

## NOTICE REGARDING WORKERS' COMPENSATION CLAIM

Employee Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Claims Administrator: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Claim Number: \_\_\_\_\_

**YOUR CLAIM HAS BEEN INACTIVE FOR AT LEAST THE PREVIOUS 180 DAYS. YOUR CLAIM WILL BE DISMISSED BY THE OPERATION OF LAW PURSUANT TO LABOR CODE SECTION 5404.5, WITHOUT FURTHER NOTICE, UNLESS YOU FILE AN APPLICATION FOR ADJUDICATION OF CLAIM WITH THE WORKERS' COMPENSATION APPEALS BOARD WITHIN 5 YEARS OF THE DATE OF INJURY OR WITHIN ONE YEAR OF THE LAST FURNISHING OF BENEFITS, WHICHEVER IS LATER.**

Your claim(s) on the attached claim form(s) will be dismissed by operation of law if you do not file an application for adjudication of claim with the Workers' Compensation Appeals Board within 5 years of the date of injury or within one (1) year of the last furnishing of benefits, whichever is later. The last furnishing of benefits occurred on \_\_\_\_\_ and consisted of

\_\_\_\_\_  
\_\_\_\_\_

You may contact the Division of Workers' Compensation at telephone number 1-800-736-7401 for information about your workers' compensation claim. You may also consult an attorney.