

SUBMITTING AN INVESTIGATION OR ELIGIBILITY REPORT

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

The screenshot shows the 'Kentucky Assigned Claims Plan' page. On the left, there are sections for 'Login for Internal Users', 'Apply for Benefits', and 'Contact Us'. The main content area is titled 'Kentucky Assigned Claims Plan' and includes a 'Purpose' section with a bolded statement: '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.' Below this is a paragraph explaining the 'Kentucky No-fault application' process. On the right, the 'Servicing Carrier Updates' dropdown menu is open, showing options: 'Select...', 'Report Claim Number', 'Investigation or Eligibility Determination' (highlighted with a red box), 'Updated Investigation or Eligibility Report', 'Billing Summary Form', and 'Status Report'. A 'FAQ' button is also visible at the bottom right.

This screenshot shows the same 'Kentucky Assigned Claims Plan' page, but with the 'Investigation or Eligibility Determination' option selected in the 'Servicing Carrier Updates' dropdown menu. The 'Proceed' button below the dropdown is now highlighted with a red box. The rest of the page content, including the login and application sections, remains the same.

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

The image shows a software interface titled "Servicing Carrier Updates - Pre Validation". It contains three input fields for "Carrier Claim #", "Control #", and "Application #", each highlighted with a red border. An information icon is present to the right of the first field. Below the fields are two buttons: "Proceed" (highlighted with a red border) and "Cancel".

- Select the adjuster from the drop-down menu. Select yes, no, or unknown from the drop-down fields highlighted in Section 3 Eligibility Determination, click submit.

Investigation or Eligibility Determination

Assigned Control Number Company Claim Number
Company Name Submitted By
Date
Claimant Name

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

- 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's Invoice

Pending Uninsured Driver

Subrogation Attorney Involved

Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations

What Remains to Be Done to Resolve Claim

Investigation or Eligibility Determination

Assigned Control Number Company Claim Number
Company Name Submitted By
Date
Claimant Name

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- Claims 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

Investigation form is successfully submitted