



# Willful misrepresentation reporting requirements and checklist

If you have evidence to support a claim that 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. The following guidelines and checklist should be used to explain your findings.

**THIS FORM MUST BE COMPLETED-AND PLACED ON THE TOP OF YOUR REQUEST. If not provided request will be returned as incomplete.** Please submit all required and supporting documentation to the Self-Insurance program of Labor & Industries (L&I).

Worker Name:	Department claim number:
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The willful misrepresentation report must include the following sections:

**Analysis: In this section, describe the benefits the worker obtained through willful misrepresentation (required).**

In your Analysis explain how each of the following factors have been met:

- The Worker intentionally obtained L&I benefits
- The Worker was not entitled to L&I benefits
- The Worker willfully misrepresented or omitted material facts

**Summary: Your report must include a summary of the facts, dates, and cost. Please show your calculations of cost and include supporting payment records (required).**

Willful misrepresentation summary:

- What is the misrepresentation period?
- Provide a summary of the facts.
- What is the total loss to the employer and the contended date spans? How was the loss calculated/determined? Provide a total amount for each type of benefit alleged to have been obtained through willful misrepresentation. Examples: time-loss/loss of earning power, medical benefits excluding independent medical exams (IMEs), Vocational (Voc) services, etc.

## Supporting documentation checklist

The investigation report should include:

- Date of discovery: \_\_\_\_\_ (required).
- Copies of time-loss/loss of earning power checks (front and back) and/or payment logs (required).
- Copies of payment log for payments made for medical and/or vocational services (required).
- Statements of witnesses or employers (include names, addresses and phone numbers).
- Interview with worker (written or recorded preferred) or documentation of attempt to interview.
- Dates of employment.

- All pertinent documents (payroll records, employment papers, business contracts, etc.) with source information (where from, who provided, etc.).
- Other identified witnesses.
- Medical records.
- Medical reviews — Independent Medical Examination (IME), Voc with Job Analysis (JA).
- Worker verification forms.
- Activity Prescription Forms (APFs), Functional Capacity Evaluations (FCEs).
- SIF-2, Physician’s Initial Report (PIR), Re-opening Application (If not already provided in claim file).
- Any other affidavits or information from the worker regarding their status.
- Employment Security Department reports.
- Labeled video surveillance evidence sent to the department. If not provided request will be returned as incomplete.
- Certified mail receipt showing that the Video surveillance evidence and cover letter were sent to the worker or workers representative for review. If not provided request will be returned as incomplete.
- No video surveillance was used, provided or reviewed by a provider, IME, Voc, etc to provide evidence or a statement for this request.

For the boxes checked, you may attach an explanation stating how the documents support the request if not included in your report.

**Other documentation that may be needed** (Check box if applicable)

- 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 to the worker or workers representative by certified mail. Retain the original for possible legal proceedings. A standard format should be used. Please make sure the surveillance media is clearly labeled.

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 attach an explanation how the documents support the request if not included in your report.

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

**Please include this required and completed form and place it on the top of your complaint. Include the investigation report (including analysis and summary) and supporting documentation and mail to:**

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

**or fax the information to (360) 902-6900.**

**Index: PLTY**