

Rule 5. Initiation of Arbitration

(a) Mandatory arbitration (for claims of \$10,000 or less at the commencement of arbitration). At such time as the respondent denies a claim, the respondent shall advise the claimant of claimant's right to demand arbitration.

(b) Nonmandatory arbitration (for claims over \$10,000). At such time as the respondent denies a claim, the respondent shall advise the claimant whether or not it is willing to submit the claim to arbitration.

(c) All cases. In all cases the respondent shall also advise the claimant that information on arbitration procedures may be obtained from the arbitration organization, giving the arbitration organization's current address and email address. On request, the arbitration organization will provide a claimant with a petition form for initiating arbitration together with a copy of these rules. Arbitration is commenced by the filing of the signed form, together with the required filing fee, with the arbitration organization. If the claimant asserts a claim against more than one insurer, claimant shall so designate upon the arbitration petition. In the event that a respondent claims or asserts that another insurer bears some or all of the responsibility for the claim, respondent shall file a petition identifying the insurer and setting forth the amount of the claim that it claims is the responsibility of another insurer. Regardless of the number of respondents identified on the claim petition, the claim is subject to the jurisdictional limits set forth in Rule 6.

(d) Denial of claim. If a respondent fails to respond in writing within 30 days after reasonable proof of the fact and the amount of loss is duly presented to the respondent, the claim shall be deemed denied for the purpose of activating these rules.

(e) Commencement notice. The claimant shall simultaneously provide a copy of the petition and any supporting documents to the respondent and arbitration organization. The arbitration organization shall provide notice to the parties of the commencement of the arbitration. The filing date for purposes of the 30-day response period shall be the date of the arbitration organization's commencement notice.

(f) Itemization of claim. At the time of filing the arbitration form, or within 30 days after, the claimant shall file an itemization of benefits claimed and supporting documentation. Medical and replacement services claims must detail the names of providers, dates of services claimed, and total amounts owing. Income loss claims must detail employers, rates of pay, dates of loss, method of calculation, and total amounts owing.

(g) Insurer's response. Within 30 days after receipt of the itemization of benefits claimed and supporting documentation from claimant, respondent shall serve a response to the petition setting forth all grounds upon which the claim is denied and accompanied by all documents supporting denial of the benefits claimed. At the time of serving its response to the petition, respondent shall serve any objection to the hearing format claimant selected and any objection to claimant's listed residential address at the time claimant filed the petition. Failure to object to the hearing format requested or the residential address used in the petition within 30 days constitutes waiver of any such objections.

(Amended September 12, 1991; amended effective August 31, 1993; amended effective May 19, 1997; amended effective August 5, 2003; amended effective March 1, 2016; amended effective December 30, 2022.)

Standing Committee Comments (2015)

The addition of an e-mail address, in Rule 5(c), is consistent with the trend of facilitating electronic communication. The term "executed" is removed from Rule 5(c) to avoid redundancy.

The purpose of the change in Rule 5(e) is to streamline the filing process and provide a clear "filing date" for purposes of Rule 5(g), the Insurer's Response.

The rules consistently use "arbitration organization" when referring to the administrator.