Mark Gordon
Governor

State of Wyoming
Department of Workforce Services
DIVISION OF WORKERS' COMPENSATION
5221 YELLOWSTONE RD
Cheyenne, Wyoming 82002
http://www.wyomingworkforce.org

Robin Sessions Cooley, J.D.
Director

Elizabeth Gagen, J.D.
Deputy Director

EMPLOYERS APPLICATION FOR CLAIMS COST APPORTIONMENT

Date: _____
Claim Name: _____
Claim Number: _____
Employer Name/contact person: _____
Employer Contact Phone number: _____

Pursuant to Wyoming Statute§27-14-201(d) the employer may apply to the Division for determination of chargeability of any one of the injuries affecting their Experience Modification Rating (EMR). Following submission of evidence, the Division will review and issue a final determination within 120 days.

1. Please provide a written narrative description of why you believe you are not responsible for the charges related to the injury on the above referenced claim (attach a separate sheet of paper if necessary).

2. Please submit any evidence you feel appropriate to assist the Division in our determination. Evidence should include things such as: photographs, witness statements, medical reports, third party suit settlement information and results of any formal investigation conducted by you or your representative.

3. Have you received an admission of liability from a third party or insurance company? Yes___ No____ If yes, please attach documentation.

Once completed, submit this form along with any supplemental information to the address on top of this page. If there are any questions, please contact me at 307-777-3614.

Jodi Bower
Program Manager, Claims
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We invite you to take our customer service survey by visiting
http://bit.ly/wyworkcomp

As public servants, we work hard every day to help ensure safe and fair workplaces with qualified workers.

CLAIMS
Phone 1-307-777-7441
Fax 1-307-777-6552
https://piers.wyo.gov