

# THE INDUSTRIAL COMMISSION OF ARIZONA



## REQUEST RE: PREFERRED COMMUNICATION METHOD, NEW CLAIM NOTIFICATION STATUS, AND/OR COURTESY FAX (“REQUEST”)

### Preferred Communication Method

(“Party”) (FEIN: \_\_\_\_\_ )

Party Type:      Claimant      Attorney      Law Firm      Carrier/Self Insured      Employer  
hereby requests and agrees that the Industrial Commission of Arizona (the “Commission”) may serve any and all notices, correspondence, subpoenas, documents, awards, decisions, orders, or other matters required by the Arizona Workers’ Compensation Act (“ICA Document” or “ICA Documents”) upon Party in the following manner (**PARTY TO SELECT ONLY ONE OPTION**):

#### **Option “1”: Service Via United States Mail**

If selected, the Commission will serve ICA Documents on Party via United States Mail to the following mailing address:

Name:

Address:

City, State, Zip Code:

#### **Option “2”: Service Via Electronic Facsimile (E-Fax)**

If selected, the Commission will serve ICA Documents on Party via electronic facsimile (E-Fax) to the following fax number:

Party agrees that transmission of ICA Documents via E-Fax is legally-proper service and shall be the equivalent of other legally-permissible methods of service (including United States mail or personal service). Party agrees that service by E-Fax will be deemed completed at the time the Commission transmits an ICA Document to the fax number provided above. Party understands that the Commission will no longer transmit ICA Documents via other methods, including United States Mail, e-mail, or personal service.

Although ICA Documents will be transmitted via E-Fax whenever possible, certain ICA Documents will nevertheless reflect the Party’s U.S. mailing address. Furthermore, in the event the Commission’s E-Fax system is not functional, the Commission will send ICA Documents via U.S. Mail to ensure timely service. Party designates the following U.S. mailing address for these purposes:

Name:

Address:

City, State, Zip Code:

# THE INDUSTRIAL COMMISSION OF ARIZONA



## **Option “3”: Service Via Secure File Transfer (SFTP)**

If selected, the Commission will serve ICA Documents on Party by uploading ICA Documents to an SFTP account configured for Party. Party agrees that transmission of ICA Documents via SFTP is legally-proper service and shall be the equivalent of other legally-permissible methods of service (including United States mail or personal service). Party agrees that service by SFTP will be deemed completed at the time the Commission successfully uploads an ICA Document to the Party’s SFTP user account. Party understands that the Commission will no longer transmit ICA Documents via other methods, including United States Mail, e-mail, or personal service. By selecting Option “3”, Party agrees to comply with all end-user requirements issued by the Commission pertaining SFTP.

(If Option “3” is selected, the Commission will contact Party to configure an SFTP account. The Commission will contact the following representative to discuss end-user requirements and SFTP account configuration):

Represent Name:

Represent Phone:

Representative Email:

Until the ICA is able to set up and configure service by SFTP, Party’s preferred communication is:

Until service by SFTP is set up and configured, the Commission will serve ICA Documents on Party via United States Mail to the following mailing address:

Name:

Address:

City, State, Zip Code:

Until service by SFTP is set up and configured, the Commission will serve ICA Documents on Party via electronic facsimile (E-Fax) to the following fax number:

Although ICA Documents will be transmitted via SFTP whenever possible, certain ICA Documents will nevertheless reflect the Party’s U.S. mailing address. Furthermore, in the event the Commission’s SFTP system is not functional, the Commission will send ICA Documents via U.S. Mail to ensure timely service. Party designates the following U.S. mailing address for these purposes:

Name:

Address:

City, State, Zip Code:

# THE INDUSTRIAL COMMISSION OF ARIZONA



**NOTHING IN THIS REQUEST AFFECTS THE RIGHT OF PARTY OR THE COMMISSION TO SERVE PROCESS IN ANY MANNER PERMITTED BY APPLICABLE LAW.**

**NOTHING IN THIS REQUEST AFFECTS THE DUTIES OF PARTY AND THE COMMISSION TO COMPLY WITH SERVICE REQUIREMENTS RELATED TO NON-PARTIES TO THIS REQUEST.**

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## New Claim Notification Status

(“Party”) (FEIN: \_\_\_\_\_ )

Party Type:      Claim              Attorney      Law Firm      Carrier/Self Insured      Employer  
hereby elects to have the Commission serve new claim notifications (to the party’s Preferred Communication Method) in the following manner:

- Combined Claim Notifications
- Individual Claim Notifications

**INDIVIDUAL CLAIM NOTIFICATION IS ONLY AVAILABLE TO PARTIES WHO HAVE ELECTED E-FAX (OPTION “2”) OR SFTP (OPTION “3”) AS A PREFERRED COMMUNICATION METHOD. REQUESTS FOR INDIVIDUAL CLAIM NOTIFICATION BY PARTIES WITH U.S. MAIL AS A PREFERRED COMMUNICATION METHOD WILL NOT BE PROCESSED.**

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## Courtesy Fax

(“Party”) (FEIN: \_\_\_\_\_ )

Party Type:      Claim              Attorney      Law Firm      Carrier/Self Insured      Employer  
hereby requests that the Commission send Notifications of Workers’ Compensation Claim, 1061(M) Solicitations, and Petition to Reopen Notification Letters via E-Fax to the following fax numbers (please separate by commas):

**COURTESY FAX COMMUNICATION DOES NOT CONSTITUTE LEGAL SERVICE AND THE COMMISSION WILL CONTINUE TO LEGALLY SERVE ALL OUTBOUND ICA DOCUMENTS ON INTERESTED PARTIES VIA THE SELECTED PREFERRED COMMUNICATION METHOD.**

# THE INDUSTRIAL COMMISSION OF ARIZONA



Although this Request shall be effective no the date submitted, the requested account changes will be processed by the Commission as expeditiously as possible. This Request will remain effective until Party completes and submits an updated Request (either using this form or electronically in Party's account in the ICA Community).

By signing below, I certify that I am an authorized representative of Party. I further certify that I am authorized to sign and submit this Request and that all of the representations included in this Request are true, accurate, and complete.

Printed Name and Title:

E-Mail Address:

Signature: \_\_\_\_\_

Date:

**Parties may submit this form in the following ways:**

**In-Person or by U.S. Mail:**

**Industrial Commission of Arizona**

**c/o Claims**

**800 West Washington Street, Suite 103**

**Phoenix, Arizona 85007**

**By E-Mail:**

**claims@azica.gov**