Campus Penalty Objections– Demonstration and Q&A with Insurers, Self-Insurers, TPAs, and Trading Partners



Receiving the penalty notice

• An email message will be sent to the email address registered to your Campus profile.



• Q&A



• Click on horizontal kabob to expand email.

Minnesota Department of Labor and Industry <wcmpsystem@mn.gov>

to Melissa 👻

Melissa -

There is new information waiting for you from the Minnesota Department of Labor and Industry (DLI). We keep your information private and protected.

The 176.182 Notice of Penalty Assessment relates to the following Claim details.

Claim : CL-02-3883-404

Claim administrator claim number: 888

Employee WID: EE-****5662

Employee initials: PP

To see this information, log in to your account. If you need further assistance, contact the Workers' Compensation Hotline at 651.284.5005, option 3 or helpdesk.dli@state.mn.us.

You are receiving this email message because you have an account with DLI and have elected to receive communications by email.

Thank you,

Minnesota Department of Labor and Industry

Minnesota Department of Labor and Industry

443 Lafayette Road N., St. Paul, MN 55155 Web: <u>www.dli.mn.gov</u>



www.dli.mn.gov

8:02 AM (5 hours ago) 🙀 🔦

• Click on the claim: CL -

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The 176.182 Notice of Penalty Assessment relates to the following Cla



Claim administrator claim number: 888

• Click on the documents tab to find the penalty.

Parties	Claim Summary	Benefits Documents	Related Claims & Cases	Reporting History	Claim Payments		
						Downlo	ad All Documents
Docu	ment ID	Document Type	Created By - Party	Created By	- User	Created On	T
> <u>DO-02</u>	-4444-282	176.182 Notice of Penalt Assesment	TY	Ralph Hapne	255	10/20/2020 7:58 AM	:
> <u>DO-02</u>	-4444-278	176.182 Notice of Penalt Assesment	-y	Ralph Hapne	255	10/20/2020 7:38 AM	:



• Click on the document to view.

DEPARTMENT OF LABOR AND INDUSTRY

WORKERS' COMPENSATION DIVISION 443 Lafayette Road North St. Paul, Minnesota 55155

Employee: {{ EE_Name }} NOTICE OF PENALTY ASSESSMENT Jurisdiction Claim Number: {{ JCN }} Date of Injury: {{ DOI }} NUMBER {{ PENALTY }} Insurer's Claim Number: {{ Claim }} DEPARTMENT OF LABOR AND INDUSTRY, Workers' Compensation Division, SERVED AND FILED vs {{ Date_Served }} {{ Er_Name }}, Employer, DEPT OF LABOR & INDUSTRY and WORKERS' COMPENSATION DIV {{ Ir Name }} Insurer

Test 10/20/2020

The Workers' Compensation Division (WCD) has determined you have filed a late First Report of Injury and are subject to penalty. Since this is your ([PENVIOLNUMBER]) violation during the past 12 months, you are assessed a penalty of ([SAFETYAMT]) (Minn. Stat. § 176.231, subd. 1).

This employee began losing time from work on ({FIRSTDATELOST}) and the employer was notified of the lost time on ({ERLOSTTIME}). The First Report of Injury was due 14 days from the later of those two dates. The First Report of Injury was not filed with the Department of Labor & Industry until ((FRORECVDATE)).

Your check should be made payable to the Commissioner for deposit in the Assigned Risk Safety Account and mailed to: Assigned Risk Safety Account, Financial Services, Department of Labor and Industry, 443 Lafayette Road, St. Paul, MN 55155.

Objection to Penalty

To contest the penalty, you must complete the enclosed Objection to Penalty Assessment form, serve it on the other parties listed on the penalty, and file it with the WCD which must receive the form within 30 days of the date this penalty was served and filed. Objections that are filed timely will be referred to the Office of Administrative Hearings for a hearing before a compensation Judge.

If no objection is filed and the assessed penalty is not paid when due, interest charges will be added (Minn. Stat. § 176.221).

WORKERS' COMPENSATION DIVISION

((SIG))

{{CSO}} Compliance Specialist





5220.2870 PENALTY OBJECTION AND HEARING.

• 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. 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.



• Get penalty number, write it down, it is needed to complete form.





• Click on "Related Links" to return to claim.



Ralph Hapness

Created Date 10/20/2020

Submitted Date 10/20/2020

Updated By Ralph Hapness

Updated Date 10/20/2020

Confidential

Related Links

Practice Parish: Injury on 03/17/2020



- Return to dashboard.
- Click on "Submit a filing," select "Object to Penalty."

DEPARTMENT OF LABOR AND INDUSTRY	Submit a Filing 🗸
Overview	Access a Case or Claim
	Initiate a Dispute
	Object to Penalty
	Open Appeal/Petition
On an Claiman	



• Complete objection.

Object to Penalty

Penalty Information

1

Penalty Information





- Click on "Next."
- Complete "Objection Information."

Penalty Information		Objection Information	Filing Party Informatio
Objection Information			
Minesota Rules Part 5220.2870 PENAL the form prescribed by the commissione assessment was served on that party by supporting the objection. Upon receipt 30-day objection period must be dismiss	Y OBJECTION AND HEARING states: "A party er. The objection must also be served on the the division. (emphasis added) The written of a timely objection, unresolved issues shall ted by a compensation judge.	to whom notice of assessment has been issu employee if the penalty is payable to the emp objection must contain a detailed statement e be referred for a hearing to determine the ar	<i>ied may object to the penalty assessment by filing a written objection with the division on ployee. The objection must be filed and served within 30 days after the date the notice of explaining the legal or factual basis for the objection and including any documentation mount and conditions of any penalty. Objections which are not served and filed within the</i>
The Employer/Insurer objects to the follo	owing portion of the Notice of Assessment o	f Penalty filed in this matter and requests tha	t this matter be set for hearing.
Additional award to the Employee			
Payment to the Assigned Risk Safety	Amount	Select envronziete hoves	
Penalty for failure to file required representation	oort 🔶	Select appropriate boxes	
Other			
Detailed Statement and Provide a detailed statement explaining	I Supporting Documents your objection to the penalty. You may attac	ch any documents that support your statemer	nt.
I mailed it.			
Supporting Attachment + Upload Document	s		
File Name	File Type	Description	Remove
Next Back Cancel Sa	eve as Draft		
	NDINDUSTR	Y	www.dlimn.gov

- Click "Next."
- Complete "Filing Party Information."

Penalty Information	Objection Information		3 Filing Party Information	
Party Information				
First Name *	Last Name			
Company Name *	Filing Party Type *			
Address 1 * 2 2nd Street	Address 2 Address 2			
city * Saint Paul	State * Minnesota	Zip Code * 55155		
Phone Number * (651) 284-5431				



• Completed.





• Click "Submit."



Object to Penalty Successfully Submitted!

Confirmation Number: 547

Click the link to view your new document:

DO-02-4444-223

A confirmation email has been sent to campusMSP+I@gmail.com for your records. You may view your forms in My Form History



View completed objection

• Click on dashboard, click on "My Forms" to view completed objection.

My Queues	5					
My Claims	My Disputes My	Forms My SCF A	ssessment Reports	5		
Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation	T
					Number	



How to pay a penalty

- Pay the penalty online referencing the same PN# by going to the payment center on the DLI website. Online payment is at www.dli.mn.gov/paycenter.
- For online payment assistance call Minnesota Department of Labor and Industry, Financial Services at 651-284-5021.
- As an alternative, the insurer can mail in a check to DLI and reference the PN# from Campus to satisfy the penalty.
- Department of Labor and Industry Federal Tax ID number is 41-6007162.



Questions?

- <u>dli.wcmp@state.mn.us</u> will no longer be in use after Nov. 2, 2020.
- Help Desk
 - 651-284-5005 or 800-342-5354, option 3
 - helpdesk.dli@state.mn.us (8 a.m. to 4:30 p.m.)





