In subsection (b) of this section, the word "claim" is substituted for the former words "right to compensation", for brevity and to conform to §§ 9–709 and 9–710 of this subtitle.

The third clause of former Art. 101, § 23(b), as it required a claim to be filed for an occupational disease, is deleted as unnecessary in light of this section.

Defined terms: "Commission" § 9–101
"Covered employee" § 9–101
"Occupational disease" § 9–101

9–712. SUBMISSION OF CLAIM APPLICATION FORM TO INSURER.

(A) IN GENERAL.

IF THE EMPLOYER OR ITS INSURER DIRECTS OR REQUESTS A COVERED EMPLOYEE OR, IN CASE OF DEATH, THE PERSONAL REPRESENTATIVE OF THE COVERED EMPLOYEE TO SUBMIT THE CLAIM APPLICATION FORM TO THE INSURER, ON RECEIPT OF THE CLAIM APPLICATION FORM THE INSURER IMMEDIATELY SHALL FILE THE CLAIM APPLICATION FORM WITH THE COMMISSION.

(B) ADVISING THAT CLAIM DENIED PROHIBITED.

THE EMPLOYER OR INSURER MAY NOT ADVISE THE COVERED EMPLOYEE OR THE PERSONAL REPRESENTATIVE OF THE COVERED EMPLOYEE THAT THE CLAIM HAS BEEN DENIED.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 101, § 38(e).

The Labor and Employment Article Review Committee notes for consideration by the General Assembly, that the dependents of the covered employee, rather than the personal representative of the covered employee, are the real party in interest in a death case. The General Assembly may wish to consider adding references to the dependents of the covered employee to this section.

9–713. PAYMENT OF BENEFITS OR FILING OF ISSUES.

(A) PAYMENT OR FILING WITHIN 21 DAYS.

EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, WITHIN 21 DAYS AFTER A CLAIM IS FILED WITH THE COMMISSION, THE EMPLOYER OR ITS INSURER SHALL:

(1) BEGIN PAYING TEMPORARY TOTAL DISABILITY BENEFITS; OR

(2) FILE WITH THE COMMISSION ANY ISSUE TO CONTEST THE CLAIM.