August 5, 2009

Dear Injured Employee:

Thank you for your interest in having the Legislative Management's Workers' Compensation Review Committee review your claim. In order to be eligible to have the committee review your claim, the law requires that you must:

1. Be an injured employee or the survivor of a deceased injured employee;
2. Have received a final determination regarding a North Dakota workers' compensation claim;
3. Have exhausted the administrative and judicial appeal process or the period for appeal must have expired;
4. Have signed the enclosed *Release of Information and Authorization*; and
5. Have a workers' compensation-related issue that you believe supports a change in the state's workers' compensation laws.

Enclosed is the form *Release of Information and Authorization*, a copy of North Dakota Century Code Section 54-35-22 (the law creating the Workers' Compensation Review Committee), and the form *Review Issue Summary*.

Please mail or deliver completed forms to:

Workers' Compensation Review Committee
Legislative Council
State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505-0360

ATTN: Jennifer S. N. Clark

Upon receipt of the completed *Release of Information and Authorization*, we will determine whether you meet the requirements to have a claim reviewed by the committee.

A Legislative Council staff member will contact you regarding the status of your request for review. If you meet the requirements and your request for review of a claim is accepted for review by the committee, please remember that this committee is **NOT** authorized to adjudicate claims and is **NOT** a forum for appeal. The committee will **NOT** change any existing decisions of Workforce Safety and Insurance. If your request for review of a claim is accepted for review by the committee, you and your representative

will be placed on the committee's agenda for a future meeting in order to provide testimony to the committee.
If your request for review of a claim is accepted for review by the committee, an independent and neutral representative of Workforce Safety and Insurance will contact you. This representative will provide you with assistance in reviewing your records and summarizing your case. Completion and return of the *Review Issue Summary* is optional but will help the representative of Workforce Safety and Insurance prepare a summary of your records.

Even though the committee may determine your claim is eligible for review, you should not consider this determination as having any effect on your claim or your ability to appeal. You may want to contact a private attorney if you think you have a legal basis for pursuing your claim.

Please recognize that if the committee reviews your claim, the committee may discuss your claim at more than one meeting. The Legislative Council will provide you with notice of upcoming Workers' Compensation Review Committee meetings and with minutes of committee meetings.

Please contact the Legislative Council office if you need additional copies of any of these forms. Copies of these forms are available online at *www.legis.nd.gov/council/documents/wcapplications.html*.

Sincerely,

Representative Dan Ruby
Chairman
Workers' Compensation Review Committee

DR/JFB
Encs.

Workers' Compensation Review Committee
North Dakota Legislative Council
State Capitol, 600 East Boulevard Avenue
Bismarck, ND 58505-0360

Telephone 1-701-328-2916
TDD 1-800-366-6888 (ND Relay Service)
lcouncil@nd.gov

RELEASE OF INFORMATION AND AUTHORIZATION

(Print or Type Using Black or Blue Ink)

Injured Employee's Name	WSI Claim Number
*Injured Employee's Contact Telephone Number	Injured Employee's Date of Birth

I authorize Workforce Safety and Insurance to release **ALL** of my Workforce Safety and Insurance information and records on file.

Please release this information and these records to:

- Legislative Management's Workers' Compensation Review Committee;
- Legislative Council staff; and
- Optional - My representative (please specify) _____

I authorize the Legislative Management's Workers' Compensation Review Committee, Legislative Council staff, and Workforce Safety and Insurance officials to discuss my Workforce Safety and Insurance information and records during meetings of the Workers' Compensation Review Committee and related activities of the North Dakota Legislative Assembly.

I understand the meetings of the Workers' Compensation Review Committee are open to the public. I understand these meetings are recorded and minutes are kept and that these recordings and minutes are public records.

I understand the Workers' Compensation Review Committee is **NOT** authorized to adjudicate claims and is **NOT** a forum for appeal. The committee will **NOT** change any existing decisions of Workforce Safety and Insurance.

I understand a determination regarding whether a request for review meets the necessary requirements is **NOT** a legal opinion and should **NOT** be relied on or considered to be legal advice.

A copy of this release and authorization is considered as valid as the original. This release and authorization remains in effect until revoked by me or until January 1, 2011, whichever occurs first.

Date	*Injured Employee's Signature
*Injured Employee's Mailing Address	

*In the case of a deceased injured employee, please provide information regarding the survivor seeking review.

54-35-22. Workers' compensation review committee.

1. During each interim, a legislative management's interim workers' compensation review committee must be appointed as follows: two members of the senate appointed by the majority leader of the senate of the legislative assembly; one member of the senate appointed by the minority leader of the senate of the legislative assembly; two members of the house of representatives appointed by the majority leader of the house of representatives; and one member of the house of representatives appointed by the minority leader of the house of representatives. The chairman of the legislative management shall designate the chairman of the committee. The committee shall operate according to the laws and procedures governing the operation of other legislative management interim committees. The committee may recommend legislation relating to workers' compensation. The committee shall meet once each calendar quarter or less often if the committee chairman determines a meeting that quarter is not necessary because there are no claims to review.

2. The committee shall review workers' compensation claims that are brought to the committee by injured workers for the purpose of determining whether changes should be made to the laws relating to workers' compensation. A claim may not be reviewed by the committee unless workforce safety and insurance has issued a final determination and either the injured worker has exhausted the administrative and judicial appeals process or the period for appeal has expired. In order for the committee to review a claim, the injured worker must first sign a release of information for constituent authorization to allow the committee and legislative council to review the injured worker's workforce safety and insurance records and to allow the committee members and workforce safety and insurance representatives to discuss the records in an interim committee hearing. Notwithstanding any open meeting requirements, except as otherwise provided under this section, the workforce safety and insurance records of an injured worker whose case is reviewed by the committee are confidential. However, pursuant to the constituent's authorization, information contained in the records may be discussed by the committee members and workforce safety and insurance representatives in an interim committee hearing.

3. The committee shall accept testimony of an injured worker and of a representative designated by the injured worker. After the committee has received the testimony of the injured worker and the injured worker's representative, the committee shall request that workforce safety and insurance provide testimony.

Workers' Compensation Review Committee
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State Capitol, 600 East Boulevard Avenue
Bismarck, ND 58505-0360

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lcouncil@nd.gov

REVIEW ISSUE SUMMARY

(Print or Type Using Black or Blue Ink)

PART 1 - INJURED EMPLOYEE INFORMATION	
Injured Employee's Name	WSI Claim Number
*Injured Employee's Contact Telephone Number	Injured Employee's Date of Birth

PART 2 - INJURED EMPLOYEE CONTACT INFORMATION	
The Legislative Council will use this information to provide you with notices of upcoming Workers' Compensation Review Committee meetings and minutes of meetings.	
*Mailing Address	*E-mail Address

PART 3 - REVIEW ISSUE

The purpose of the committee review of claims is to determine whether changes should be made to the laws relating to workers' compensation. In order to further this purpose, information provided to the committee by the injured employee should be presented in a thorough and clear manner. If you have more than one workers' compensation issue, please address each issue separately. As part of this presentation, we suggest you include:

1. The workers' compensation issue or Workforce Safety and Insurance decision with which you disagree;
2. What you think is wrong regarding this issue or decision and why; and
3. What you think the correct outcome or decision should be.

If you would like an independent, neutral representative of Workforce Safety and Insurance to summarize your records as they relate to the issue you are bringing to the committee, please use the space below to briefly summarize the three main points found in the previous paragraph. If you need additional space, please provide attachments. If you do not provide information to adequately understand your issue or decision, any summary provided to the committee by the Workforce Safety and Insurance representative will likely be very general in nature.

*In the case of a deceased injured employee, please provide information regarding the survivor seeking review.