



WID or SSN	DATE OF INJURY	EMPLOYEE NAME
PENALTY NUMBER		INSURER'S CLAIM NUMBER

DEPARTMENT OF LABOR AND INDUSTRY WORKERS' COMPENSATION DIVISION VS.
EMPLOYER
AND
INSURER

OBJECTION TO PENALTY ASSESSMENT

Minnesota Rules Part 5220.2870 PENALTY OBJECTION AND HEARING states: "A party to whom notice of assessment has been issued may object to the penalty assessment by filing a written objection with the division on the form prescribed by the commissioner. *The objection must also be served on the employee if the penalty is payable to the employee. The objection must be filed and served within 30 days after the date the notice of assessment was served on that party by the division. (emphasis added)* The written objection must contain a detailed statement explaining the legal or factual basis for the objection and including any documentation supporting the objection. Upon receipt of a timely objection, unresolved issues shall be referred for a hearing to determine the amount and conditions of any penalty. Objections which are not served and filed within the 30-day objection period must be dismissed by a compensation judge."

The above-named Employer/Insurer objects to the following portion of the Notice of Assessment of Penalty filed in this matter and requests that this matter be set for hearing.

- 1) Additional award to the Employee (M.S. § 176.225)
- 2) Payment to the Assigned Risk Safety Account (M.S. § 176.221, subd. 3 or 3a)
- 3) Penalty for failure to file required report (M.S. § 176.231, subd. 10)
- 4) Other, please explain: _____

Detailed statement/documentation to support your objection (M.R. 5220.2870): (Attached additional sheets as necessary.)

Objection to Penalty Assessment filed by:			Filing party is	
NAME			<input type="checkbox"/>	Employer
COMPANY NAME			<input type="checkbox"/>	Insurer
ADDRESS			<input type="checkbox"/>	Attorney
CITY	STATE	ZIP	<input type="checkbox"/>	Other _____
TELEPHONE				

STATE OF MINNESOTA

ss.

COUNTY OF _____

I, _____, being first duly sworn, depose and state that on _____, 20____, I served a true and correct copy of the enclosed document upon all interested parties to this objection, with postage prepaid, in the United States mail at _____, _____, addressed as follows:
(City) (State)

SEND ORIGINAL TO:

**Compliance Services
Minnesota Department of Labor and Industry
PO Box 64221
St. Paul, MN 55164-0221**

**SEND COPIES TO:
(Provide Names and Addresses)**

Employer (if objection filed by Insurer, or other party):	Other parties (if applicable):
Insurer (if objection filed by Employer, or other party):	
Employee (if applicable)	

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public

Signature