

# Request for Modification - External

## QuickStart Guide

The Request for Modification form is the start of the streamlined electronic process, filing new issues is streamlined and automated where applicable.



**1** Enter the Order Date using the datepicker and select a justification using the textbox.

- If "The Claimant's permanent disability has increased" is chosen, the 'Worsening' issue will be auto selected.
- If "The Claimant's permanent disability has decreased" is chosen, the 'Betterment' issue will be auto selected.

**2** File any additional issues using the fully integrated Issues form (Not all issues pictured, see user manual for full list).

**3** Add any attachments and then its time to Sign & Certify. Once the system finishes processing the submission you will receive an electronic notification via email.

Suarez - W403147 - Request for Modification

 Bizagitesting@wcc.state.md.us  
To  zoraida.suarez@wcc.invald.com;  Aruna Kamana

There is a new activity in CompHub related to your claim:

The Request for Modification was successfully submitted. Please see Claim Documents for complete details.

Log into CompHub or click this link: [RFM-264](#) for more details.

### Request for Modification

#### Request for Modification

Instructions: This form is to be used by parties to a compensation claim only to request that an Order be reconsidered, reopened or modified pursuant to LE §9-736. Fill out this form completely and submit to the Commission.

\*\*\*Note: This request must be accompanied by Issues.

\*\*\*Note: Address changes must be done through the "Claimant Change of Address" process.

Claim Number: W403147 Claimant Full Name: Zoraida Suarez

#### Employer & Insurer

Employer	Insurer
ABRAMS GAVIN M & MONICA M	ACCEPTANCE INSURANCE CO

The undersigned party to this Workers' Compensation Claim hereby requests modification of the Order dated 05/11/2023 and as justification states:

- The Claimant is entitled to additional temporary total benefits.
- The Claimant's permanent disability has increased.
- The Claimant's permanent disability has decreased.

#### The Party raises contesting issues as follows

Description	
Did the employee sustain an injury causally related to an accident which arose out of and in the course of employment?	<input type="checkbox"/>
Is the disability of the employee (TT/TP/PT/PP) causally related to the accidental injury?	<input type="checkbox"/>
Did the employee sustain a compensable hernia within the meaning of the Workers' Compensation Act?	<input type="checkbox"/>
Average weekly wage	<input type="checkbox"/>
Limitations	<input type="checkbox"/>
Jurisdiction	<input type="checkbox"/>
Statutory employment	<input type="checkbox"/>
Attorney fees/costs	<input type="checkbox"/>

#### Attachments

+  
No records

#### Certifications & Signature

- I HEREBY CERTIFY that on June 6, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.
- By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

#### Electronically Signed By:

Victoria Queen  
ACCEPTANCE INSURANCE CO  
Insurer  
06/06/2023 11:52 am