NOTICE TO SECOND INJURY FUND

This letter is submitted by self-insureds, insurance companies, and/or their representative, to place the Second Injury Fund on notice of a potential claim, before 78 weeks of indemnity has been paid.

When this letter is received, it is date stamped, and a file is created and assigned to a claims representative by the location of accident.

This written notice must provide the:

1. Date of accident

2. Employee's name

3. Employer's name and address

4. Insurance carrier's name, address, and the National Council on Compensation Insurance Code

5. Insurance carrier's claim number, policy number and policy effective date. The carrier claim number is the unique identifier a carrier uses throughout the life of ca claim to report that claim to the National Council on Compensation Insurance. **Failure to comply with the provisions of this subsection shall bar an employer or his carrier from recovery from the Fund.**

6. Employer's Social Security Number

7. Location of Accident