



Kentucky Assigned Claims Plan System Overview & User Guide

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CONTACT INFORMATION

KENTUCKY ASSIGNED CLAIM PLAN
PHONE: (502) 327-7105
EMAIL: KYAUTO@KAIP.ORG

SYSTEM OVERVIEW

The Kentucky Assigned Claims Plan operates using the online system <https://kacp.onaipso.com/> as a tool where injured parties can apply for benefits and servicing carriers can provide information to the Plan. This system overview will provide details about the new system and how you will interact with the Plan moving forward.

Our home page includes areas for KACP staff to (1) log in, applicants and their representatives (medical providers, attorneys) to (2) apply for benefits and servicing carriers to (3) submit pertinent information.

Login for Internal Users
User ID:
Password:
 Remember my User ID

[Forgot password?](#)

Apply for Benefits

Contact Us

Kentucky Assigned Claims Plan

Purpose

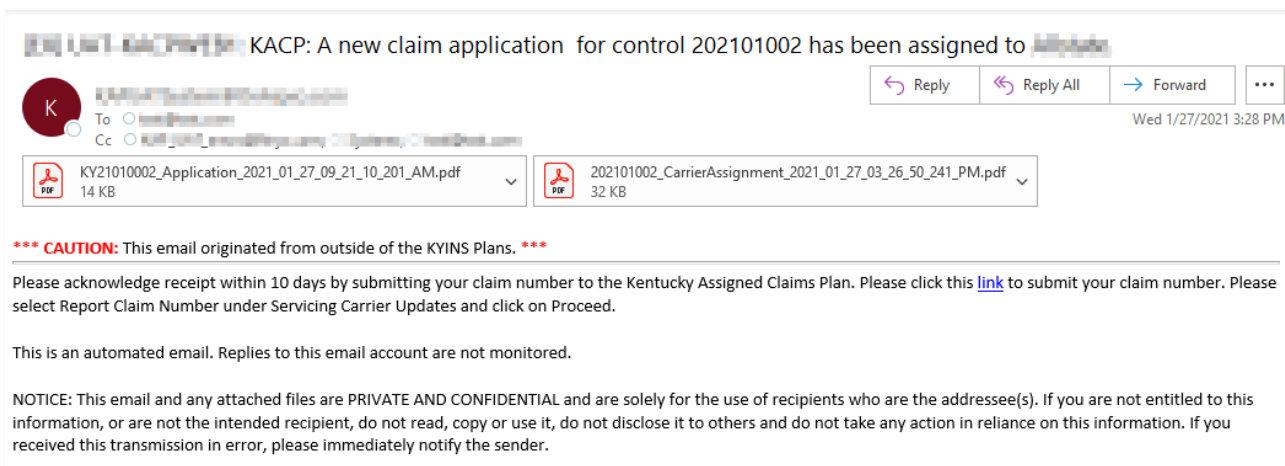
A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.

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.

Servicing Carrier Updates
Select...

Upload Documents

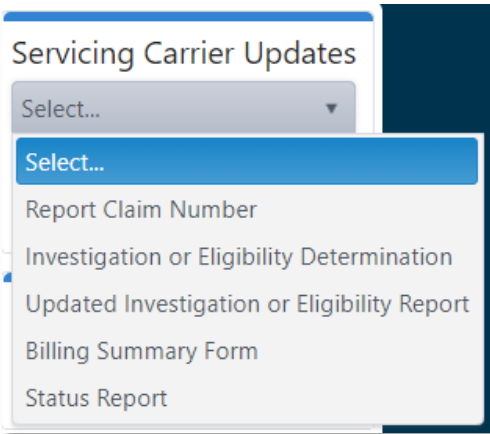
When applications are submitted via <https://kacp.onaipso.com/>, KACP staff will review and, if appropriate, assign to a servicing carrier. The assignment will come via an email from systems@kaip.org. Please add this email address to your contact list so communications from the Plan can be received. Below is an example of the assignment email that servicing carriers will receive.



The assignment email will include all documents submitted by the applicant, including the signed application. Claimants may be assigned at different times, based on when the application is received. Upon receipt of a new claim assignment, the servicing carriers will need to share information with the

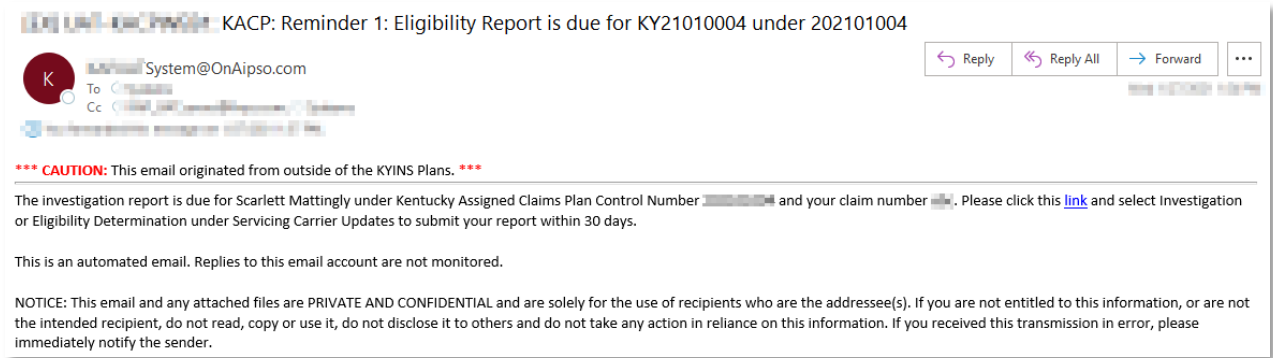
Plan in accordance with our [Rules and Regulations](#). For ease of use, the assignment email will include a link to access <https://kacp.onaipso.com/>. Once on the website, no log in is required; instead, validation fields will allow you to submit information to the Plan.

As is our current workflow, the first step for servicing carriers is to submit a claim number. Clicking the link in the assignment email will take you to the site where you can click on “Servicing Carrier Updates” and submit the claim number. Please see page 4 below on detailed instructions when you are ready to submit a claim number.



Generally speaking, the next step for servicing carriers will be to provide us eligibility information. This can be done via our website, “Servicing Carrier Updates”, selecting the corresponding form. Please note that this menu, accessible from the right side of the home page, is available for servicing carriers to provide information to us, without logging in. Validation fields will allow servicing carriers the ability to submit claim numbers, investigation or eligibility reports, billing summary forms and status reports. Please see the pages following this overview for specifics on how to submit each of these forms, individually.

Servicing carriers will receive reminder emails from the Plan (sytems@kaip.org) when items are due. Emails will be sent to the contact for the servicing carrier until a claim number is reported and adjuster assigned, after which, all emails will go to the adjuster. Please see this example of a reminder email.



Applications for benefits after March 1, 2021 will be submitted and assigned via the new system. (Applications submitted on claims established in the previous system will stay in that system.) Updates and documents outside of the new system must be submitted via email to kyauto@kaip.org.

Any questions about the workflow, website or assignments can be sent to kyauto@kaip.org, or you may call the Plan at (502) 327-7105.

SUBMITTING A CLAIM NUMBER

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Report Claim Number' from the dropdown menu and click proceed.

The image displays two screenshots of the Kentucky Assigned Claims Plan website interface. The top screenshot shows the 'Servicing Carrier Updates' dropdown menu open, with 'Report Claim Number' highlighted. The bottom screenshot shows the 'Proceed' button under the 'Report Claim Number' selection highlighted.

Page 1 (Top Screenshot):

- Header:** 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.
- Left Sidebar:**
 - Login for Internal Users:** Fields for User ID and Password, a 'Remember my User ID' checkbox, a 'Log In' button, and a 'Forgot password?' link.
 - Apply for Benefits:** A 'Start Application' button.
 - Contact Us:** A 'Contact Us' button.
- Right Sidebar:**
 - Servicing Carrier Updates:** A dropdown menu with 'Report Claim Number' selected and highlighted.
 - FAQ:** A button.

Page 2 (Bottom Screenshot):

- Header:** 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.
- Left Sidebar:** (Identical to Page 1)
- Right Sidebar:**
 - Servicing Carrier Updates:** The dropdown menu is closed, and the 'Report Claim Number' option is selected. The 'Proceed' button below it is highlighted.
 - Upload Documents:** A 'Proceed' button.
 - FAQ:** A button.

- Enter the control number and application number, click proceed.

Servicing Carrier Updates - Pre Validation

Control #

Application #

- Enter the claim number, select the adjuster from the dropdown, hit submit, and click ok to proceed or cancel.

Are you sure you want to proceed?

Assigned Control Number

Company Adjuster

Date

Claimant Details

Application Number	Claimant Name	Accident Date	Lost Wages?	Lost Wages Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Report Claim Number

Assigned Control Number Company Claim Number

Company Adjuster

Date

Claimant Details

Application Number	Claimant Name	Accident Date	Lost Wages?	Lost Wages Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>

Claim Number submitted successfully.

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 interface. 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 under the 'Investigation or Eligibility...' dropdown menu 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: Select..., Report Claim Number, **Investigation or Eligibility Determination** (highlighted), Updated Investigation or Eligibility Report, Billing Summary Form, Status Report, and FAQ button.

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'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?

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 Driver

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 SSR (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

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.' Below this, it explains that a 'Kentucky No-fault application' must be completed online and provides instructions on where to click to start the process. On the right, a '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 shows the same website as the previous one, but with the 'Updated Investigation or Eligibility Report' option selected in the 'Servicing Carrier Updates' dropdown menu. The 'Proceed' button within this dropdown menu is highlighted with a red box. The rest of the page content, including the login section, 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 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	<input type="text"/>	Company Claim Number	<input type="text"/>
Company Name	<input type="text"/>	Submitted By	<input type="text" value="Select..."/>
Date	<input type="text"/>		
Select Claimant	<input type="text" value="Select..."/>		

1- Claimant Details

DOB	<input type="text"/>	SSN (Last 4 Digits)	<input type="text"/>
Address	<input type="text"/>		
Nature & Extent of Injury	<input type="text"/>		
Medical Treatment	<input type="text"/>		
Employment and Wages	<input type="text"/>		
Dependents	<input type="text"/>		

2- Accident Details

Accident Date	<input type="text"/>	Accident Location	<input type="text"/>
Host Vehicle Owner	<input type="text"/>	Host Vehicle Driver	<input type="text"/>
Other Vehicle's Insurance	<input type="text"/>		

Accident Description

Police Version (if applicable)

Witness Version (if applicable)

3- Eligibility Determination

Is Claimant Eligible?	<input type="text" value="Select..."/>		
Other Sources Available			
KY Insurance on Host Vehicle?	<input type="text" value="Select..."/>	Out-of-State Insurance on Host Vehicle?	<input type="text" value="Select..."/>
Insurance in Household?	<input type="text" value="Select..."/>	Private Health Insurance?	<input type="text" value="Select..."/>

Other Sources Impact on Eligibility

Owner of Host Vehicle's Name(s)

Eligibility Comments/Determination

4- Claim Disposition

Amounts Paid	<input type="text"/>	Outstanding Reserves	<input type="text"/>
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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:

Most Vehicle Owner: Most 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 Most Vehicle?	<input type="text" value="No"/>	Out-of-State Insurance on Most Vehicle?	<input type="text" value="No"/>
Insurance in Household?	<input type="text" value="No"/>	Private Health Insurance?	<input type="text" value="No"/>

Other Sources Impact on Eligibility:

Owner of Most Vehicle's Name(s):

Eligibility Comments/Determination:

4- Claim Disposition

Amounts Paid: Outstanding Reserves:

Subrogation Open for the following

- Pending Garnant Inmate
- Pending 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 SSR (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

SUBMITTING A BILLING SUMMARY FORM

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Billing Summary Form' 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 is an 'Apply for Benefits' section with a 'Start Application' button, and a 'Contact Us' section 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.' Below this, it explains that a 'Kentucky No-fault application' must be completed online and provides instructions on where to find the 'Start Application' link. On the right side, there is a 'Servicing Carrier Updates' dropdown menu. The dropdown is open, showing options: 'Billing Summary Form', 'Report Claim Number', 'Investigation or Eligibility Determination', 'Updated Investigation or Eligibility Report', and 'Status Report'. The 'Billing Summary Form' option is highlighted with a red box. Below the dropdown is an 'FAQ' button.

This screenshot is similar to the one above, showing the 'Kentucky Assigned Claims Plan' website. The 'Billing Summary Form' option in the 'Servicing Carrier Updates' dropdown menu is now selected, and the 'Proceed' button below it is highlighted with a red box. The rest of the page content, including the login, apply for benefits, and contact us sections, remains the same.

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

Servicing Carrier Updates - Pre Validation

Carrier Claim #

Control #

Application #

Proceed Cancel

- Select the adjuster, file status, and subrogation status from the dropdown menu. Complete the mandatory highlighted fields. A zero should be entered in the highlighted dollar fields when no dollar amount applies. Hit submit when completed.

Billing Summary Form

Servicing Insurer

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Servicing Carrier	<input type="text"/>	Adjuster	<input type="text"/>
Submission Date	<input type="text"/>		
Date of Accident	<input type="text"/>		
Reserve for Outstanding Losses	<input type="text"/>		
Number of Claimants	<input type="text"/>		
File Status	<input type="text"/>		

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text"/>	\$10,000.00

Subrogation

Is Subrogation Open?

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

Pursuing Claimant Insurer.

Pursuing Uninsured Owner.

Subrogation Attorney Involved.

Suit Filed.

Judgment Obtained.

Subrogation Recovery

a. Gross Recovery	<input type="text"/>
b. Recovery Costs	<input type="text"/>
c. Net Recovery (a-b)	<input type="text"/>
d. Fee (15%): (of a) *	<input type="text"/>
* (15% of c. when attorney involved in recovery)	
e. Our Draft:(c-d)	<input type="text"/>
f. Subrogation Expense	<input type="text"/>
g. Please Pay	<input type="text"/>

Comments:

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID


The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text"/>	\$10,000.00

Payments

1. Medical	\$9,000.00
2. Wages	\$1,000.00
3. Survivors Benefits	\$0.00
4. Replacement Services	\$0.00
5. Funeral	\$0.00
a. Total Paid (1+2+3+4+5)	\$10,000.00
b. Fee (10%)	\$1,000.00
Minimum \$250.00 per claimant:	
c. Allocated Costs	\$5.00
d. Due Company (a+b+c)	\$11,005.00
e. Less Subro Receipts	\$0.00
f. Please pay company (d-e)	\$11,005.00
Owed back to KACP for over payment	<input type="text"/>

*Please note, if you need assistance completing the billing form, you can Click on the (i) at the top of the billing form for additional instruction.

Billing Summary Form 

Servicing Insurer

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Servicing Carrier	<input type="text"/>	Adjuster	<input type="text"/>

Are you sure you want to submit the billings?

Servicing Insurer

Assigned Control Number Company Claim Number

Servicing Carrier Adjuster

Submission Date

Date of Accident

Reserve for Outstanding Losses

Number of Claimants

File Status

Subrogation

Is Subrogation Open?

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

Pursuing Claimant Insurer.

Pursuing Uninsured Owner.

Subrogation Attorney Involved.

Suit Filed.

Judgment Obtained.

Subrogation Recovery

a. Gross Recovery

b. Recovery Costs

c. Net Recovery (a-b)

d. Fee (15%): (of a) *

* (15% of c. when attorney Involved In recovery)

e. Our Draft:(c-d)

f. Subrogation Expense

g. Please Pay

Comments:

Claimant Name **PIP Paid to Date**

Claimant 1:

Payments

1. Medical	<input type="text" value="\$9,000.00"/>
2. Wages	<input type="text" value="\$1,000.00"/>
3. Survivors Benefits	<input type="text" value="\$0.00"/>
4. Replacement Services	<input type="text" value="\$0.00"/>
5. Funeral	<input type="text" value="\$0.00"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$10,000.00"/>
b. Fee (10%)	<input type="text" value="\$1,000.00"/>
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text" value="\$5.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$11,005.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
f. Please pay company (d-e)	<input type="text" value="\$11,005.00"/>
Owed back to KACP for over payment	<input type="text"/>

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID

The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

- Once you hit submit and click ok, you will receive a confirmation indicating that the billing was submitted successfully. If you have indicated in your billing that a draft is being sent to us for subrogation recovery, a statement will alert you to send the draft with a copy of your billing. You may download this form and upload your billing supports.

Billing Summary Form

Servicing Insurer

Assigned Control Number <input type="text"/>	Company Claim Number <input type="text"/>
Servicing Carrier <input type="text"/>	Adjuster <input type="text"/>
Submission Date <input type="text"/>	
Date of Accident <input type="text"/>	
Reserve for Outstanding Losses <input type="text"/>	
Number of Claimants <input type="text"/>	
File Status <input type="text" value="Open"/>	

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text"/>	\$0.00

Subrogation

Is Subrogation Open?

Subrogation Recovery

a. Gross Recovery

b. Recovery Costs

c. Net Recovery (a-b)

d. Fee (15%): (of a) *

* (15% of c. when attorney involved in recovery)

e. Our Draft:(c-d)

f. Subrogation Expense

g. Please Pay

Payments

1. Medical	\$0.00
2. Wages	\$0.00
3. Survivors Benefits	\$0.00
4. Replacement Services	\$0.00
5. Funeral	\$0.00
a. Total Paid (1+2+3+4+5)	\$0.00
b. Fee (10%)	\$0.00
<small>Minimum \$250.00 per claimant:</small>	
c. Allocated Costs	\$100.00
d. Due Company (a+b+c)	\$100.00
e. Less Subro Receipts	\$0.00
f. Please pay company (d-e)	\$100.00
Owed back to KACP for over payment	<input type="text"/>

Comments:

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID

The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

Billings submitted successfully.

Documents

	Document Description	Type	Create Date	Control Number
<input type="button" value="H"/> <input type="button" value="←"/> <input type="button" value="0"/> <input type="button" value="→"/> <input type="button" value="H"/>				
<input type="text" value="10"/> items per page				No items to display

Billing Summary Form

Servicing Insurer

Assigned Control Number <input type="text"/>	Company Claim Number <input type="text"/>
Servicing Carrier <input type="text"/>	Adjuster <input type="text"/>
Submission Date <input type="text"/>	
Date of Accident <input type="text"/>	
Reserve for Outstanding Losses <input type="text"/>	
Number of Claimants <input type="text"/>	
File Status <input type="text" value="Open"/>	

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text"/>	\$10,000.00

Subrogation

Is Subrogation Open?

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

- Pursuing Claimant Insurer.
- Pursuing Uninsured Owner.
- Subrogation Attorney Involved.
- Suit Filed.
- Judgment Obtained.

Subrogation Recovery

a. Gross Recovery	<input type="text" value="\$9,000.00"/>
b. Recovery Costs	<input type="text" value="\$1,000.00"/>
c. Net Recovery (a-b)	<input type="text" value="\$8,000.00"/>
d. Fee (15%): (of a) *	<input type="text" value="\$1,200.00"/>
* (15% of c. when attorney involved in recovery)	
e. Our Draft:(c-d)	<input type="text" value="\$8,000.00"/>
f. Subrogation Expense	<input type="text" value="\$10.00"/>
g. Please Pay	<input type="text" value="\$1,210.00"/>

Comments:

Payments

1. Medical	\$5,000.00
2. Wages	\$2,000.00
3. Survivors Benefits	\$1,000.00
4. Replacement Services	\$1,000.00
5. Funeral	\$1,000.00
a. Total Paid (1+2+3+4+5)	\$10,000.00
b. Fee (10%)	\$1,000.00
Minimum \$250.00 per claimant:	
c. Allocated Costs	\$10.00
d. Due Company (a+b+c)	\$11,010.00
e. Less Subro Receipts	\$8,000.00
f. Please pay company (d-e)	\$3,010.00
Owed back to KACP for over payment	<input type="text"/>

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID

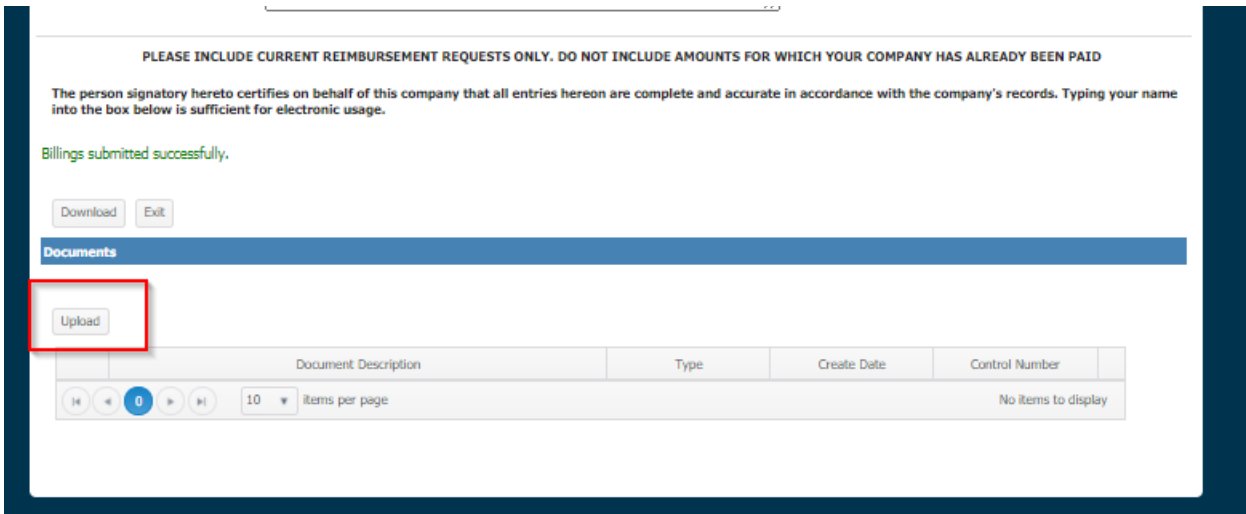
The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

- Subrogation is selected as open. If you have a draft to submit, please download this form using download button option and mail the downloaded document with the corresponding draft in the same envelope.

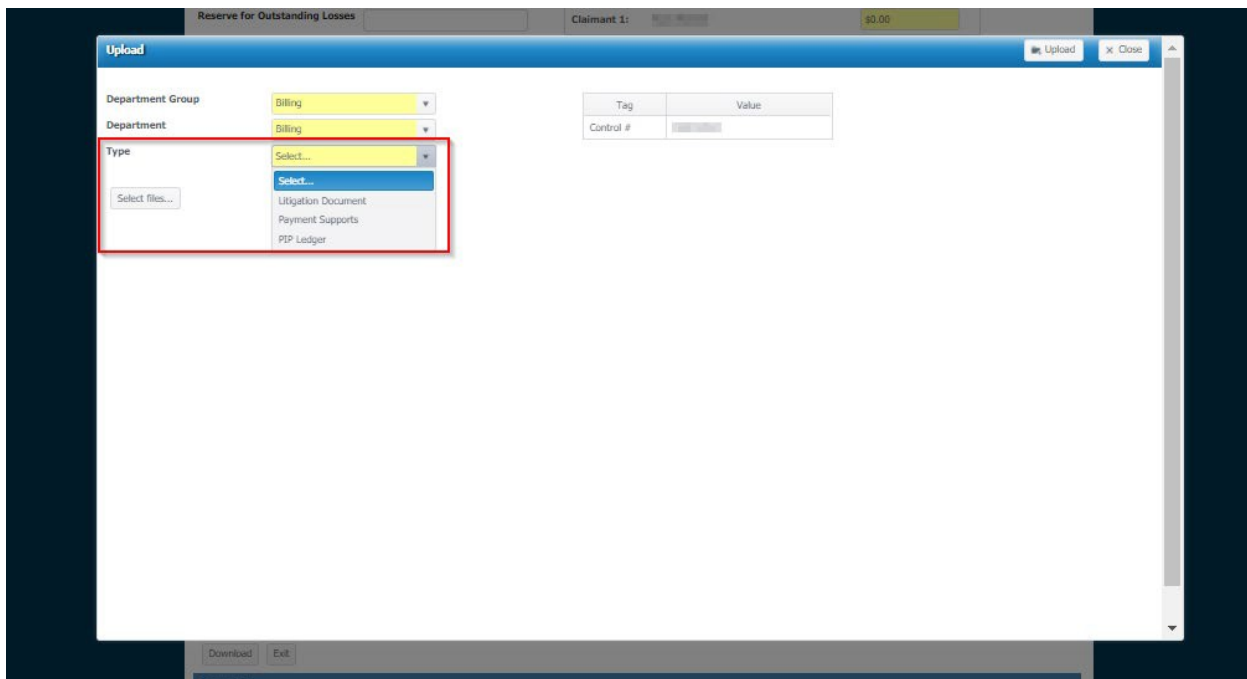
Billings submitted successfully.

Documents

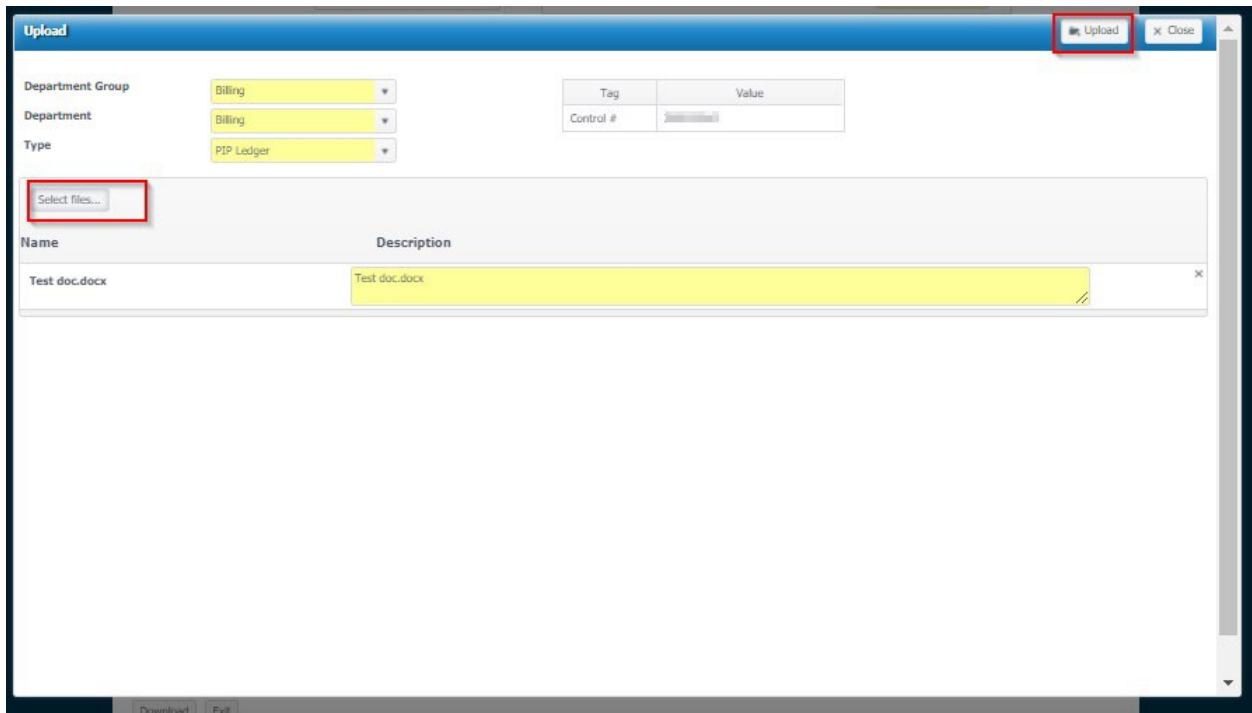
- Click the upload button.



- Select the type of document(s) you are uploading.



- Select files and then click on upload.



- Once you have finished uploading your documents, you may hit exit to return to the main page.

Servicing Insurer

Assigned Control Number Company Claim Number
 Servicing Carrier Adjuster
 Submission Date

Date of Accident

Reserve for Outstanding Losses

Number of Claimants

File Status

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text"/>	<input type="text" value="\$0.00"/>

Subrogation

Is Subrogation Open?

Subrogation Recovery

a. Gross Recovery

b. Recovery Costs

c. Net Recovery (a-b)

d. Fee (15%): (of a) *

* (15% of c. when attorney involved in recovery)

e. Our Draft:(c-d)

f. Subrogation Expense

g. Please Pay

Payments

1. Medical	<input type="text" value="\$0.00"/>
2. Wages	<input type="text" value="\$0.00"/>
3. Survivors Benefits	<input type="text" value="\$0.00"/>
4. Replacement Services	<input type="text" value="\$0.00"/>
5. Funeral	<input type="text" value="\$0.00"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$0.00"/>
b. Fee (10%)	<input type="text" value="\$0.00"/>
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text" value="\$100.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$100.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
f. Please pay company (d-e)	<input type="text" value="\$100.00"/>
Owed back to KACP for over payment	<input type="text"/>

Comments:

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID

The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

Billings submitted successfully.

Documents

Document Description	Type	Create Date	Control Number
Test doc.docx	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>

10 Items per page 1 - 1 of 1 items

SUBMITTING A STATUS REPORT

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

The screenshot shows the 'Kentucky Assigned Claims Plan' website. On the left, there are sections for 'Login for Internal Users' (with fields for User ID and Password, a 'Remember my User ID' checkbox, and a 'Log In' button), '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: 'Status Report' (highlighted with a red box), 'Report Claim Number', 'Investigation or Eligibility Determination', 'Updated Investigation or Eligibility Report', 'Billing Summary Form', and 'FAQ'.

This screenshot shows the same website as the previous one, but with the 'Proceed' button highlighted in the 'Servicing Carrier Updates' dropdown menu. The 'Proceed' button is located below the dropdown menu. The rest of the page content, including the login, apply for benefits, and contact us sections, remains the same.

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

Servicing Carrier Updates - Pre Validation

Carrier Claim # ⓘ

Control #

Application #

- The highlighted fields are required. Select an option from the dropdown menus. Once the highlighted fields are completed you may hit submit.

Status Report

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Company Name	<input type="text"/>	Adjuster	<input type="text" value="Select..."/> *
Date	<input type="text"/>		
Select Claimant	<input type="text" value="Select..."/> *		

Please provide the following information as it pertains to the above noted claim:

1- Status of Claim *

Comments

2- Status of Subrogation *

If open, please check all of the following that apply:

<input type="checkbox"/> Pursuing Claimant Insurer	<input type="checkbox"/> Judgment Obtained
<input type="checkbox"/> Pursuing Uninsured Owner	Date of Judgment <input type="text"/>
<input type="checkbox"/> Subro Attorney Involved	Judgment Amount <input type="text"/>
<input type="checkbox"/> Suit Filed to Protect Subrogation	Gross Amount Collected <input type="text"/>

Comments

3- Has final billing been sent to Kentucky Assigned Claims Plan? *

4- Has final subrogation recovery been sent to Kentucky Assigned Claims Plan?

- Once you hit submit and click ok, you will receive a confirmation indicating status report submitted successfully. 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 status form?

OK Cancel

Assigned Control

Company Name

Date

Select Claimant

Adjuster

Please provide the following information as it pertains to the above noted claim:

1- Status of Claim

Comments

2- Status of Subrogation

If open, please check all of the following that apply:

Pursuing Claimant Insurer Judgment Obtained

Pursuing Uninsured Owner Date of Judgment

Subro Attorney Involved Judgment Amount

Suit Filed to Protect Subrogation Gross Amount Collected

Comments

3- Has final billing been sent to Kentucky Assigned Claims Plan?

4- Has final subrogation recovery been sent to Kentucky Assigned Claims Plan?

Submit Exit

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
Eligible.

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

UPLOADING A DOCUMENT

- Go to Upload Documents on the KACP website and click proceed.

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.

Upload Documents

Proceed

- Enter the application number, date of loss, first name, last name, and last 4 digits of social security number then click proceed.

Upload Documents

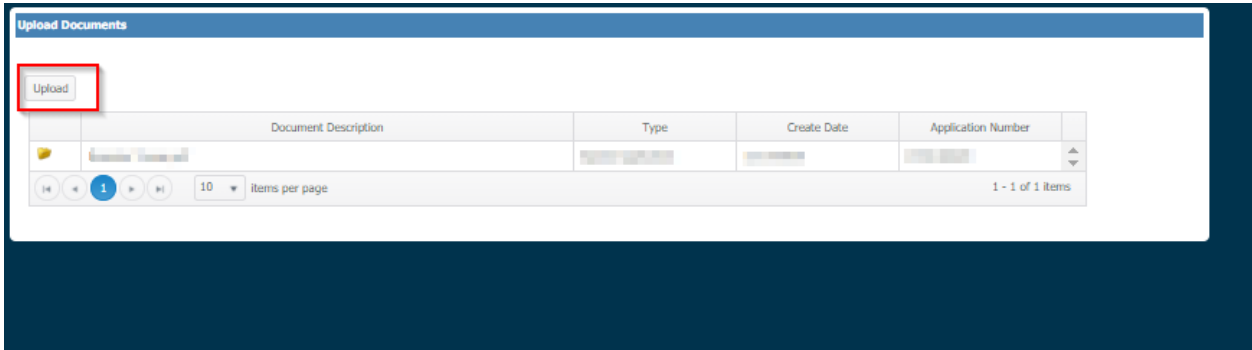
Application # Date of Loss

First Name Last Name

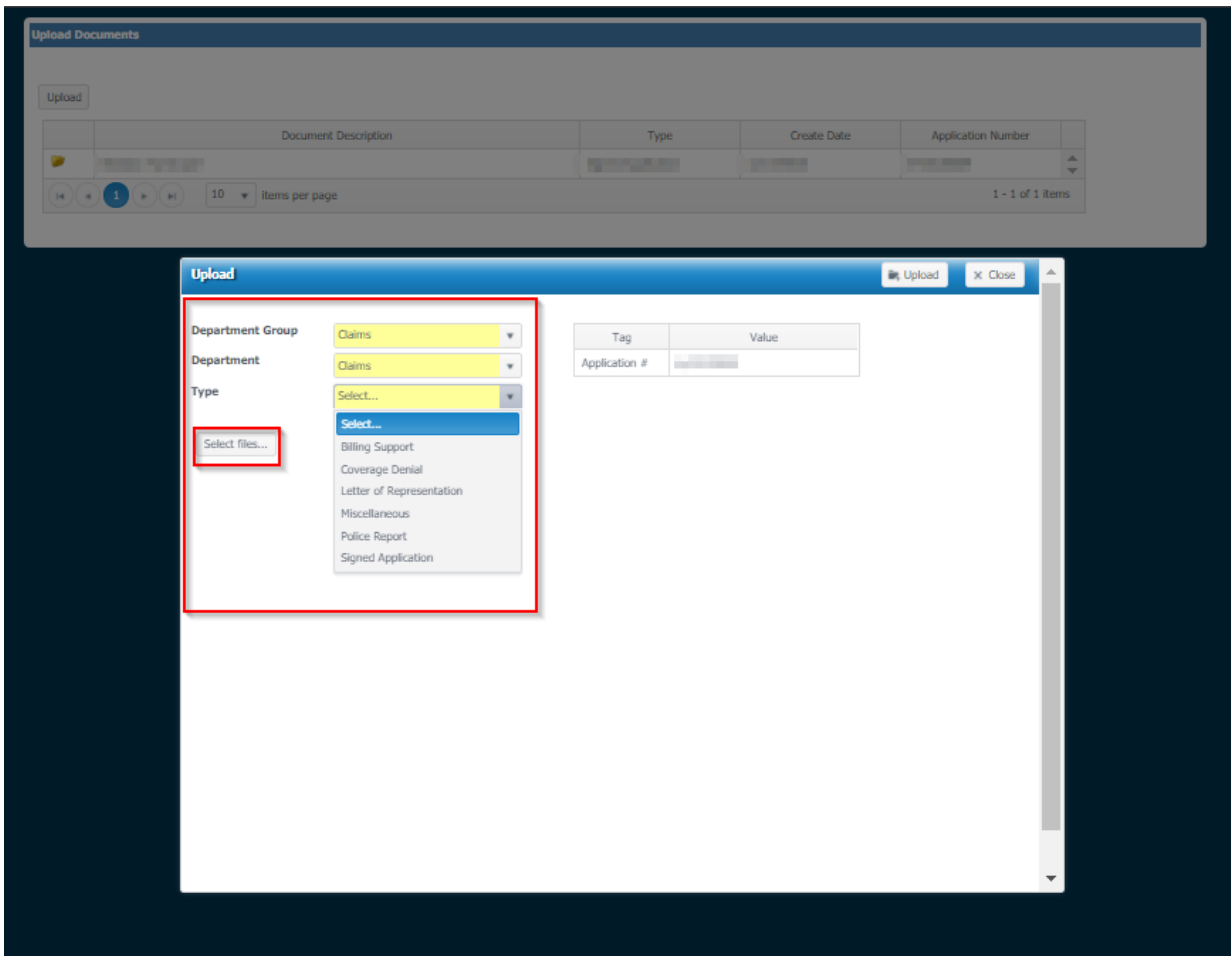
SSN (last 4 digits)

Proceed Cancel

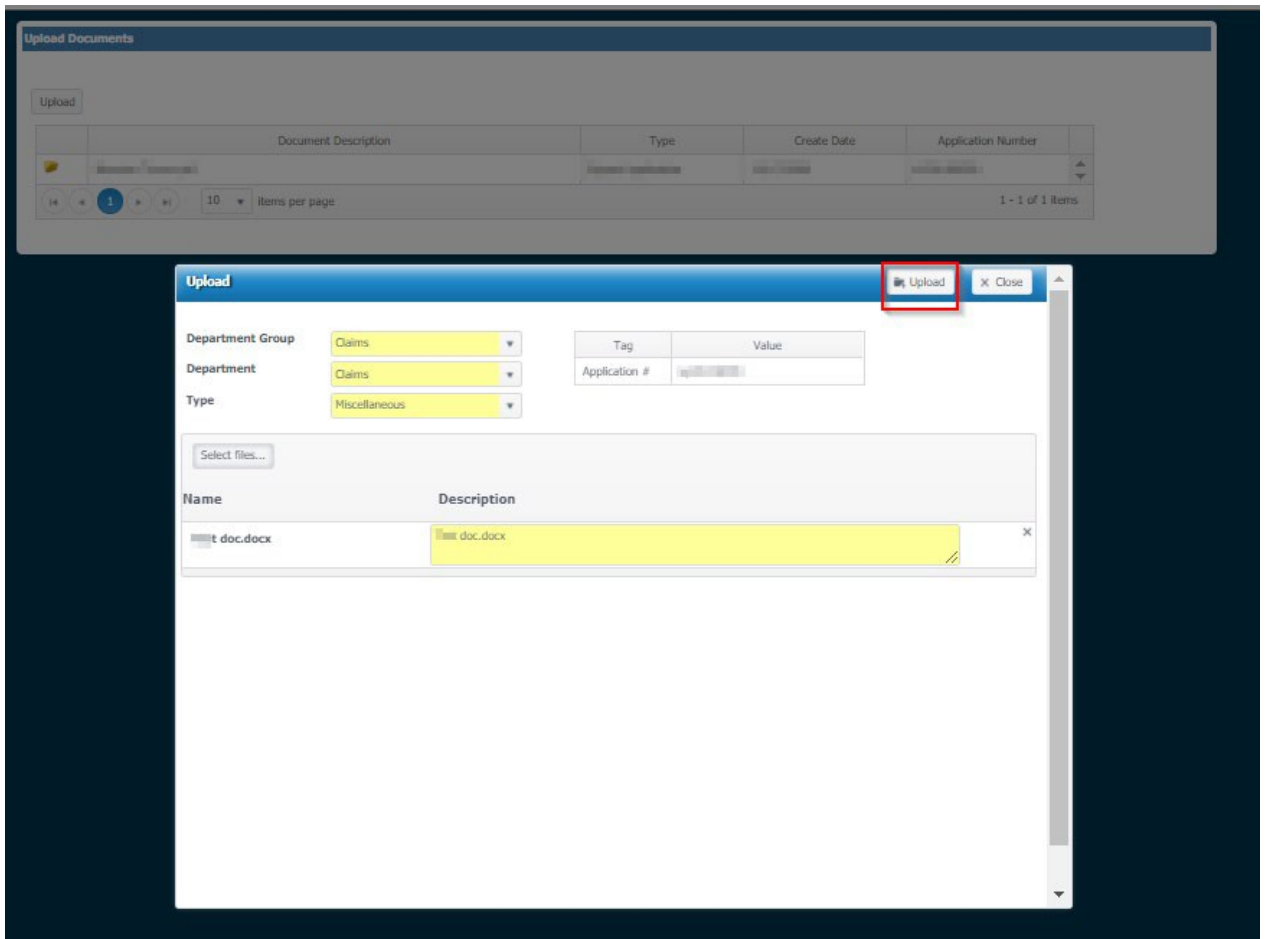
- Click upload.



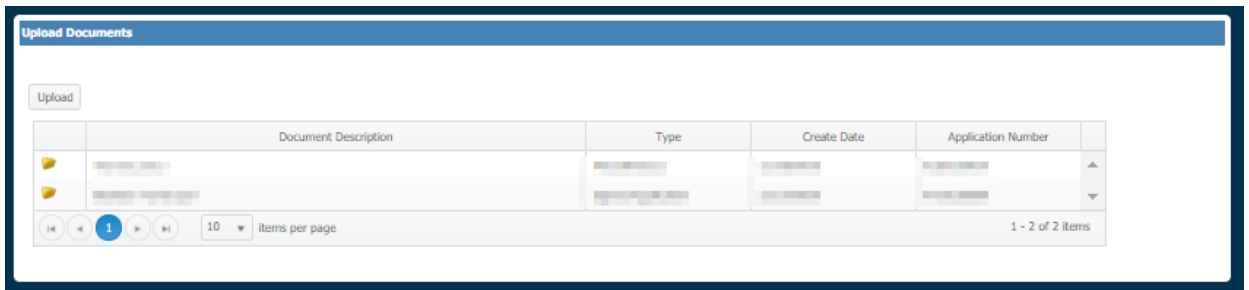
- The highlighted fields are required. Select an option from the dropdown menus. Once the highlighted fields are completed, click select files.



- Click the upload button.



- The documents are now uploaded. If you have more documents to upload simply click the upload button and repeat the process.



- Once all documents are uploaded, you may click return to go to the main page.

