



Washington State Department of
Labor & Industries

Claim Denial Request

Self-Insurance
PO Box 44892
Olympia WA 98504-4892
Fax: 360-902-6900

Injured Worker Name	Claim Number	
Injured Worker Address		
City	State	Zip Code
Date of Injury or Manifestation	Date Form Completed	
Employer Name	UBI	Account ID
Prepared By	Preparer Phone Number (include extension if needed)	

SIF-2: Please ensure the completed SIF-2 is attached to this form, if not previously submitted to the claim file. This must be date stamped ([RCW 51.32.190](#)).

OR

☐ No application was received from the worker. If this is marked, you **must** supply the worker's date of birth ____ / ____ / ____

Denial Reason

- ☐ No medical – attach copy of communication attempting to get medical documentation.
- ☐ Other – enter the reason for your denial request. Attach additional pages if needed. See page 2 for specific denial reasons.

Denial Request

You must submit the complete copy of the claim file. Include your supporting documentation for denial directly behind this form. This will be reviewed with your request.

Is this a hearing loss claim?

☐ Yes ☐ No

Are you requesting an overpayment of provisional benefits at this time? If so, please include the Overpayment Request form.

☐ Yes ☐ No

Attending Provider Information or Update

Please provide the current attending provider information.

Attending Provider Name	Attending Provider's Phone Number	
Attending Provider's Address		
City	State	Zip Code

Translation for Communicating the Decision

It is necessary the Employer and the Department ensure a means of communication to all parties per [WAC 296-15-350](#).

Does the worker have a preferred language other than English?

☐ Yes ☐ No

If "Yes", what is the preferred language?

Claim Denial Reasons

- There is no proof of a specific injury at a definite time and place in the course of employment.
- The worker's condition is not the result of an industrial injury as defined by the Industrial Insurance Laws.
- The claimant's condition is not the result of injury alleged.
- The worker's condition pre-existed the alleged injury and is not related thereto.
- The loss or damage of glasses is not the result of an industrial accident when they are not being worn as an artificial substitute as contemplated by RCW 51.36.020.
- The worker was not under the Industrial Insurance Laws at the time of injury.
- At the time of injury the worker was not in the course of employment.
- No claim has been filed by said worker within one year after the day upon which the alleged injury occurred.
- There is no provision in the Industrial Insurance Laws to provide for replacement of broken safety glasses which are not of prescription quality.
- No claim was filed within two years from the date on which the worker was informed in writing by a physician that an occupational disease had been contracted.
- The worker's condition is not an occupational disease as contemplated by section 51.08.140 RCW, and is excluded from coverage pursuant to section 51.08.142 RCW and section 296-14-300 WAC.
- No personal injury was sustained by the worker.
- The injury occurred in the parking area and is not covered under the Industrial Insurance Laws in accordance with section 51.08.013 RCW.
- That no personal injury was sustained by the claimant nor occupational disease contracted. Inoculation or other immunological treatment to avoid the occurrence of an infectious occupational disease may be paid for at the Department's or self-insurer's discretion. This claim is rejected with the understanding the claimant has the right to file a further claim in the event an occupational disease or infection arises as a result of the work-related exposure.
- This claim for occupational disease is denied because no licensed physician's report or medical proof has been filed as required by law.
- That no licensed physician's report or medical proof has been filed as required by law. You still have the right to file another claim under RCW 51.28.050 which requires a claim for benefits be filed within one year from the date of injury.
- Claim has been rejected because it is a duplicate of another claim that has already been received by the Department for the same injury or occupational disease.
- Claim has been rejected because it is a state fund claim that has been submitted erroneously on a self-insurance report of accident form.
- The Department is unable to substantiate whether you were a covered worker at the time of your alleged injury.