

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