

WORKERS' COMPENSATION DIVISION[876]

Regulatory Analysis

Notice of Intended Action to be published: 876—Chapter 3
“Forms”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 10A.310(1)“a,” 17A, and Executive Order 10

State or federal law(s) implemented by the rulemaking: Iowa Code section 17A.3(1)

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 3, 2026
1 p.m.

6200 Park Avenue
Des Moines, Iowa
Via videoconference call:
dial-iowa-gov.zoom.us/j/81654334225?pwd=5JUj7K10vOhVPFGUp2QWlyI2imRXx9.1

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Workers' Compensation Division no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

William Grell
Interim Workers' Compensation Commissioner
Iowa Workers' Compensation Division
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Phone: 515.829.5993
Email: william.grell@dia.iowa.gov

Purpose and Summary

The purpose of Chapter 3 is to provide the public with the names and descriptions of all forms available from the Division for use in matters under the jurisdiction of the Workers' Compensation Commissioner. The forms include the original notices and petitions for various contested cases, including arbitration proceedings, alternate medical care proceedings, and reimbursement for an independent medical examination under Iowa Code section 85.39. Additional forms provided for the convenience of parties interacting with the Division include hearing reports, authorization(s) for releases of information, settlement forms, deferral of filing fees, and waiver of the mandatory use of the Workers' Compensation Electronic System. Use of these forms provides clarity to parties represented by attorneys, parties representing themselves, employers, and Division employees as to what information is needed to achieve a particular task.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**
 - **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs to the public associated with this proposed rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

Injured workers, employers, and insurance carriers benefit from this proposed rulemaking because it provides a list of available forms for use in workers' compensation matters as well as a brief description of each form. There is also benefit to the staff within the Division because the forms provide a uniform manner of submitting claims and other information to the Division. The forms clearly outline what information is needed, which will result in fewer filings being rejected for incomplete information. Without the forms, there would be a plethora of documents filed with the Division, which would needlessly complicate the filing process for both the individuals filing and the employees within the Division.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- **Quantitative description of impact:**

Not applicable.

- **Qualitative description of impact:**

Not applicable.

3. Costs to the State:

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no direct costs. A Deputy Commissioner periodically updates the forms in the course of the Deputy Commissioner's regular employment.

- **Anticipated effect on State revenues:**

There are no proposed changes to the agency's budget and no anticipated effect on State revenues.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

There are no direct costs associated with this proposed rulemaking.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

This proposed rulemaking is not costly or intrusive because it contains a list of forms available for use in matters under the jurisdiction of the Workers' Compensation Commissioner as well as brief descriptions of the forms. Use of the specific forms is not a requirement; however, the vast majority of parties interacting with the Division use the forms provided.

6. Alternative methods considered by the agency:

- **Description of any alternative methods that were seriously considered by the agency:**

The agency has not identified any viable alternatives to this proposed rulemaking.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The agency has not identified any viable alternatives to this proposed rulemaking.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.

- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.

- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.

- Establish performance standards to replace design or operational standards in the rulemaking for small business.

- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Chapter 3 has no substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 876—Chapter 3 and adopt the following **new** chapter in lieu thereof:

CHAPTER 3
FORMS

876—3.1(17A) Forms. The following forms are available from the workers' compensation division for use in matters under the jurisdiction of the workers' compensation commissioner. Insurance carriers, self-insured employers, or their adjusting agents may reproduce the forms, in which event the name, address, telephone number, and identification number may be imprinted. The current revision of the form must be used. Each form is identified by a form number. This form number follows each form name listed below and is used when requesting that specific form.

3.1(1) Form—first report of injury (FROI). (*Form No. 1*) The FROI contains general information concerning the employee, the employer and the claimed injury. A FROI is to be filed whether or not an adjudication or admission of liability for the injury exists and is to be filed as provided in Iowa Code section 10A.313 and 876—Chapter 11. The FROI is to be filed when demanded by the commissioner pursuant to Iowa Code section 10A.314 and when an employer is served with an original notice and petition that alleges an injury for which a FROI has not been filed. If an original notice and petition alleges multiple injury dates, only one FROI should be filed and the date of injury reported should be the date the reporter uses when adjusting the claim.

3.1(2) Form—subsequent report of injury (SROI). (*Form No. 2*)

a. The SROI provides for filing of notice of commencement of payments, correcting erroneous claim information, supplying additional information, denying compensability, agreeing to the weekly benefit rate and agreeing to make payments under the Workers' Compensation Act, reporting the status of a claim, or recording benefits paid. Notice of commencement of payments shall be filed within 30 days of the first payment. When liability on a claim is denied, a letter shall be sent to claimant stating reasons for denial. The SROI shall also be filed when compensation is terminated or interrupted. Medical data supporting the action taken shall be filed when temporary total disability or temporary partial disability exceeds 13 weeks or when the employee sustains a permanent disability.

b. The employer and insurance carrier who are required to file medical data shall file the medical data in WCES. The employer or insurance carrier or the employer's or insurance carrier's agent shall register in WCES to file the medical data. The filer will receive a status update for the information the filer submits based upon the status the filer selects and for which the filer is approved in WCES.

3.1(3) Form—information request. (*Form No. 4*) This form is an information request form. The information request form allows for individuals to request certain information from the workers' compensation division.

3.1(4) Form—authorization to release confidential information to third party. (*Form No. 5*) This form allows the workers' compensation division to release certain confidential information to a third party.

3.1(5) Form—original notice and petition. The following forms are types of original notice and petition: form—original notice and petition (Form No. 100); form—original notice and petition concerning application for independent medical examination (Form No. 100A); form—answer and order concerning application for independent medical examination (Form No. 101A); form—original notice and petition concerning vocational rehabilitation program benefit (Form No. 100B); form—answer concerning vocational rehabilitation program benefit (Form No. 101B); form—original

notice, petition concerning application for alternate medical care (Form No. 100C); form—answer concerning application for alternate medical care (Form No. 101C); form—original notice and petition concerning application for vocational training and education (Form No. 100D); form—answer concerning application for vocational training and education (Form No. 101D); form—original notice and petition for full commutation of all remaining benefits of ten weeks or more 876—subrule 6.2(6) (Form No. 200); and form—original notice and petition and order for partial commutation (Form No. 201). Further descriptions can be found in rule 876—2506.36(10A,17A,85).

3.1(6) *Form—subpoena. (Form No. 104)* This form is the witness subpoena, which is used to require a witness to appear and testify, and the Subpoena Duces Tecum, which is used to require a witness to appear and to bring specified books and records.

3.1(7) *Form—corporate officer exclusion. (Form No. 7)* This form is the corporate officer exclusion, which is used for corporate officers to reject workers' compensation or employers' liability.

3.1(8) *Form—application and consent order for payment of benefits. (Form No. 6)* This form is the application and consent order for payment of benefits under Iowa Code section 85.21, which is used by an employer or an insurance carrier to pay weekly and medical benefits without admitting liability and to be able to seek reimbursement from another carrier or employer.

3.1(9) *Form—hearing report.* The following forms are types of hearing reports for arbitration hearings: hearing report—no second injury fund (Form No. 105) and hearing report—second injury fund (Form No. 106).

3.1(10) *Form—interpreter identification form. (Form No. 108)* This form is used to identify an interpreter, if necessary, for any contested case proceeding.

3.1(11) *Form—authorization for release of information regarding claimants seeking workers' compensation benefits. (Form No. 3)* This form is used for the release of information concerning an employee's physical or mental condition relative to a workers' compensation claim.

3.1(12) *Form—original notice and petition for commutation of all remaining benefits of ten weeks or more 876—subrule 6.2(6). (Form No. 200)* This form contains data relevant to benefits paid and those to be paid by commutation when all unaccrued benefits are due. Signatures of the parties are necessary. Approval by the workers' compensation commissioner or a deputy workers' compensation commissioner is necessary. The form contains language of release.

3.1(13) *Form—original notice and petition for partial commutation. (Form No. 201)* This form contains the same data and requirements as Form No. 9. However, all remaining benefits are not commuted. No language of release is contained.

3.1(14) *Form—payment activity report. (Form No. 206)* This form is used to list payment activities.

3.1(15) *Form—agreement for settlement. (Form No. 202)* This form is used to file an agreement for settlement pursuant to Iowa Code section 85.35(2).

3.1(16) *Form—compromise settlement. (Form No. 205)* This form is used to file a compromise settlement pursuant to Iowa Code section 85.35(3).

3.1(17) *Form—combination settlement. (Form No. 203)* This form is used to file a combination settlement pursuant to Iowa Code section 85.35(4).

3.1(18) *Form—contingent settlement. (Form No. 204)* This form is used to file a contingent settlement pursuant to Iowa Code section 85.35(5).

3.1(19) *Form—claimant's statement. (Form No. 207)* This form is used for any type of settlement when the claimant is not represented by an attorney.

3.1(20) *Form—application to defer payment of filing fees, financial affidavit and order. (Form No. 102)* This form is used to request a deferral of payment of filing fees. This form is not initially filed through WCES.

3.1(21) *Form—nonelection of workers' compensation or employers' liability coverage. (Form No. 8)* This form is used for exclusion from liability coverage pursuant to Iowa Code section 87.22.

3.1(22) *Form—shorthand reporter identification form. (Form No. 107)* This form is used to identify the official shorthand reporter and custodian of the notes for a hearing.

3.1(23) *Form—request for waiver of the mandatory use of WCES. (Form No. 103)* This form is used by a self-represented party to request a waiver from those rules requiring filing in WCES and allows a party to file and serve documents in paper form.

This rule is intended to implement Iowa Code section 17A.3(1) “b.”