

FORM PT-01

Petition for Penalty on Late Payments [A.S.C.A. §32.0663]

Instructions: Pursuant to A.S.C.A. §32.0663, if an employer or carrier fails to provide compensation payments on time, a penalty may be added onto the unpaid compensation award. To petition a penalty on late payments, this form must be completed and submitted directly to the Commission's Office.

1. Name of Person Filing Petition:		2. Social Security No.:	
3. Specify Benefit Awarded: <input type="checkbox"/> Death Benefits <input type="checkbox"/> Temporary Wage-Loss <input type="checkbox"/> Temporary Loss in Wage Earning <input type="checkbox"/> Permanent Partial Disability <input type="checkbox"/> Permanent Total Disability <input type="checkbox"/> Disfigurement	4. Specify Payment Installment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual		
	5. Total Payment:		6. Total Number of Payments Missing:
	7. Name of Employer:		
	8. Name of Insurance Carrier:		
9. Contact Information: <u>Mailing Address:</u>		Telephone (Home):	
		Telephone (Mobile):	
		Valid Email Address (if any):	
10. Authorization: <u>(Sign Here):</u> _____ Authorized Signature _____ Date		<u>Documentations Required for Submission with Form:</u> 1. Copy of settlement agreement signed by both parties; 2. Check stub of installment payment currently receiving; and 3. A valid photo ID (e.g.; driver's license, passport, voter's ID, or State ID).	

FORM DISTRIBUTION:

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