

WORKERS' COMPENSATION COMMISSION

REQUEST FOR A HEARING FOR REFERRAL TO MARYLAND INSURANCE FRAUD DIVISION

This form may be filed by any party at any time.

The Commission shall refer the case on the person named below to the Insurance Fraud Division in the Maryland Insurance Administration where the Commission finds, after a hearing, that the party requesting the referral has carried the burden of establishing by a preponderance of the evidence that the named person knowingly affected or knowingly attempted to affect the payment of compensation, fees, or expenses under Title 9 of the Labor Law by means of a fraudulent representation.

The undersigned requests a hearing before the Commission pursuant to section 9-310.2(a) of the Labor & Employment Article.

Information on Person to be Referred

Employee/Claimant Insurer Employer Other Health Care Provider

Name

Address: Street

City State Zip Code

Social Security (if known/applicable)

Claim Number (if known/applicable)

Party Requesting a Hearing

Employee/Claimant/Attorney Insurer/Attorney\* † Employer Other Health Care Provider

† Has this matter been referred to law enforcement pursuant to Insurance § 27-802? Yes No
\* Must include contact information for insurer personnel familiar with fraud allegations.

Name

Title (if applicable)

Address: Street

City State Zip Code

Telephone Number

Signature Date