WC-244 REQUEST TO BECOME A PARTY AT INTEREST

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REQUEST TO BECOME A PARTY AT INTEREST PURSUANT TO O.C.G.A. § 34-9-244

Instructions: Any group insurance company or other disability benefits provider who has made payments in the employee's behalf for disability benefits pursuant to an employer-paid plan, and who wishes to be named a party of interest to obtain reimbursement for those expenses which have been paid, shall file this form including supporting documentation with the State Board of Workers' Compensation.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Date of Injury

A. IDENTIFYING INFORMATION

EMPLOYEE	County of Injury	Mailing Address			
Employee E-mail		City	State	Zip Code	
EMPLOYER	Name	**INSURER/ SELF INSURER**	Name		
Mailing Address		**CLAIMS OFFICE**	Name		
		SBWC ID# (five digit no)	E-mail		
City	State / Zip Code	Mailing Address			
Employer E-mail	Phone Number	City	State	Zip Code	

B. NOTICE

Notice is hereby given that: _____
(Print Name of Group Insurance Company or Disability Benefits Provider)

Mailing Address			Phone
City	State	Zip Code	E-mail

has made payments in the amount of $ _____ on the employee's behalf for disability benefits and desires to be made a party at interest in this claim for reimbursement for funds so expended, should liability be established under Title 34-9.

C. CERTIFICATE OF SERVICE

☐ I hereby certify that I have sent a copy of this form to all parties and counsel in this claim, and to the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299.

Print Name Here	Signature	Date

Phone	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.sbwc.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).