

**NOTICE OF POSSIBLE  
SECOND INJURY FUND CLAIM**

W.C.C. No. \_\_\_\_\_  
Carrier Code \_\_\_\_\_  
NCCI Ins Code \_\_\_\_\_  
Carrier File No. \_\_\_\_\_  
Carrier's Policy No. \_\_\_\_\_  
Policy Eff. Date \_\_\_\_\_  
S.I.F. No. \_\_\_\_\_

Employee: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Employee's Attorney: \_\_\_\_\_ Carrier's Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**SUBSEQUENT INJURY:** Nature of Second Injury: \_\_\_\_\_

\_\_\_\_\_

Current Status: \_\_\_\_\_

\_\_\_\_\_

Treating Physicians: \_\_\_\_\_

Average Weekly Wage: \_\_\_\_\_ Compensation Rate: \_\_\_\_\_

Date of First Temporary Total: \_\_\_\_\_ Date Returned to Work: \_\_\_\_\_

Weeks of All Benefits Paid: \_\_\_\_\_ Medical Costs to Date: \_\_\_\_\_

**NATURE OF PRIOR IMPAIRMENT:** Refer to Section 42-9-400, Paragraph (d)

- Listed impairment(1 -33;#4 arthritis D/A prior to7/1/07): \_\_\_\_\_
- Other (34 a or b; D/A prior to 7/1/07): \_\_\_\_\_

**KNOWLEDGE REQUIREMENT:**

- Employer knew about the pre-existing condition. (Please attach affidavit, application, etc)
- Employee withheld existence of pre-existing condition from employer. (Please attach application, post-employment physical, etc.)
- Employee was unaware of existence of pre-existing condition. (Please attach affidavit)  
(D/A prior to 6/25/03)

**THESE FORMS MUST BE PROVIDED  
BEFORE CLAIMS CAN BE PROCESSED:**

- (1) All narrative medical reports
- (2) Form 12-A
- (3) Form 15
- (4) Current Form 18
- (5) Any W.C.C. Order

Signature: \_\_\_\_\_ Date of Claim: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Effective July 1, 2007, notice requirements were changed per Section 42-9-400 (f). Failure to comply with the provisions of this subsection shall bar an employer or his carrier from recovery from the Fund.