



## Mississippi Workers' Compensation Commission

1428 Lakeland Drive / Post Office Box 5300  
Jackson, Mississippi 39296-5300  
(601) 987-4200  
<http://www.mwcc.ms.gov>

Mark S. Formby, Chairman  
Thomas A. Webb, Commissioner  
Beth H. Aldridge, Commissioner

Ray C. Minor, Executive Director

November 9, 2017

### NOTICE OF UNTIMELY FILING

A review of the attached listing of files indicates that the First Report of Injury was not timely filed with the Mississippi Workers' Compensation Commission. Pursuant to Miss. Code Ann. Section 71-3-67(4), "Whenever an employer or carrier fails or refuses to file any report required by this section within the time prescribed, the commission may, in its discretion, and after giving the employer or carrier notice and an opportunity to show cause to the contrary, levy a penalty against such employer or carrier not to exceed One Hundred Dollars (\$100.00). This penalty shall be payable to the Administrative Expense Fund provided for by this chapter, and if not voluntarily paid, may be collected by civil suit brought by the commission."

**This completed form must be returned to the Commission and payment must be received by the Commission within 20 days of the date of this letter.**

#### **IF NOT CONTESTING THIS FINE:**

If the employer and/or carrier admit the late filing or otherwise have no response, then the penalty identified on the attached printout shall be immediately paid to the Commission's Administrative Expense Fund.<sup>1</sup> Please return this form along with the proper payment and confirm your correct mailing address, e-mail address and telephone number in the space provided below.

#### **IF CONTESTING ANY PORTION OF THIS FINE**

This letter shall be considered notice and the employer and/or carrier's opportunity in the space attached to show cause why the penalty (or any portion of the penalty) should not be imposed. The employer and/or carrier may attach additional explanation if more space is required. Please return this form along with the proper payment (if not contesting the entire penalty) and confirm your correct mailing address, e-mail address and telephone number in the space provided below.

**Confirmation of address, e-mail address and telephone number:**

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If you have any questions regarding this notice, you may contact the Commission's legal department via e-mail at: [mgarrott@mwcc.ms.gov](mailto:mgarrott@mwcc.ms.gov).

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<sup>1</sup> Failure to respond to this notice or pay the required fee will also be considered by the Commission in its annual approval or continuation of in-state claims office waivers. Miss. Code Ann. Section 71-3-125.



MWCC No.	Claimant's Name	Penalty
		<del>\$100.00</del>
		<del>\$100.00</del>
		<del>\$100.00</del>
		<del>\$100.00</del>
		<del>\$100.00</del>
		\$100.00
<b>TOTAL</b>		<b>\$600.00</b>