



**Instructions**

- Complete this form when alleging BWC or another party incorrectly named you as the employer on a claim or assigned the claim to the incorrect policy number.
- Please note: You cannot use this form in lieu of an appeal to a decision to allow a claim.

Injured worker name	Date of injury	Claim number
Current assigned employer name		
Current assigned employer policy number	Current assigned employer phone number	
Address		
City	State	ZIP code

I request:

- ☐ You remove me from the above-named claim.
- ☐ You change the policy number assigned to the claim to another policy number assigned to me.  
Assign the claim to policy number \_\_\_\_\_. (Please attach proof, e.g., contract of hire, that this is the correct policy number.)

**Explain why you believe BWC or another party should not assign the claim to your company or the listed policy number. Attach any additional information to support your request.**

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I certify the information provided is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Signature  
X

Title	Date signed
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