



JOEL M PRESSMAN  
Commissioner

# The Commonwealth of Massachusetts

## Department of Industrial Accidents

600 Washington Street  
Boston, Mass. 02111

February 9, 1987

CIRCULAR LETTER NO. 231

TO: ALL INSURERS  
FROM: Mary Piggott  
RE: PAY, DENY, RESUME FORM #2

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The Office of Claims Administration has received a large number of Insurer Notification of Payment, Denial, or Resumption of Compensation forms either filed when not required or filed without all needed information.

Please do not file this form unless the date of injury is on or after November 1, 1986.

The form is being used to monitor compliance with M.G.L. c.152, ss.6 and 7. As you know, compliance with Section 7, allows the insurer to make payments for sixty days from the date of disability without accepting liability, M.G.L. c.152, s.8. Many insurers have refused to complete the field on Form #2 entitled "Fifth Day of Disability" for fear that by doing so the insurer is admitting liability. That fear is groundless since the language of Section 8 controls any form published to implement the statute.

No Form #2 filed without the fifth day of disability will be accepted. Employer noncompliance with M.G.L. c.152, s.6, cannot in many cases be detected without this information.

Department of Industrial Accidents  
Office of Claims Administration  
50 Washington Street  
Boston, Massachusetts 02111

To: Interested Parties  
From: Office of Claims Administration  
Re: Request for Sixty Day Extensions of Pay  
without Prejudice  
Date: February 6, 1987

The Office of Claims Administration has received numerous requests for extensions of the 60 day "pay without prejudice" period pursuant to 452 CMR 1.05(4). These extensions (for an additional period of up to 60 days) may be approved in two ways: at a Conciliation by the Department or by submission of the appropriate documents to the Department (Office of Claims Administration). In either case, in order to extend the 60 day period the following criteria must be met:

(1) The employee and the Department must have received a Notice to Pay Form (Form 2) within 14 days of the insurer's notice of injury. The Office of Claims Administration will check to see if this document has been received in a timely manner by the Department.

(2) There must be an Agreement to extend the period (terminating no later than 120 days from the onset of disability) signed by both parties.

(3) The insurer must certify that it has made all payments due under Chapter 152 since the onset of disability.

Should all of these conditions be met, the request will be approved. Should one or more of these conditions fail to be met, the request will be denied and the Insurer will be so notified.

Thank you for your attention to this matter.