

## SUBMITTING AN INVESTIGATION OR ELIGIBILITY REPORT

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Investigation or Eligibility Determination' from the dropdown menu and click proceed.

The image displays two screenshots of the Kentucky Assigned Claims Plan website. The top screenshot shows the 'Servicing Carrier Updates' dropdown menu open, with 'Investigation or Eligibility Determination' highlighted in red. The bottom screenshot shows the 'Proceed' button highlighted in red.

**Page 1 (Top Screenshot):**

- Left Panel:** Login for Internal Users (User ID, Password, Remember my User ID, Log In, Forgot password?), Apply for Benefits (Start Application), Contact Us (Contact Us).
- Center Panel:** **Kentucky Assigned Claims Plan**  
**Purpose**  
**A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.**  
The **Kentucky No-fault application** must be completed and submitted online. Click the Start Application link under the Apply for Benefits menu on the left side of this screen to begin the process. Claims are assigned to a Servicing Carrier who will assign a claim number, notify the applicant, provide contact information and proceed with their investigation of the claim. All further questions regarding the claim should be directed to the Servicing Carrier.
- Right Panel:** Servicing Carrier Updates dropdown menu with options: Report Claim Number, Investigation or Eligibility Determination (highlighted), Updated Investigation or Eligibility Report, Billing Summary Form, Status Report, and FAQ.

**Page 2 (Bottom Screenshot):**

- Left Panel:** Same as Page 1.
- Center Panel:** Same as Page 1.
- Right Panel:** Servicing Carrier Updates dropdown menu with 'Investigation or Eligibility...' selected and 'Proceed' button highlighted in red. Below it is an 'Upload Documents' section with a 'Proceed' button and an 'FAQ' button.

- Enter the carrier claim number, control number and application number then click proceed.

**Servicing Carrier Updates - Pre Validation**

Carrier Claim #  ⓘ

Control #

Application #

- Select the adjuster and claimant from the dropdown menus. Select yes, no, or unknown from the dropdown fields highlighted in Section 3 Eligibility Determination, click submit.

**Investigation or Eligibility Determination**

Assigned Control Number  Company Claim Number

Company Name  Submitted By

Date

Select Claimant

---

**1- Claimant Details**

DOB  SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

---

**2- Accident Details**

Accident Date  Accident Location

Host Vehicle Owner  Host Vehicle Driver

Other Vehicle's Insurance

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

---

**3- Eligibility Determination**

Is Claimant Eligible?

Other Sources Available

KY Insurance on Host Vehicle?  Out-of-State Insurance on Host Vehicle?

Insurance in Household?  Private Health Insurance?

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

---

**4- Claim Disposition**

Amounts Paid  Outstanding Reserves

Subrogation Open for the Following

Pursuing Claimant Insurer

Pursuing Uninsured Driver

Subrogation Attorney Involved

Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

- Once you hit submit and click ok, you will receive a confirmation indicating investigation form is successfully submitted. You may download this form for your records and click exit to return to the main page.

Are you sure you want to submit the form?

DOB  SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

**2- Accident Details**

Accident Date  Accident Location

Host Vehicle Owner  Host Vehicle Driver

Other Vehicle's Insurance

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

**3- Eligibility Determination**

Is Claimant Eligible?

**Other Sources Available**

KY Insurance on Host Vehicle?  Out-of-State Insurance on Host Vehicle?

Insurance in Household?  Private Health Insurance?

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

**4- Claim Disposition**

Amounts Paid  Outstanding Reserves

**Subrogation Open for the Following**

Pursuing Claimant's Insurer  
 Pursuing Uninsured Owner  
 Subrogation Attorney Involved  
 Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Assigned Control Number  Company Claim Number

Company Name  Submitted By

Date

Select Claimant

---

**1- Claimant Details**

DOB  SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

---

**2- Accident Details**

Accident Date  Accident Location

Host Vehicle Owner  Host Vehicle Driver

Other Vehicle's Insurance

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

---

**3- Eligibility Determination**

Is Claimant Eligible?

**Other Sources Available**

KY Insurance on Host Vehicle? 
 Out-of-State Insurance on Host Vehicle?

Insurance in Household? 
 Private Health Insurance?

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

---

**4- Claim Disposition**

Amounts Paid  Outstanding Reserves

**Subrogation Open for the Following**

Pursuing Claimant Insurer  
 Pursuing Uninsured Owner  
 Subrogation Attorney Involved  
 Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Investigation form is successfully submitted