SUSPENSION AGREEMENT AND RECEIPT
(DWC-05)

General Instructions:

- Completed by: Employer/Insurer and Employee.

- Time Frame: No set time frame. However, the Suspension should be submitted as soon as possible after the end of weekly indemnity payments made under a Memorandum of Agreement (MOA). Claim is not considered closed unless this form is filed with DLT. (See Wage Transcript instructions) NOTE: Do not use a Suspension when payments were only made under a Non-Prejudicial Agreement.

- Distribution: Original to Department of Labor and Training. Copy to each of the parties.

- Attachments: When submitting a *final* Report of Indemnity Payment (DWC-22) under an MOA, a Suspension should be attached.

Definitions:

- *PLEASE CHECK IF CORRECTION OF PRIOR REPORT:* Check if sending in an amended form.

1. Employee Information:

- *SSN:* Employee's Social Security Number.
- *Name:* Employee's full name.
- *Address (including city, state, zip):* Employee's current mailing address.
- *Phone:* Employee's current home telephone number.

2. Claim Information:

- *Employer:* Employer's actual name where the employee was employed at the time of the injury.
- *Insurance Co.:* Name of the worker's compensation insurer OR 'Self-Insured' if the company has been certified as self-insured by DLT.
- *Claim Administrator:* Name of the WC insurance carrier, third party administrator, or self-insured employer responsible for administering the claim.
- *Injury Date:* Date that the accident happened.
- *Incapacity Date:* First full day that the employee lost from work (include weekends and holidays).

- *We agree that…:* Enter the date of incapacity as defined above and the date that the weekly indemnity payments were made through.

- *Employee Signature/Date – Employer/Insurer Signature/Date:* Both parties must sign <u>and</u> date this form.