

## INSTRUCTIONS

# Answer Concerning Application for Alternate Care

Form 100C (14-0011A) — Effective July 22, 2019

## Overview

- It is not necessary to file an answer due to time constraints. If no answer is filed, the defendant(s) will be required to provide a response at a hearing. Failure to participate may impact your rights and responsibilities under Iowa Code section 85.27.
- An attorney representing the defendant(s) or non-attorney representative of the employer may file this completed form in response to a claimant's petition concerning application for alternate care.
- This procedure is not available if the employer disputes liability on the claim generally. If liability is disputed, this case will be dismissed without prejudice.
- The information provided in this case will be open for public inspection under Iowa Code section 22.1.

## Adobe Acrobat Reader

- You must use Adobe Acrobat Reader to complete Iowa Division of Workers' Compensation (DWC) forms electronically. Other PDF readers might not render the forms correctly.
- You can get Adobe Acrobat Reader for free at <https://get.adobe.com/reader/>.

## Instructions

1. Download the form at:

<https://www.iowaworkcomp.gov/answer-concerning-application-alternate-care-form-100c-14-0011a>

Complete the form by typing the information into the fill-able fields on the PDF or by printing the form and handwriting in print the information on the printed form.

2. Complete the caption by providing in the corresponding blank the:

- Name of the claimant
- Name of the employer
- Name of any insurance carrier
- Name(s) of any other defendant(s)
- Any agency file number(s)

**NOTE:** In some cases, there is not an insurance carrier (e.g., when the employer is self-insured) or any other defendant(s).

3. Complete the Petition by filling out paragraphs 1, 2, 3, 4, 5, and 6.
4. Provide your information.
  - If you are an attorney representing the defendant(s), provide your information under “Signature of Attorney for Claimant.”
  - If you are a representative of the employer, provide your information under “Signature of Representative of Employer.”
5. Sign the form (Rule 876 IAC 4.11).
  - If you are an attorney representing the defendant(s), sign on the “Signature of Attorney for Defendant(s)” line.
  - If you are a representative of the employer, sign on the “Signature of Representative of Employer” line.
6. Serve a copy to the claimant or claimant’s attorney (Rule 876 IAC 4.13).

## Mandatory eFiling

- A case on the issue of alternate care is a contested case proceeding.
- The DWC is implementing mandatory electronic filing (eFiling) on the Workers' Compensation Electronic System (WCES) in contested case proceedings effective July 22, 2019.
- You must eFile on WCES documents, such as this completed form, unless the DWC has granted you an eFiling exception.
- For more information about eFiling on WCES, go to [www.IowaWorkComp.gov](http://www.IowaWorkComp.gov).