



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF RISK MANAGEMENT



Jed Ross
Chief Risk Officer

Public Sector Workers'
Compensation Program

Form 13 - REQUEST FOR WAIVER OR CHALLENGE
OF PRELIMINARY DECISION ON OVERPAYMENT

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

Use this form to challenge or request for waiver of the Public Sector Workers' Compensation Program's (PSWCP's) Preliminary Determination of Overpayment ("Preliminary Determination") pursuant to D.C. Code § 1-623.29 and 7 D.C.M.R. 3333.

SUBMISSION DEADLINE: Your request or waiver of or challenge to the Preliminary Determination must be received by the Office of Risk Management (ORM) within thirty (30) calendar days, from the date that the PSWCP issued the Preliminary Determination. 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.

Please submit with this form a copy of the Preliminary Determination and any necessary attachments. This request, excluding supporting documentation, shall not exceed 10 pages.

CLAIMANT INFORMATION

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

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

Claimant's Telephone:
Claimant's E-mail:
Claim Number:
Employing Agency:

Rep.'s Telephone:
Rep.'s Fax:
Rep.'s E-mail
Date of Injury:

Date of Notice of Preliminary Determination:

REASON - CHECK ALL THAT APPLY

- I request a waiver of the adjustment or recovery because it will result in severe financial hardship.
I challenge the PSWCP's preliminary finding of fault against me.

TURN OVER TO CONTINUE

