FORM PER-37: Notice to Controvert Claim

<u>Instructions:</u> To properly dispute and controvert right of compensation to an employee claim as prescribed under A.S.C.A. §32.0662, the employer is mandated to file this controvert notice with the Commissioner on or before the 14th day after having knowledge of the alleged injury or death (or within 14th days upon receipt of either the Employee's Injury Reporting Notification or a Notice of Claim Filed).

| 1. | Date of this Notice: | 2. Name of Employer: | | | 3. Name of Injured Employee: | | | |
|--|--|--------------------------|-------|-----------------------|--|--|---------|--|
| 4. | Is the Employer Self-Insurer? Yes | 5. Name of Insurance | rier: | | 6. Date of Employee's Alleged Injury or Death: | | | |
| 7 . | Have employer received an injury report from employee? Yes No | | 8. | 8. Date of Employee's | | njury Report: 9. Have employee filed a claim? Ves No | | |
| 10. | Employer's Mailing Address: | | | 11. Emplo | yee's Pres | ent Mailing A | ddress: | |
| 12. | Specify the Type of Controvert Not | | | | | | | |
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| | Notice to dispute and controvert e Other | mployee's claim for comp | ensat | ion due to si | atute of lir | nitation on fili | ng. | |
| 13. | 13. In pursuant to A.S.C.A. §32.0662, the employer hereby serves this notice to controvert claim on the following specific ground or reason: | | | | | | | |
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| 14. | AUTHORIZATION: | | | | | | | |
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| (Print Only) Name of Person Approving this Notice | | | | | | | | |
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| | Official Title of Person Approving this | Notice | | | | | | |
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| | (Cian) | | | | | | | |
| | <u>(Sign)</u> Authorized Signature of Person Appr | oving this Notice | | | | | | |
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