

Mississippi Workers' Compensation Commission

ANSWER

PRINT OR TYPE

MWCC#

\*If Employer or Carrier Utilizes a Third Party Administrator, Provide Name and Address

GENERAL

CLAIMANT

VS

EMPLOYER

INSURANCE CARRIER

NAME

ADDRESS

CITY, STATE, ZIP

The Employer and/or Carrier above named, for answer to the Petition to Controvert herein, respectfully states:

1. It is *admitted* \_\_\_ *denied* \_\_\_ that claimant sustained an injury or occupational disease on or about the date set forth in the Petition to Controvert.
2. It is *admitted* \_\_\_ *denied* \_\_\_ that the relationship of employer and employee existed at the time of the alleged injury or occupational disease.
3. It is *admitted* \_\_\_ *denied* \_\_\_ that the parties were subject to the Mississippi Workers' Compensation Act at the time of alleged injury or occupational disease. If denied, state reason: \_\_\_\_\_  
\_\_\_\_\_
4. It is *admitted* \_\_\_ *denied* \_\_\_ that at the time of the alleged injury or occupational disease the employee was performing service growing out of and in the course of employment.
5. It is *admitted* \_\_\_ *denied* \_\_\_ that the accident causing the disability for which compensation is claimed arose out of the alleged employment.
6. It is *admitted* \_\_\_ *denied* \_\_\_ that notice of injury or occupational disease complained of in the Petition to Controvert was received.
7. It is *admitted* \_\_\_ *denied* \_\_\_ that the employer was insured under the Mississippi Workers' Compensation Act at the time of alleged injury or occupational disease, or was a Self-Insurer under the Mississippi Workers' Compensation Act.
8. It is *admitted* \_\_\_ *denied* \_\_\_ that the average weekly wage as set forth in the Petition to Controvert is correct. If denied then state the average weekly wage, attach hereto a wage statement or state reason not furnished: \_\_\_\_\_  
\_\_\_\_\_
9. It is *admitted* \_\_\_ *denied* \_\_\_ that claimant was temporarily disabled for the period stated in the Petition to Controvert. If denied, state temporary disability admitted: \_\_\_\_\_
10. It is *admitted* \_\_\_ *denied* \_\_\_ the claimant is permanently disabled to the extent and for the period stated in the Petition to Controvert. If denied, state permanent disability admitted: \_\_\_\_\_
11. It is *admitted* \_\_\_ *denied* \_\_\_ that claimant sustained the loss of wage earning capacity stated in the Petition to Controvert. If denied, state loss of wage earning capacity admitted: \_\_\_\_\_
12. Affirmative defenses, special pleadings or matters in dispute (use additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_
13. Has any compensation been paid to date? *YES* \_\_\_ *NO* \_\_\_ If yes, state amount and give inclusive dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER AND/OR CARRIER RESPONSE

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name

Title

Phone

DATE