</i></b>	<b><i>Form Name &amp; Description</i></b>
R-20	Application for Approval and Registration -- Rehabilitation Consultant Intern
R-22	Registration or Renewal as a Registered Rehabilitation Vendor
R-24	Application for Registration/Renewal of Registered as Registered Rehab Vendor
R-25	Application for Renewal of Qualified Rehabilitation Consultant-Intern Registration