



NOTICE OF INABILITY TO DETERMINE LIABILITY/ REQUEST FOR ADDITIONAL TIME

State Form 48557 (R2 / 7-12)

PRIVACY NOTICE

* This agency is requesting disclosure of your Social Security number in accordance with IC 22-3-4-13. This disclosure is not mandatory and you will not be penalized for refusing.

INSTRUCTIONS:

1. Please type or print in ink.
2. Complete appropriate sections of this document and sign in the space below.

Accident number

CLAIM INFORMATION

Name of employer		Federal Identification number	Telephone number ()
Address of employer (number and street, city, state, and ZIP code)			Insurer claim number
Name of insurer / TPA		Date of injury (month, day, year)	Date employer notified of injury (month, day, year)
Name of adjuster		Date employer notified of work restriction or prohibition (month, day, year)	
E-mail address of adjuster			Telephone number of adjuster ()
Name of employee			Social Security number *
Address of employee (number and street, city, state, and ZIP code)			Telephone number ()

REQUEST FOR ADDITIONAL TIME

Notice of inability to determine liability must be made in writing and received by the Board and the employee not later than thirty (30) days after the employer's knowledge of the injury (IC 22-3-3-7). (Check appropriate action below.)

Medical care only claim from _____ to _____

Nature of alleged injury: _____

Initial request for additional sixty (60) days.
Reasons determination cannot be made within thirty (30) days:

Facts or circumstances necessary to determine liability:

Request for additional time beyond sixty (60) days. (Must include details of first request above.)
Extraordinary circumstances which have precluded determination of liability:

Status of investigation:

Facts or circumstances necessary to determine liability:

Timetable for completion of remaining investigation:

EMPLOYER / CARRIER CERTIFICATION

Employer / Adjuster must sign below to certify service.

Signature of employer / adjuster

Date issued (month, day, year)

By: U.S. Mail
 Personal Service

FOR BOARD USE ONLY

WORKERS COMPENSATION BOARD
402 W. Washington St., Rm. W196
Indianapolis, IN 46204-2753