

**Notification of Additional Information
SORM-90**

Date: _____ **Claim Number:** _____ **Date of Injury:** _____

Employee Name: _____

SSN: _____

Child Support

----- Employee has child support payroll deductions. Copy of Child Support Order attached.

Change in Information: Employee has had:

_____ Name change. New Name: _____

_____ Address change. New Address: _____

_____ Phone number/contact number change. New Number: (_____) _____ - _____

_____ Marital status change: _____

_____ Other Change: _____

Additional Leave Granted: Employee has been granted:

_____ Extended Sick Leave Hours: _____ Effective Date: _____

_____ Sick Leave Pool Hours: _____ Effective Date: _____

_____ Emergency Leave Hours: _____ Effective Date: _____

Leave Expiration Information

_____ The Employee's elected leave/additionally granted leave will expire on: _____ if he/she does not return to work.

_____ The Employee was granted Family Medical Leave Act (FMLA) on: _____

_____ This will extend the state paid portion of insurance through: _____

_____ The Employee's FMLA leave expired on: _____ The first month the state will not pay insurance is: _____

Claims Coordinator: (Print) _____

(Sign) _____

Phone Number _____ Agency _____

Please fax this document to the State Office of Risk Management within 24 hours of the change.

Notification of Additional Information SORM-90

| | |
|-------------------------|---|
| Purpose of Form: | <p>The SORM 90 provides a mechanism whereby the claims coordinator shall provide additional information to the adjuster pertaining to four elements of the claim.</p> <p>Child Support Change in Information Additional Leave Granted Leave Expiration Information</p> |
| Filing Deadline: | <p>The form must be received by SORM not later than the next working day after the event/change occurs.</p> |
| Completed by: | <p>The claims coordinator.</p> |
| Instructions: | <p>Complete the identifying information at the top of the form</p> <p>Child Support</p> <p>If the claimant is having Child Support withdrawn from his/her paycheck, attach a copy of the order to the form. This is necessary so that the claimant receives the correct amount of income benefits.</p> <p>Change in Information</p> <p>Enter the revised data.</p> <p>Additional Leave Granted</p> <p>When an agency grants a claimant extended sick leave, sick leave pool hours, or emergency leave, the adjuster must factor in these additional hours with regard to initiation of income benefits.</p> <p>Leave Expiration Information</p> <p>This information is essential for ensuring that income benefits are paid timely and in the correct amount. Claimants often use intermittent leave for purposes other than their workers compensation injury and as a result, elected leave may not extend to the projected date of expiration.</p> |
| Distribution | <p>The claims coordinator will fax the document to the State Office of Risk Management and retain the original for the agency file.</p> |