

## SUBMITTING AN UPDATED INVESTIGATION OR ELIGIBILITY REPORT

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

The screenshot shows the 'Kentucky Assigned Claims Plan' website. On the left, there is a 'Login for Internal Users' section with fields for 'User ID' and 'Password', a 'Remember my User ID' checkbox, and a 'Log In' button. Below this are sections for 'Apply for Benefits' (with a 'Start Application' button) and 'Contact Us' (with a 'Contact Us' button). The main content area features the title 'Kentucky Assigned Claims Plan' and a 'Purpose' section. The purpose text states: '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.' It further explains that a 'Kentucky No-fault application' must be completed online and provides instructions on where to click for more information. On the right side, there is a 'Servicing Carrier Updates' dropdown menu. The dropdown is open, showing options: 'Select...', 'Report Claim Number', 'Investigation or Eligibility Determination', 'Updated Investigation or Eligibility Report' (highlighted with a red box), 'Billing Summary Form', and 'Status Report'. Below the dropdown is an 'FAQ' button.

This screenshot is identical to the one above, showing the 'Kentucky Assigned Claims Plan' website. The 'Servicing Carrier Updates' dropdown menu is open, and the 'Proceed' button is highlighted with a red box. The rest of the page content, including the login section, 'Apply for Benefits' section, 'Contact Us' section, and the 'Purpose' text, remains the same as in the previous screenshot.

- Enter the carrier claim number, control number, and application number. 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.

**Updated Investigation or Eligibility Report**

Assigned Control Number  Company Claim Number

Company Name  Submitted By

Date

Select Claimant

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**1- Claimant Details**

DOB  SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

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**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)

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**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

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**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

- 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

Pending Claimant Invoice

Pending Uninsured Owner

Subrogation Attorney Involved

Seat Belt 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

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**1- Claimant Details**

DOB  SSN (Last 4 Digits)

Address

Nature & Extent of Injury

Medical Treatment

Employment and Wages

Dependents

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**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)

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**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

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**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