

State of Rhode Island and Providence Plantations Department of Labor and Training Division of Workers' Compensation P. O. Box 20190 Cranston, RI 02920-0942 Telephone: (401) 462-8100 Fax (401) 462-8105 TDD (401)-8006

> Informational Letter # 02-01 January 30, 2002

The following Workers' Compensation forms have been revised.

- DWC-11Notice of Claim of Common Law RightsPursuant to R.I.G.L. §28-29-17
- **DWC-11R** Rescind Notice of Claim of Common Law Rights Pursuant to R.I.G.L. §28-29-19
- **DWC-11C** Election By Exempt Corporate Officer to Become Subject to Workers' Compensation

There is no need to file a revised form if you have previously filed a form with the Department.

Copies of the revised forms are enclosed.

The forms are available on the workers' compensation web site at <u>http:///www.dlt.state.ri.us/wc</u>. Click on <u>Forms</u> and scroll down to the compliance forms.

To request forms by mail, fax a request to Rosemary Brown at (401) 462-8095. Be sure to include your return address.

The Department will only accept our own forms, photocopies of our form, or copies from the web site. Recreated or scanned forms are not acceptable.

Dr. Lee H. Arnold, Director