

## Request for Extension

(for a new period of temporary total disability alleged to be caused  
by a prior compensable injury, Minn. Stat. § 176.221, subd. 1)



DO NOT USE THIS SPACE

PRINT IN INK or TYPE  
Enter dates in MM/DD/YYYY format.

WID or SSN	DATE OF INJURY
EMPLOYEE	EMPLOYER
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	

First day of lost time for the new period of temporary total disability: \_\_\_\_\_ (date)

Date employer received notice of additional lost time: \_\_\_\_\_ (date)

We request an extension of time for the following reasons(s):

- Investigation is incomplete.  
 Unable to obtain medical reports as to causation.

Date medical report requested: \_\_\_\_\_

Other:

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CLAIM REPRESENTATIVE NAME	PHONE # (INCLUDING AREA CODE)	DATE SERVED ON EMPLOYEE
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### INSTRUCTIONS TO EMPLOYER/INSURER

This form must be filed within 14 days of notice to or knowledge by the employer of a new period of temporary total disability which may be causally related to an old compensable injury. If this form is properly filed with the Workers' Compensation Division, payment must be made no later than 30 days from the notice to or knowledge by the employer of the new period. If payment is not commenced, a letter of denial of payment must be sent to the employee (with a copy to the Workers' Compensation Division) within the 30 days. If payment is commenced, a Notice of Benefit Reinstatement must be filed with the Workers' Compensation Division.

### INSTRUCTIONS TO EMPLOYEE

This form will be filed with the Workers' Compensation Division, but no response will be made by the Division. Upon the proper filing of this form, the employer or insurer has 30 days from the date the employer was notified of the new period of temporary total disability to begin payment. If payment is not begun, the employer or insurer must send a letter explaining the reasons. If you have questions about your claim, you should first contact the claim representative whose telephone number appears above. If you still have questions, contact the Workers' Compensation Division at (651) 284-5030. If you are calling long distance, dial toll-free 1-800-342-5354 and ask for the Workers' Compensation Division.

*This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.*

**ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.**