

SUBMITTING AN UPDATED INVESTIGATION OR ELIGIBILITY REPORT

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

The screenshot shows the 'Kentucky Assigned Claims Plan' page. 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. 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.' On the right, the 'Servicing Carrier Updates' dropdown menu is open, showing options: 'Updated Investigation or...', '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, but the 'Updated Investigation or Eligibility Report' option in the dropdown menu is no longer visible. Instead, a 'Proceed' button is highlighted with a red box, indicating the next step in the process. The rest of the page content, including the login fields, purpose text, and other navigation buttons, remains the same.

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

Servicing Carrier Updates - Pre Validation

Carrier Claim # ⓘ

Control #

Application #

- 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.

Updated Investigation or Eligibility Report

Assigned Control Number

Company Name

Date

Claimant Name

Company Claim Number

Submitted By

Select...

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's 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?

OK Cancel

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? Yes []

Other Sources Available

KY Insurance on Host Vehicle? No [] Out-of-State Insurance on Host Vehicle? No []

Insurance in Household? No [] Private Health Insurance? No []

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

Primary Claimant Insurer

Primary Uninsured Owner

Subrogation Attorney Involved

Suit Filed to Protect Subrogation

Subrogation Remarks/Recommendations []

What Remains to Be Done to Resolve Claim []

Submit Exit

Updated Investigation or Eligibility Report

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
NY 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

