



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF RISK MANAGEMENT



Jed Ross
Chief Risk Officer

FORM 9-A APPEAL TO THE CHIEF RISK OFFICER

Use this form to appeal to the Chief Risk Officer all decisions not issued pursuant to D.C. Code §§ 1-623.23(a-2)(4), 1-623.24(b) or 1-623.24(d) by the District of Columbia Public Sector Workers' Compensation Program (PSWCP).

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

For Help and Information, call (202) 727-8600

APPEAL DEADLINE: Your request must be received by the Office of Risk Management (ORM) within **fifteen (15)** calendar days, from the date that the PSWCP issued the decision. If the calendar-day filing deadline falls on a Saturday, Sunday, or a legal holiday, the deadline is extended to the next business day ORM is open.

If you file a request after the deadline, the Chief Risk Officer may deny your appeal. You are responsible for making sure your request is timely filed. No one is authorized to give you different instructions about the deadline. Please submit with this form a copy of the PSWCP Decision and any necessary attachments. This request, excluding supporting documentation, shall not exceed 10 pages.

Claimant's Name: _____

Claimant's Full Address (with unit number, zip code):

Claimant's Telephone: _____

Claimant's E-mail: _____

Claim Number: _____

Representative (if any): _____

Rep.'s Full Address (with unit number, zip code):

Rep.'s Telephone: _____

Rep.'s Fax: _____

Rep.'s E-mail: _____

Date of Decision: _____

Nature of Appeal:

- ☐ Appeal of travel reimbursement determination made pursuant to D.C. Code § 1-623.03(e);
- ☐ Appeal of permanent disability determination made pursuant to D.C. Code § 1-623.07(a);
- ☐ Appeal of suspension, forfeiture, or termination of awarded benefits for:
- ☐ Failure to report earnings pursuant to D.C. Code § 1-623.06b
- ☐ Failure to pursue a subrogation claim pursuant to D.C. Code § 1-623.31(b)
- ☐ Failure to accept a modified duty assignment pursuant to D.C. Code § 1-623.47(i);
- ☐ Appeal of retention rights determination made pursuant to D.C. Code § 1-623.45;
- ☐ Appeal of award calculation and certification; or
- ☐ Other. _____

TURN OVER FOR MORE INSTRUCTIONS



Reason for Disagreement with Program Decision (You **MUST** answer all of the following questions. Use additional paper if necessary):

(1) Why do you consider the decision to be incorrect?

(2) List detailed facts supporting the reason(s) for why the decision is incorrect.

(3) What do you want the Chief Risk Officer to do?

Total pages with attachment:_____

I have read this Appeal Request Form and I swear or affirm that the contents are true and accurate to the best of my knowledge.

CLAIMANT/REP'S SIGNATURE: _____ **DATE:** _____

WHERE TO FILE: You **MUST** file your appeal with the **Office of Risk Management**. Do not file your request with the Office of Administrative Hearing (OAH).

You may file by Mail or in Person only. You may file your appeal in person, weekdays between 8:30 a.m. and 5:00 p.m. or mail it to the following address. You will need photo identification to enter the building.

**Office of Risk Management
One Judiciary Square
441 Fourth Street, NW, Suite 800 South
Washington, DC 20001-2714**

If filed by mail, your request must be received by ORM by the appeal deadline.