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| A | Denied both the emplo | oyer and employee we | re subject to the Work | kers' Compensation A | Act at the tim | e in questio | n. The reasons |
| Admitted | Denied the employee | sustained an injury or | illness on or about th | e date set forth in th | ne Form 50. | The reasons | for denial are: |
| each informati | on blank. Clearly speci | ify when contention | s are admitted in pa | art and denied in J | part. The E | mployer/C | arrier in answ |
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| r j | Name: ne: ury: s Name: s Name: ury or Illness: each information, respectfully | State: he: Work Pho ury: s Name: ury or Illness: each information blank. Clearly speci n, respectfully shows: | Name: | Name: | Name: | Normation blank. Clearly specify when contentions are admitted in part and denied in part. The End | Name: |

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Employer's Answer to Request for Hearing