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**IDAPA 17
TITLE 02
Chapter 06**

17.02.06 - EMPLOYERS' REPORTS

000. LEGAL AUTHORITY.

These rules are adopted and promulgated by the Industrial Commission pursuant to the provision of Section 72-508, Idaho Code. (2-20-95)

001. TITLE AND SCOPE.

These rules shall be cited as IDAPA 17, Title 02, Chapter 06, "Employers' Reports." (2-20-95)

002. WRITTEN INTERPRETATIONS.

No written interpretations of these rules exist. (2-20-95)

003. ADMINISTRATIVE APPEALS.

There is no administrative appeal from decisions of the Industrial Commission in workers' compensation matters, as the Commission is exempted from contested-cases provisions of the Administrative Procedure Act. (2-20-95)

004. -- 020. (RESERVED).

021. SUMMARIES OF PAYMENT.

01. Authority and Definitions. Pursuant to Sections 72-432, 72-508, 72-602 and 72-707, Idaho Code, the Industrial Commission of the State of Idaho promulgates this rule governing the procedure for submission of summaries of payment to the Industrial Commission. This procedure applies to all workers' compensation claims. The following definitions shall be applicable to this Rule. (2-20-95)

a. "Commission" means the Idaho Industrial Commission. (2-20-95)

b. "Medical Only Claim" means the injured worker will neither suffer a disability lasting more than five calendar days as a result of a job-related injury or occupational disease nor be admitted to a hospital as an in-patient. (2-20-95)

c. "Time loss claim" means the injured worker will suffer, or has suffered, a disability that lasts more than five calendar days as a result of a job-related injury or occupational disease, or the injured worker requires, or required, in-patient treatment as a result of such injury or disease. (2-20-95)

d. "Impairment rated claim" means those claims in which a provider establishes an impairment rating for the injured worker. (2-20-95)

e. "Termination of disability" means the date upon which the obligation of the Employer/Surety/Adjuster becomes certain as to duration and amount whether by settlement, decision or periodic payments in the ordinary course of claims processing. If resolved by lump sum settlement (LSS), the termination of disability shall occur on the date the LSS is approved and an order approving is filed by the Industrial Commission. If resolved by decision, the termination of disability shall occur on the date the decision resolving all issues becomes final. In the context of periodic payments in the ordinary course of business, the termination of disability shall occur on the date on which final payment is made to the claimant. (2-20-95)

f. "Death claim" means the injured worker died as a result of a work-related injury or occupational disease. (2-20-95)

g. "Employer" is defined in Idaho Code Section 72-102(11) and includes agents of employers such as attorneys, sureties and adjusters. (2-20-95)

h. "Closure" means that the file will be retired following an audit by the Commission. (2-20-95)

02. Summaries Requirement. A summary of payment shall be filed, in duplicate, by the Employer/

Surety/Adjuster within sixty (60) days of termination of disability for all time-loss claims upon which an Employer/Surety/Adjuster has made payments, except for those claims which are resolved by lump sum settlement. In the case of medical and related benefits only cases, no summaries of payment need to be filed. In the context of death claims, interim summaries of payments shall be filed annually within the first quarter of each calendar year. Interim summaries shall be submitted setting forth substantially the same information required by Final Summaries of Payment, including the balance of payments made to the beginning of the current calendar year, payments during the calendar year, and a total of payments made. This total balance shall be carried forward as the amount of payments made to the beginning of the current year. The Final Summary shall be so designated. Supporting documentation shall be attached to any summary of payment filed with the Commission. (2-20-95)

03. Form. The summary of payment forms are available, pre-printed, from the Industrial Commission, which has designated the form as IC Form 6. The summary of payment shall be submitted on eight and one-half by eleven inch (8 1/2" X 11") paper in a format substantially similar to the following: (2-20-95)

a. For death claims: (2-20-95)

**SUMMARY OF PAYMENTS
FATAL CASE**

Surety No. _____ I.C. No. _____

Injured Person: Employer:

Social Security Number: Address:

Address:

Character of Injury:

Date of Accident: Actual Weekly Wages:

DEPENDENTS

Name of Dependent Relationship (if under 18) Date of Birth

**AWARDS OF PAYMENTS
Compensation**

Payments % AWSW	Amount	Weeks	Total	Remarks
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Total Compensation Payments:

BURIAL AND OTHER EXPENSES

Payment for funeral expenses \$ Payment to hospital(s) \$

Payment to doctor(s) \$ Payment for misc. \$

Total Medical Expenses (do not include funeral expenses) \$

COMMENTS:

Claims Examiner

Date

INDUSTRIAL COMMISSION APPROVAL

APPROVED: _____, 19____

BY: _____

b. For time-loss claims:

(2-20-95)

**SUMMARY OF PAYMENTS
TIME-LOSS CASE**

Surety No. _____

I.C. No. _____

Injured Person:

Social Security Number:

Employer:

Address:

Address:

Character of Injury:

Date of Accident:

Actual Weekly Wages:

Date Able to Resume Work:

Compensation

Rate:

Actual Time Lost:

Weeks

Days

Date of First Payment:

AWARDS OF PAYMENTS

	Payments of Compensation		Amount	Type (TT or PP)
Begin	Weeks	Days	Return to Work	

	Payment of Medical Benefits		Amount
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Doctor(s)

Hospital(s)

Physical Therapy

Mileage

Miscellaneous

Comments:

Claims Examiner _____

Date _____

INDUSTRIAL COMMISSION APPROVAL

APPROVED: _____, 19____

BY: _____

04. Approval. Within ninety (90) days of receipt of Summary of Payment as set forth above, the Industrial Commission shall notify the Employer/Surety/Adjuster that such summary has been approved or shall notify of its inability to reconcile the summary to its records and request additional information. If the Employer/Surety/Adjuster does not receive either an approval or request for additional information within the ninety (90) day period, the Employer/Surety/Adjuster may proceed with closure. In the event the Commission requests additional information, whether in writing or telephonic, the Employer/Surety/Adjuster shall submit the requested information within fifteen (15) working days. If the Employer/Surety/Adjuster is unable to furnish the requested information, the Employer/Surety/Adjuster shall notify the Commission, in writing, of its inability to respond and the reasons therefor within the ten (10) working days. The Commission may schedule a show cause hearing to determine whether or not the Employer/Surety/Adjuster should be allowed to continue its status under the workers' compensation laws, including whether the Employer should be allowed to continue self-insured status. (2-20-95)

05. Changes in Status. In case of any default by the Employer or in the event the Employer shall fail to pay any final award or awards, by reason of insolvency or because a receiver has been appointed, the Employer shall submit a summary of payments for every time-loss and death claim within sixty (60) days of the default, insolvency, or appointment of a receiver. This summary will be designated as an interim summary and does not relieve the Employer, successor or receiver from continued reporting requirements. The receiver or successor shall continue to report to the Commission, including the submission of summaries of payments and schedules of outstanding awards. (2-20-95)

06. Effective Date. This rule shall become effective on August 15, 1994. (2-20-95)

022. -- 999. (RESERVED).