## SUMMARY OF 2012 AMENDMENTS TO THE RULES OF THE STATE BOARD OF WORKERS' COMPENSATION

The 2012 Rules, effective July 1, 2012, contain organizational, editorial, and substantive changes. This summary of the 2012 amendments to the Rules is intended as a convenient reference and does not represent an exhaustive description of all rules changes. For detailed information regarding changes to a particular rule, please refer to the published version of the rule.

Rule 15(e) was amended to state that no portion of any settlement payment shall be designated as a medical expense except the amount specified in the approved stipulated settlement.

Rule 15(h) was amended to state that the Board may make a confidential informal inquiry regarding any settlement.

Rule 15(m) was amended to permit the Board or any party to a settlement of \$5,000.00 or more to require that settlement documents contain language which prorates the lump sum settlement over the life expectancy of the injured worker.

Rule 108(b)(8) was amended to state that an attorney shall not receive an attorney's fee on any medical treatment or expenses required for an employee, unless the fee is assessed for unreasonable defense.

Rule 102(d)(4) was amended to require the parties or attorneys to notify the Board or assigned administrative law judge if a ruling on a pending motion is no longer necessary or desired.

Rule 202 was amended to clarify that the employee is required to provide written notice of the employee's intent to exercise the right to a one-time independent medical examination within 120 days of the employee's receipt of any income benefits.

Rule 206 was amended to require that a WC-206 form include, in addition to supporting documentation, an explanation of any dispute.

Rule 226 was amended to change all references to "guardian" and "guardianship" to "conservator" and "conservatorship" to conform to the legislative changes to O.C.G.A. § 34-9-226.

Rule 244 was amended to require that a WC-244 form include supporting documentation, including the policy/plan provision authorizing the provider to obtain reimbursement, and an explanation of any dispute.

Rules 102 and 108 were amended to insert new Evidence Code citations that became effective January 1, 2013.