

# Willful Misrepresentation reporting requirements

If you have evidence to believe an injured worker has committed fraud, been untruthful or otherwise willfully misrepresented themselves in order to obtain workers' compensation benefits, you may submit a report of willful misrepresentation. This form must be completed and included with your report. The following guidelines and checklist should be used to explain your findings. Please submit all required and supporting documentation to the Self-Insurance Section of Labor & Industries (L&I).

PRINT THIS FORM AND INCLUDE IT WITH YOUR REPORT

The Willful Misrepresentation Report must include the following sections:

Analysis: In this section, describe the benefits the worker obtained through willful misrepresentation.
<p>In your Analysis explain how each of the following factors have been met:</p> <ul style="list-style-type: none"> <li>• The Worker intentionally obtained L&amp;I benefits</li> <li>• The Worker was not entitled to L&amp;I benefits</li> <li>• The Worker willfully misrepresented or omitted material facts</li> </ul>
Summary: Your report should include a summary of time and cost. Please show your calculations of cost.
<p>Willful Misrepresentation Summary:</p> <ul style="list-style-type: none"> <li>• What is the misrepresentation period? Basis?</li> <li>• What is the total loss to the employer? How was the loss calculated/determined?</li> </ul>
Supporting Documentation Checklist
<p>The investigation report should include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date of discovery.</li> <li><input type="checkbox"/> Copies of time-loss/loss of earning power checks (front and back) and/or payment logs.</li> <li><input type="checkbox"/> Statements of witnesses or employers (include names, addresses and phone numbers).</li> <li><input type="checkbox"/> Interview with worker (written or recorded preferred) or documentation of attempt to interview.</li> <li><input type="checkbox"/> Dates of employment.</li> <li><input type="checkbox"/> All pertinent documents (payroll records, employment papers, business contracts, etc.) with source information (where from, who provided, etc.).</li> <li><input type="checkbox"/> Other identified witnesses.</li> <li><input type="checkbox"/> Medical records.</li> <li><input type="checkbox"/> Medical reviews — Independent Medical Examination IME, Voc with Job Analysis (JA).</li> <li><input type="checkbox"/> Worker verification forms.</li> <li><input type="checkbox"/> Activity Prescription Forms (APFs), Functional Capacity Evaluations (FCEs).</li> <li><input type="checkbox"/> SIF-2, PIR, Re-opening Application (If not already provided in claim file).</li> <li><input type="checkbox"/> Any other affidavits or information from the Claimant regarding his/her status.</li> <li><input type="checkbox"/> Employment Security Department reports.</li> <li><input type="checkbox"/> Video surveillance evidence if applicable. The standard format should be MP4(MPEG Part 14).</li> </ul>

For the boxes checked, you may use this section to explain how the documents support the request:

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**Other documentation that may be needed -**

**Medical or Prescription:** If you contend medical or prescription willful misrepresentation, include documentation listing the specific medical/prescriptions, the dates involved and associated costs.

**Vocational Services:** If you contend vocational services received are included in the willful misrepresentation, include documentation regarding the specific vocational services, the dates involved, and associated costs.

**Surveillance Evidence:** If you have surveillance of the worker, please send a copy of the entire video and a description of what the video contains. Videos should be sent to *(insert Pension Adjudicator address)*. Retain the original for possible legal proceedings. The standard format should be MP4(MPEG Part 14)

If you contend the worker is **self-employed**:

Beginning and end dates of self-employment.

- Have customers been contacted?
- Have copies of business licenses been obtained? Need certified copy of Master Business License Application (MBL) or copy of the MBL application.
- Any employees contacted? Written or recorded interviews?
- Any contracts for work to be done obtained?
- Any bank records obtained? If so, analysis done?
- Any other evidence that establishes gross/net earnings.

For the boxes checked, you may use this section to explain how the documents support the request:

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**For assistance with this form, or questions, please contact the Self-Insurance Section: (360) 902-6901**

**Please print this completed form and send it with your complaint, investigation report (including analysis and summary) and supporting documentation to:**

Department of Labor & Industries  
Self-Insurance Section  
PO Box 44892  
Olympia WA 98504-4892