



NOTICE OF SUSPENSION OF COMPENSATION AND/OR BENEFITS

State Form 54217 (TBD)

INDIANA WORKER'S COMPENSATION BOARD

402 West Washington Street, Room W196

Indianapolis, IN 46204

Telephone: (317) 232-3808

www.in.gov/wcb

Date of Injury (month, day, year)	Jurisdiction Claim Number
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NOTICE is hereby given that the employer intends to suspend compensation and/or benefits for a compensable injury under the Indiana Worker's Compensation Act for the reason listed below.

EMPLOYEE AND CLAIM INFORMATION

Name of Injured Worker	Name of Employer
Address (number and street, city, state, and ZIP code)	Address (number and street, city, state, and ZIP code)
Telephone Number	Name of Insurance Carrier / Third Party Administrator
E-mail Address	Administrator Claim Number

CLAIM ADJUSTER / ATTORNEY INFORMATION

Name of Adjuster / Attorney (typed or printed)	
Address (number and street, city, state, and ZIP code)	
Telephone Number	E-mail Address

SUSPENSION AND REINSTATEMENT INFORMATION

According to IC 22-3-3-4(c) or 22-3-3-6(a), injured workers shall not receive temporary total or partial disability payments and/or permanent partial impairment payments, reimbursement for unauthorized medical care, nor are they entitled to have a case heard, until they agree to comply with the following:

Date Suspension Initiated (month, day, year)
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Reason compensation and/or benefits are being suspended:

- Refusal of treatment, services and supplies (IC 22-3-3-4(c)) / (IC 22-3-3-7)
- Refusal or obstruction of examination (IC 22-3-3-6(a))
- Refusal to accept suitable employment (IC 22-3-3-11)
- Refusal of Board ordered autopsy (IC 22-3-3-6(h))

Actions required to have compensation and/or benefits reinstated
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Signature of Employee acknowledging receipt:	Date signed (month, day, year)
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CERTIFICATION

Adjuster/Attorney must sign below to certify service.

I certify that this information is true and that the injured worker has been served with a copy.

Signature of Adjuster/Attorney	Date of Service (month, day, year)
Printed Name	By (check one): <input type="checkbox"/> US Mail <input type="checkbox"/> Electronic Service