**Steven L. Beshear**
Governor

**Daniel Mongiardo**
Lieutenant Governor

# KENTUCKY LABOR CABINET
## Department of Workers' Claims

657 Chamberlin Avenue
Frankfort, KY 40601
Telephone: (502) 564-5550
www.labor.ky.gov/workersclaims

**Mark S. Brown**
Secretary

**Dwight T. Lovan**
Commissioner

«date»

«name»
«address»
«citystatezip»

Re: File: «filenumber»
Termination Date: «termdate»

The Department of Workers' Claims has received notice from your employer's workers' compensation claims administrator that income benefits being paid to you as a result of a work-related injury or disease were terminated as of the above date. Any medical bills that you incur for necessary treatment of this injury or disease should still be forwarded to the claims administrator.

You may request additional benefits that may be legally appropriate by filing an "Application for Resolution of Claims" with the Department of Workers' Claims. This "application" must be filed within two years after the date your injury occurred or within two years after the last voluntary payment of income benefits to you, whichever event last occurs.

If an "Application for Resolution of Claim" is not filed within the two year period, any claim for workers' compensation benefits, income and medical, as a result of this injury or disease will be barred. An exception to the two-year filing rule may be applied if the failure of the employer to file the termination notice in a timely manner caused the worker to miss the statutory deadline for filing a claim or if the parties submit a voluntary settlement agreement.

Very truly yours,

Dwight T. Lovan
Commissioner

DTL:km

**IF YOU HAVE A QUESTION CONCERNING THIS NOTICE PLEASE CONTACT THE DEPARTMENT OF WORKERS' CLAIMS, DIVISION OF OMBUDSMAN & WORKERS' COMPENSATION SPECIALISTS SERVICES AT 1-800-554-8601.**

WCR3S

«name»
«address»
«citystatezip»

Kentucky UNBRIDLED SPIRIT

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