

DATE:

EMPLOYER:

EMPLOYEE:

CLAIM NO.:

LOSS DATE:

NOTICE OF EXTENSION

We acknowledge receipt of your workmen's compensation claim, which was received by our office on _____. After reviewing this matter further, please be advised that we presently can neither accept nor deny your claim for the following reason(s):

- We are still attempting to verify the existence of an employer / employee relationship in this matter.
- We are still conducting our investigation to determine if you sustained an injury that arose both out of and in the course of your employment with this Employer.
- We are still waiting to receive appropriate medical documentation to determine if you sustained a work-related injury.
- Based on our I.A.B. Agreement on file, we are still waiting to receive medical and / or factual information to determine if treatment relates to the accepted injury or accident.
- Other:

Pursuant to 19 *Del. C.* § 2362(a) this letter serves to inform you that we have requested an extension of time from the Industrial Accident Board so that we may investigate this further and determine whether we can accept or deny this claim. We hope to have our investigations completed within the next _____ days of the date of this letter in order to determine whether this claim is compensable.

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.