

## Pension Review Coversheet

Claim Number: \_\_\_\_\_ Worker's Name: \_\_\_\_\_

Request submitted by: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

### Claim File Documentation

I have: (pick one option)

- Attached a copy of the complete claim file
- Attached a copy of all claim file information not previously submitted to the department.
- Already submitted a complete copy of the claim file. There is no additional claim file information to submit to the department.

### Vocational Documentation

I confirm that: (pick one option)

- I have attached a copy of the complete vocational work-up (SIVRF), including all existing vocational documentation for this claimant.
- I already submitted a copy of the complete vocational work-up (SIVRF), including all existing vocational documentation for this claimant to the department on the following date: \_\_\_\_\_.

I confirm I have reviewed the vocational summary and that: (pick one option)

- I have attached a copy of every document mentioned or discussed in the vocational summary narrative.
- I already submitted a copy of every document mentioned or discussed in the vocational summary narrative to the department on the following date:  
\_\_\_\_\_.

### Time Loss

I confirm that I have:

- Attached a current final SIF-5 **and included the date(s) health care benefits ended.**
- The SIF-5 shows all time-loss periods paid, with an explanation for any unpaid time-loss.
- For all open claims without a wage order: attached an SIF-5A and required payroll.

### Medical

I have listed all **accepted and/or treated conditions** (including psych conditions) below:

(Space is limited, attach additional page if needed.)

- Yes, I have attached medical documentation to this coversheet which confirms that each of the above listed accepted condition(s) is fixed and stable or at maximum medical improvement?

**Post Pension Medical Treatment** (Pick one option)

- Claimant does **not** need ongoing medical monitoring/treatment for an accepted condition.
- Claimant does need ongoing medical monitoring/treatment for an accepted condition (life sustaining treatment needs and/or treatment required to alleviate chronic pain from the industrial injury). If so, complete information below in detail.

List all ongoing Medical Monitoring/Treatment (i.e. a complete list of the necessary prescriptions + frequency needed for medical monitoring. (Space is limited, attach additional page if needed.)

**Second Injury Fund Relief** (Pick one option)

- I am **not** requesting second injury fund relief be granted.
- I am requesting second injury fund relief be granted. Please note: The department will not consider this information, unless it first determines the claimant is entitled to a pension. (Complete information below in detail.)

List all pre-existing conditions & any formal or informal accommodations given. (Space is limited, attach additional page if needed.)

Both boxes below are required if requesting second injury fund relief.

- Yes, I certify I have attached **all medical reports or other documentation** to this coversheet which documents pre-existing disabling conditions.
- Yes, I further confirm I have attached medical reports to this coversheet which document a permanent partial disability (PPD) rating for ALL of the accepted conditions (including psych).

**If you have any questions and don't know the pension adjudicator's name and contact information, call the receptionist at 360-902-6901.**