

North Dakota Legislative Council

STATE CAPITOL, 600 EAST BOULEVARD, BISMARCK, ND 58505-0360

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September 17, 2019

Dear Injured Employee:

Thank you for your interest in having the Legislative Management's interim Workers' Compensation Review Committee review your claim to consider whether there should be a change in the law. To be eligible to have the committee review your claim 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 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 submit completed forms to:

Workers' Compensation Review Committee
ATTN: Christopher S. Joseph
Legislative Council
State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505-0360

Forms also may be submitted electronically to lcouncil@nd.gov.

Upon receipt of the completed *Release of Information and Authorization* and if you meet the requirements to have a claim reviewed by the committee, a Legislative Council staff member will contact you. If you meet the requirements and the committee accepts your request for review of a claim, please remember this committee is **NOT** authorized to make formal decisions on any claims and is **NOT** a forum for appeal. The committee can **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, time will be reserved for you and your representative on the committee's agenda for a future meeting so that you may provide testimony to the committee.

If the committee accepts your request for review of a claim, a 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.

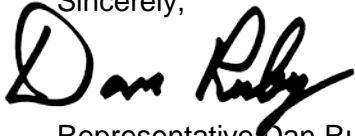
Please recognize that if the committee reviews your claim, the committee may discuss your claim at more than one meeting. The Legislative Council will provide you with notice of upcoming Workers' Compensation Review Committee meetings and with minutes of committee meetings.

Copies of all forms are available online at <https://www.legis.nd.gov/assembly/66-2019/session-interim/workers-compensation-review-committee-application-forms>.

For any questions about claim review eligibility or form completion please contact:

North Dakota Workforce Safety and Insurance
Ms. Patsy Peyerl
Constituency Services
Phone: (701) 328-3879
Email: ppeyerl@nd.gov

Sincerely,

A handwritten signature in black ink that reads "Dan Ruby". The signature is written in a cursive, flowing style.

Representative Dan Ruby
Chairman
Workers' Compensation Review Committee

DR/JJB
Encs.