

DATE:

EMPLOYER:

EMPLOYEE:

CLAIM NO.:

LOSS DATE:

NOTICE OF DENIAL

As the workmen's compensation insurer put on notice of this claim, we have been investigating your claim for benefits. Pursuant to 19 *Del. C.* § 2362(a) please allow this letter to serve as our notice to you that we are denying your claim for the following reason(s):

- Based on our investigation, it does not appear that we insured your employer on the date of accident.
- Based on our investigation, it does not appear that you were an employee of our insured on the date of accident.
- Based on our investigation, it does not appear that you sustained personal injury by an accident that arose both out of and in the course of employment with our insured.
- Based on the medical records we have received, it does not appear that you have sustained a compensable injury as defined under the workmen's compensation law.
- Based on our Agreement on file with the Industrial Accident Board, the current claim or treatment appears to be neither reasonable, necessary nor related to the accepted accident.
- Other:

If you disagree with this decision, then you are welcome to contact us with any questions you might have or to provide us with any additional information.

Sincerely,

Claims Representative

CC: Industrial Accident Board

THE STATUTE OF LIMITATIONS IN A CONTROVERTED CLAIM IS TWO YEARS FROM THE DATE OF ACCIDENT CAUSING PERSONAL INJURY OR DEATH OR ONE YEAR FROM THE DATE THE EMPLOYEE KNEW AN OCCUPATIONAL DISEASE WAS RELATED TO WORK. FOR AN ACCEPTED CLAIM IT IS FIVE YEARS FROM THE DATE OF LAST INTENTIONAL PAYMENT FOR WHICH A RECEIPT WAS FILED. FOR CLAIMS UNDER 19 *DEL. C.* § 2357 IT IS ONE YEAR FROM THE ACCRUING OF THE CAUSE OF ACTION ON WHICH SUCH IS BASED.