WC-REHAB OBJECTION

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REHAB OBJECTION

Instructions: Use this form to object to Forms WC-R1, WC-R1CATEE, WC-R2A, or WC-R3. This form must be filed 20 days from the date of the certificate of service.

<table>
<thead>
<tr>
<th>Board Claim No.</th>
<th>Employee Last Name</th>
<th>Employee First Name</th>
<th>M.I.</th>
<th>Date of Injury</th>
</tr>
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<tbody>
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### A. IDENTIFYING INFORMATION

#### EMPLOYEE
- County of Injury
- Mailing Address
- Employee E-mail
- Phone Number
- City
- State
- Zip Code

#### EMPLOYER
- Name
- Mailing Address
- City
- State
- Zip Code

#### INSURER/SELF-INSURER
- Name
- Mailing Address
- City
- State
- Zip Code

#### CLAIMS OFFICE
- Name
- Mailing Address
- City
- State
- Zip Code

#### ATTORNEY FOR EMPLOYEE/CLAIMANT
- Name
- Address
- City
- State
- Zip Code
- GA Bar Number
- Attorney E-mail

#### ATTORNEY FOR EMPLOYER/INSURER
- Name
- Address
- City
- State
- Zip Code
- GA Bar Number
- Attorney E-mail

### B. OBJECTION TO:

*** An argument must be attached in support of your position ***

Submitted By: ☐ Claimant ☐ Employer/Insurer (Check One)

☐ 1. WC-R1
☐ 2. WC-R1CATEE
☐ 3. WC-R2
☐ 4. WC-R2A

☐ 5. WC-R3

### C. CERTIFICATE OF SERVICE

☐ I hereby certify that I have today sent a copy of this form to all of the parties named above and to any/all involved rehabilitation suppliers, and have sent this form to the State Board of Workers' Compensation, 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
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Phone Number and Ext

E-Mail

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS’ COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbcc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

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REVISION 12/2018

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