

Termination of TTD Benefits

Quick Start Guide

Filing the C-06 is easier than ever! Just use the integrated form in CompHub to file, and get your submission processed quicker.



▼ Claim Details

Claim Number: W301234

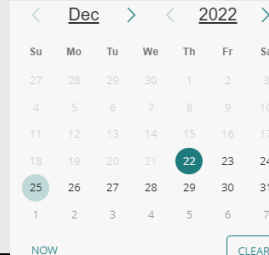
Claimant: Carlos Medina

▼ Employer & Insurer Details

Employer	Insurer
AMGEN INC	A M C O INSURANCE COMPANY

Review the "Claim Details" section of the form. It is pre-populated with basic Claim Information.


Enter the *Termination Date* manually or use the integrated date-picker. The form will only accept dates in the future.



This is your last temporary total disability compensation check/payment and includes benefits through: 12/22/2022

▼ The insurer/employer has terminated your payments for the following reason(s):

- 1. You were released to return to work Light Duty Full Duty
- 2. You returned to work on
- 3. There is no medical evidence or documentation to support continuing payment
- 4. You failed to keep the medical appointment scheduled for
- 5. You have reached maximum medical improvement
- 6. Other: Please specify reason

 This section contains dynamically displayed controls. Based on which reason(s) you select, the system may display a new control to prompt you to enter additional information.

▼ Upload Supporting Documents

Please use the add icon (+) to upload documents

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

Please click + icon below to add new supporting document(s)

All attachments should be converted to PDF format before uploading

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

▼ Attachments

+ No records

Attach any relevant documentation using the table in the "Upload Supporting Documents" Section.

For further information contact: [Redacted] Phone Number: 123-456-7890

After contacting the insurance representative, if you are in disagreement or are dissatisfied, you have the right to request a hearing before the Workers' Compensation Commission.

Don't forget to Certify and Sign! Check the appropriate box on the left side.

▼ INSURER CERTIFICATION OF SERVICE

- I HEREBY CERTIFY that on December 21, 2022, that service of the foregoing was made to all parties entitled to service in accordance with COMAR 14.09.01.03 and 14.09.06.04.
- 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

[Redacted]

A M C O INSURANCE COMPANY
Insurer
12/21/2022