

Senate Bill 1403

WHAT YOU NEED TO KNOW



PAYER REPORTING OF A CLAIM

- Effective 9/24/2022, pursuant to A.R.S. § 23-1061(N), when a payer receives written notification of an injury from an employee who was injured and intends to file a claim for compensation, the payer must forward the written notification to the Commission within seven business days and inform the employee of the employee's requirement to file a claim with the Commission.
- The payer's failure to comply may result in relieving the injured worker's requirement of the one-year filing under A.R.S. § 23-1061(A) and may result in any other applicable bad faith/unfair claims processing allegations.

PAYER PROCESS

Upon receipt of a notification of a potential claim, the payer should forward the communication immediately to the Commission via the soon-to-be-available webform.

FAQS

Q: What does "intends to file a claim for compensation" mean?

A: Intent to file for compensation is not defined by the statute. It is reasonable to assume that if the worker is seeking or has received medical and/or time loss benefits compliance is required.

Q: Does this statute apply to existing claims that have not been legally filed by the injured worker (no 102/407)?

A: Yes, if the injured employee intended "to file a claim for compensation" the payers must comply with the new statute.

POSSIBLE SCENARIOS

EXAMPLE 1 The injured worker is communicating with the payer's adjuster about benefits (medical or indemnity). This would constitute a notice of injury and intention to file for benefits. The payer should use the new webform to forward the information to the Commission and provide the injured worker a link to the Commission's website and include the 407 Form.

EXAMPLE 2 The injured worker calls the payer stating they have an injury and need to file for benefits. While the new statute only applies to written notification, the payer still has an obligation to not mislead the "claimant to applicable statutes of limitation, benefits, or remedies available under the Act." (See A.A.C. R20-5-163 (A) (5)). The payer should direct the injured worker to the appropriate resources to file a claim, such as their employer and the 407 Form on the Commission's website. There is no requirement to file the new Webform.