	WORKERS' COMPL	ENSATION COMMISSION			
	REQUEST TO	MPLEAD A PARTY	(		
hearing. An appropri	is form is to be used to implead ate WCC form, such as "Issues ad the the Maryland Property	s" form H24R, must be filed t	to request a hea	ring. Do not	
WCC CLAIM NU	MBER				
CLAIMANT'S NA	ME				
EMPLOYER					
INSURER					
If hearing has been	n scheduled:				
DATE	LOCATION				
<b>REQUEST TO TH</b> The undersigned party	HE COMMISSION: to this Workers' Compensation	n Claim requests that the follo	wing party be in	npleaded:	
Employer	Statutory Employer	<b>Insurance</b> Carrier	SIF*	UEF	
Name:					
Address:					
Carrier, Policy Number (if known)-		*See COMAR 14.09.02.03			
REQUESTED BY	:				

Claimant	<b>Claimant's Attorney</b>	Emplo	oyer Employer's Attorney	
	Insurer's Attorney	SIF	UEF	
Full Name				
Address				
City		State	Zip Code	
I HEREBY CERT in accordance with	IFY that on this day of COMAR 14.09.01.03.		service of the foregoing was m	ade
Signature		Date	Telephone	

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