

SUBMITTING AN APPLICATION FOR BENEFITS

- Go to Apply for Benefits
- Select Start Application



Kentucky Assigned Claims Plan  
P.O. Box 436509, Louisville, KY 40243  
Phone: (502)327-7105

**Login for Internal Users**

User ID:

Password:

Remember my User ID

Log In

[Forgot password?](#)

**Apply for Benefits**

Start Application

**Contact Us**

Contact Us

## Kentucky Assigned Claims Plan

### Purpose

**A person entitled to Basic Reparatons 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.

**Servicing Carrier Updates**

Select... ▼

Proceed

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**Upload Documents**

Proceed

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FAQ

Once you select Start Application, the application form is ready to complete. Please note, all **Highlighted Fields** are a requirement.



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Apply For Benefits

**A person entitled to Basic Reparatons Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.**

Control Number:  
Application Number:

Claimant Details

First Name	<input style="background-color: yellow;" type="text"/>	Last Name	<input style="background-color: yellow;" type="text"/>
Date of Application	12/21/2020	Phone Number	<input style="background-color: yellow;" type="text"/>
Your Mailing Address Line 1	<input style="background-color: yellow;" type="text"/>	Address Line 2	<input style="background-color: yellow;" type="text"/>
City	<input style="background-color: yellow;" type="text"/>	Zip Code	<input style="background-color: yellow;" type="text"/>
State	<input style="background-color: yellow;" type="text" value="Kentucky"/>	Email Address	<input style="background-color: yellow;" type="text"/>
Preferred Contact	Select... ▼	Referred By	Select... ▼
Referred By Name	<input type="text"/>	Referred By Phone	<input type="text"/>
Referred By Address Line 1	<input type="text"/>	Referred By Address Line 2	<input type="text"/>
Referred By City	<input type="text"/>	Referred By Zip code	<input type="text"/>
Referred By State	Select... ▼	Referred by Email	<input type="text"/>
DOB	<input style="background-color: yellow;" type="text"/>	SSN (Last 4 digits)	<input style="background-color: yellow;" type="text"/>
Date of Accident	<input style="background-color: yellow;" type="text"/>	Accident Location Street	<input style="background-color: yellow;" type="text"/>
Accident Location City	<input style="background-color: yellow;" type="text"/>	Accident Location State	<input style="background-color: yellow;" type="text" value="Kentucky"/>
Accident Location Zip Code	<input type="text"/>		



Brief Description of Accident

**Injuries / Treatment**

Injury Description

Were you treated by a Medical Provider?

Were you treated in a hospital?

As a result of your injury, have you had any other expenses?

**Lost Wages**

Did you lose wages or salary as a result of your injury?

**Questionnaire**

1. Any potential auto policy coverage through your household?
2. Do you own a motor vehicle?
3. Have you rejected PIP?
4. Were you a member of the vehicle owner's household?
5. Are you eligible for Social Security Benefits?
6. Are you eligible for Medicare Benefits?
7. Are you eligible for Worker's Compensation?
8. Do you have private health/group insurance?
9. Please list any other coverage which would apply?

In the sections labeled "Injuries" & "Questionnaire" please choose from the drop down menu. If you select No, you may proceed to the next question. If you choose Yes, you may be asked an additional question. For example:

**Injuries / Treatment**

Injury Description

Were you treated by a Medical Provider?

Were you treated in a hospital?

As a result of your injury, have you had any other expenses?

The first question asks if you were treated by a Medical Provider? If you answer YES to this question, an additional box will pop up and asks for the following:

Were you treated by a Medical Provider?

Medical Provider's Name	Street 1	Street 2	City	State	Zip Code
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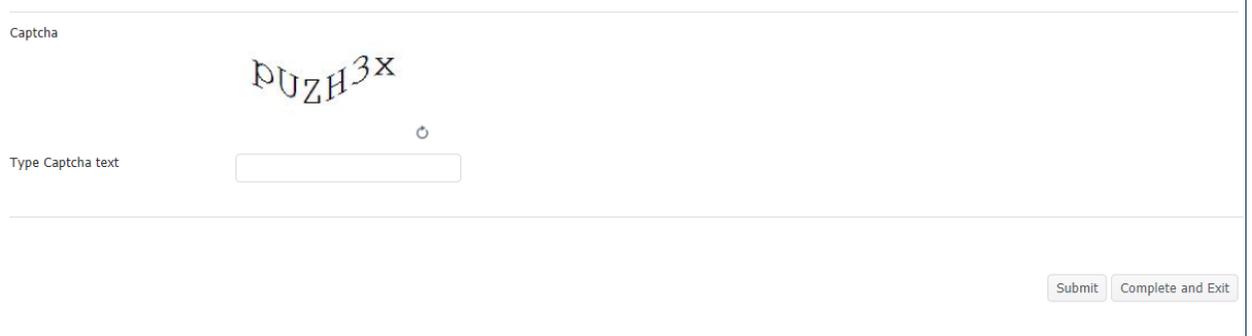
The next step is to select "+ Add Medical Provider."

Once you select + Add Medical Provider, you will see a box to enter the information and click Update.



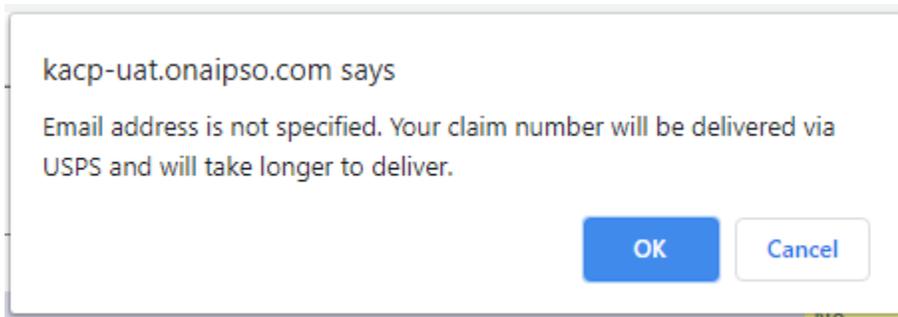
The image shows a dialog box titled "Edit" with a close button (X) in the top right corner. It contains several input fields for medical provider information: "Medical Provider's Name", "Street 1", "Street 2", "City", "State" (a dropdown menu with "Select..." and a downward arrow), and "Zip Code". At the bottom right, there are two buttons: "Update" with a checkmark icon and "Cancel" with a circle and slash icon.

Additional information may be requested throughout the remainder of the application. Once you have completed all the questions, please type in the Captcha and click Submit.



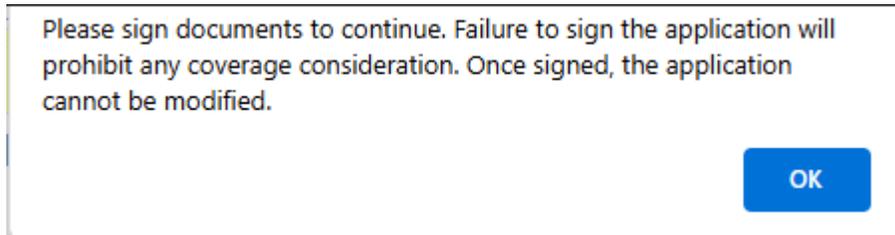
The image shows a captcha verification screen. At the top left, it says "Captcha". In the center, there is a distorted image of the text "PUZH3X" with a small circular icon below it. Below the image is a text input field labeled "Type Captcha text". At the bottom right, there are two buttons: "Submit" and "Complete and Exit".

Once you click submit, you will see the following box if you do not enter an email address in the application. Your claim number will be delivered by USPS mail and will take longer to deliver.

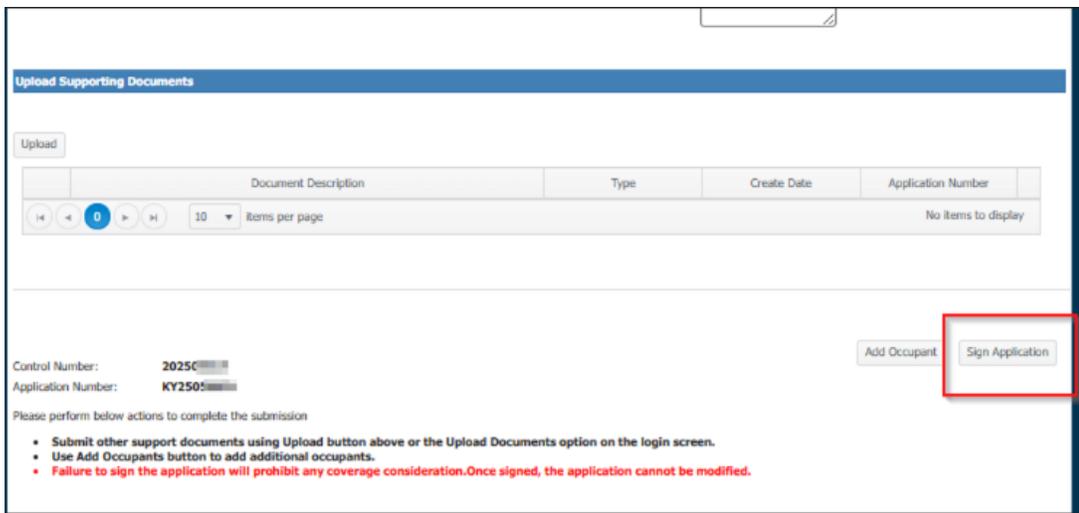


The image shows a warning message dialog box. The text inside reads: "kacp-uat.onaipso.com says" followed by "Email address is not specified. Your claim number will be delivered via USPS and will take longer to deliver." At the bottom right, there are two buttons: "OK" and "Cancel".

Click Ok or enter an email address to proceed. The next pop-up box will appear:

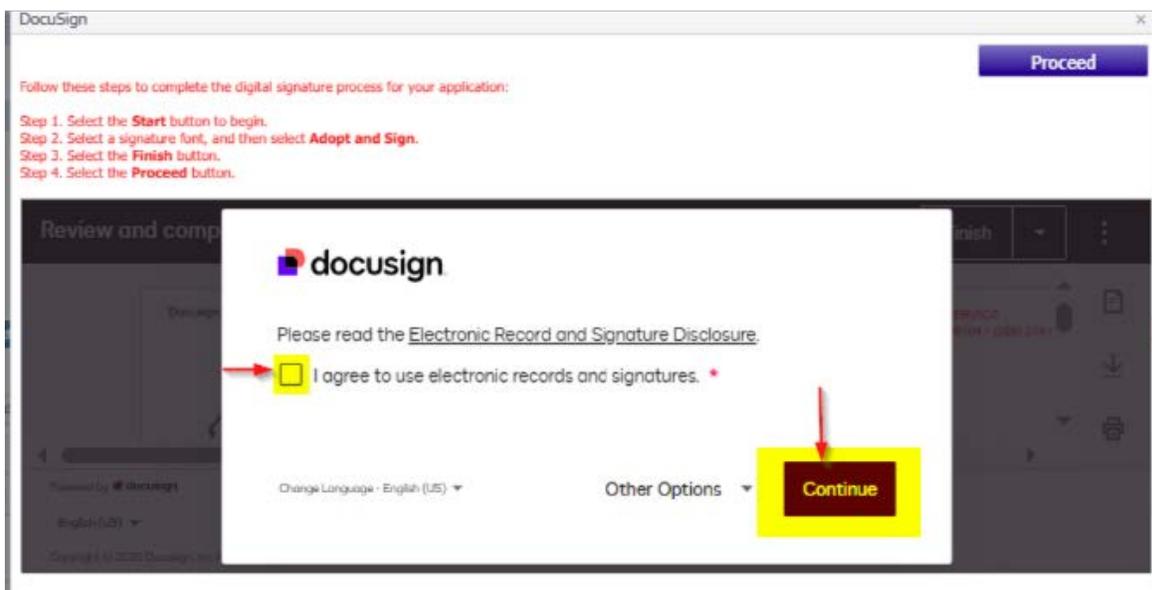


Click OK to continue to the signing process. The next pop-up box will appear:

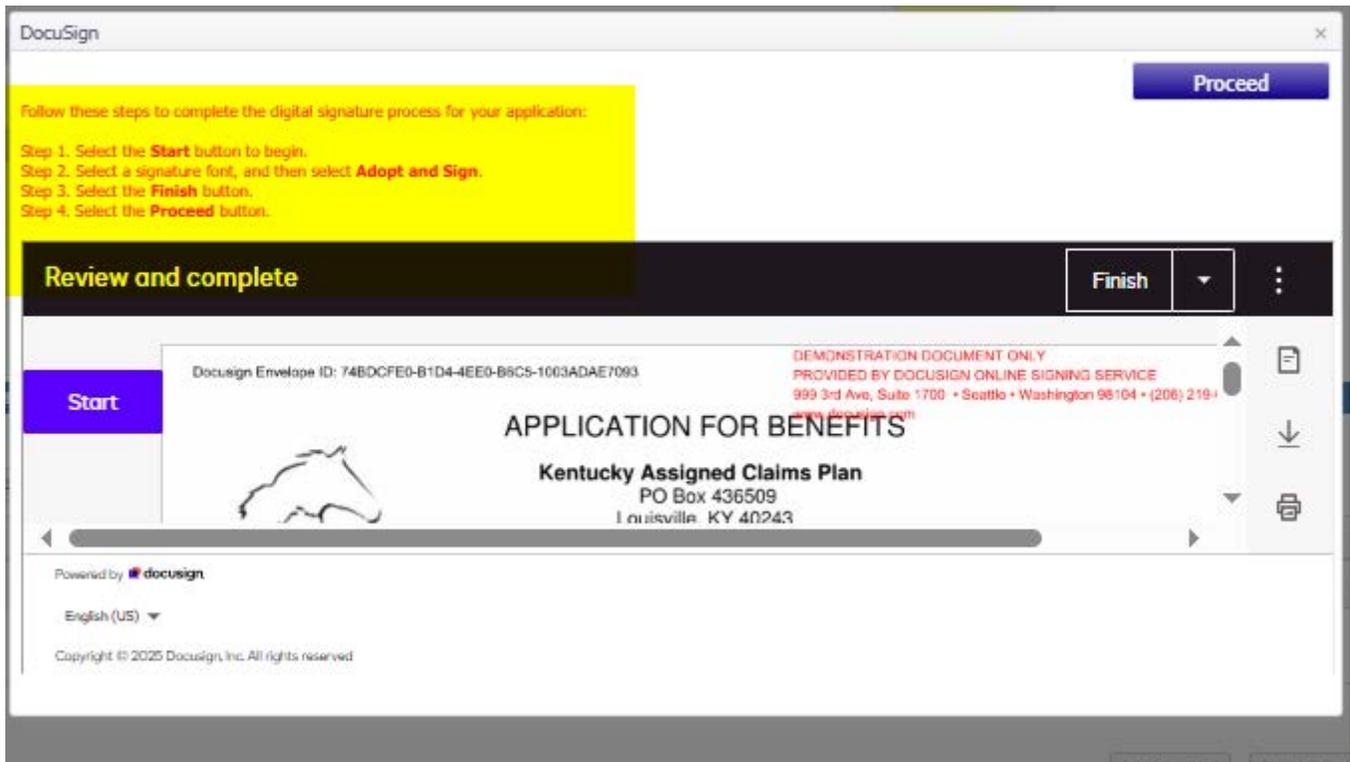


Click Sign Application.

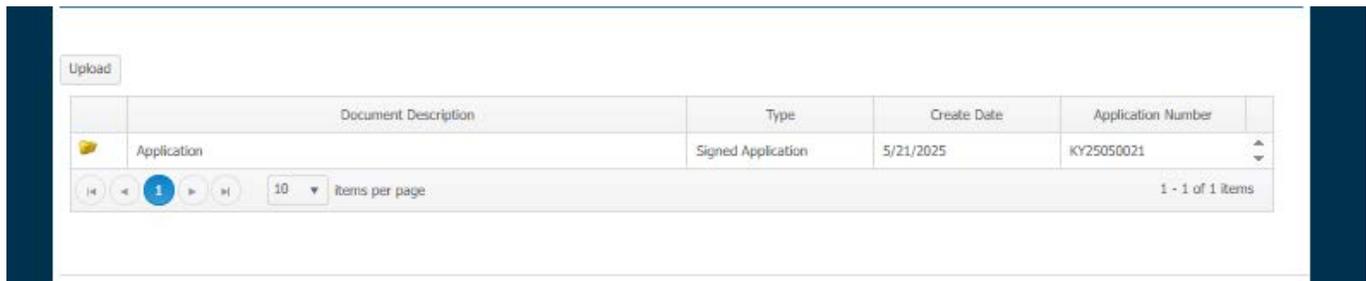
The next pop-up box will appear:



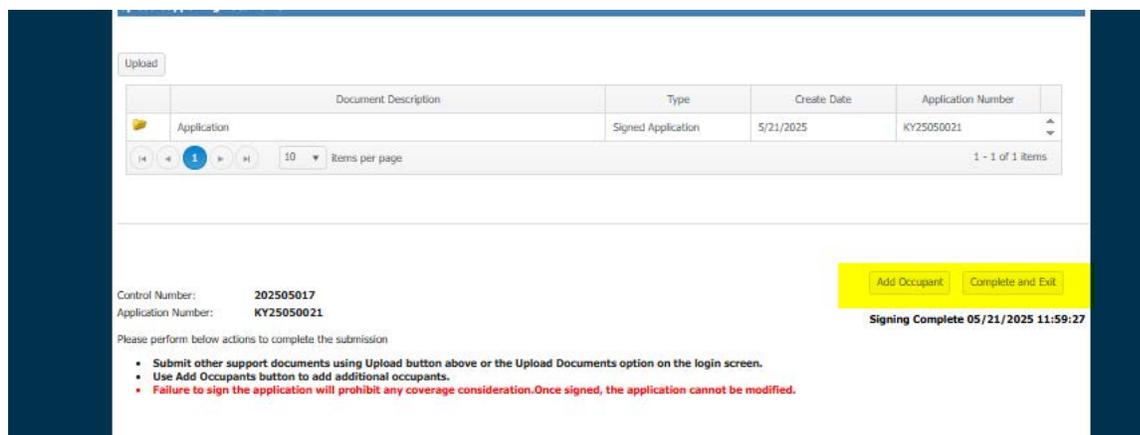
Click the box to agree to DocuSign and then click continue. Then follow the steps for signing and hit Proceed when finished.



You can click on the signed application to download a copy for your records.



You can then add another occupant or complete and exit.



If you are having trouble downloading the document, you may need to update your browser to allow pop-ups.

Direction to allow pop-ups:

### Chrome:

1. On your computer, open **Chrome**.
2. At the top right, click More. Settings.
3. Under "Privacy and security," click Site settings.
4. Click **Pop-ups** and redirects.
5. At the top, turn the setting to Allowed or Blocked.

### Microsoft Edge:

1. Click the **Settings** and more... button.
2. Click **Settings**.
3. Click Privacy & security.
4. Scroll down to Security.
5. Click the **Block pop-ups** switch to toggle it between **Off** and On.
  1. Note: **Set** this option to **Off** to **disable** the **pop-up blocker** or On to **enable** it.

### Microsoft Internet Explorer 10/11 (Windows 7/8)

1. Open **Internet Explorer**.
2. From the Tools menu, select **Pop-up Blocker** → **Pop-up Blocker Settings**. The **Pop-up Blocker Settings** dialog box opens.
3. Click Add. The selected website is added to the list of Allowed sites.
4. Click Close to close the **Pop-up Blocker Settings** dialog box.

Once the Application has been signed, click on Upload.



Next Pop-Up:

Tag	Value
Application #	KY20120050

Choose "Claims" as the Department Group, the Department will default to "Claims."

In the **Type** Drop down, you will choose "Signed Application."

Select Files: Choose your document.

Tag	Value
Application #	KY20120050

Name	Description
Harrison.pdf	Harrison.pdf

Select Upload. Complete and Exit. Your Application has been submitted.