

Form HS-32-C	ARKANSAS WORKERS' COMPENSATION COMMISSION HEALTH & SAFETY DIVISION 324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	HS- 32-C
Ark. Code Ann. §11-9-409 & AWCC Rule 32 Rev. 1-1-2001		

Notification of Potential Data Error

If you question the information used to identify your company, complete this worksheet and return it to the Arkansas Workers' Compensation Commission, Health and Safety Division. **Within 15 days of receipt of this letter**, the completed worksheet and supporting documents should be mailed to:

Attn: Rule 32 Worksheets
Arkansas Workers' Compensation Commission
Health and Safety Division
P.O. Box 950
Little Rock, AR 72203-0950

Date: _____ AWCC File No.: 32-_____

Company Name: _____ FEIN: _____

dba Name (if applicable): _____

Address: _____

Contact: (Name) _____ (Title) _____

Telephone no: _____ Fax no.: _____

e-Mail: _____

Insurance Carrier: _____ Policy Date: _____

Check the area(s) where you question the data used. Attach copies of all required supporting documents to this worksheet and return to the address above. **No changes in the hazard index calculation can be made until all required information is received.**

Potential Data Error	Required Supporting Documents
<input type="checkbox"/> Incorrect number of employees	Four quarterly "Contribution and Wage Reports" (Form ESD-ARK-209B) submitted to the Arkansas Employment Security Division for last year.
<input type="checkbox"/> Incorrect number of indemnity cases	Number of cases believed to be correct; documentation showing any cases that were controverted and found not to be compensable. <i>Note: all indemnity cases are included in the calculation unless they are successfully controverted.</i>
<input type="checkbox"/> Incorrect SIC Code	Notify ESD, tel.: (501) 682-3194 of correct SIC and submit verification letter received from ESD.