### DA049 – Notification of Final Decision on Contestation Concerning the Occupational Nature of the Accident or Disease

**Purpose of the SED:**

This SED is a notification of final decision on contestation concerning the occupational nature of the accident or disease.

* The competent Member State shall inform the Member State of residence or Stay about the final decision, which was taken;
* DA049 allows giving information about the sickness insurance for the person – if this kind of information is available – due to the fact that in a case where the accident at work or the occupational disease is not established, the benefits in kind according to the regulation are shall continue to be provided as sickness benefits if the person concerned is entitled to them.

For general remarks applicable to all the AWOD SEDs click [here](AWOD_SEDs_General_Remarks.docx).

**Data required:**

Specific mandatory field in DA049 (without which SED cannot be send):

• 5. Decision with following information:

5.1 “The conditions for an accident at work/an occupational disease are:” – which allows to state the decision taken by the competent Member State. If the condition were not fulfilled a reason has to be provided.

5.2 “Reasons for the condition for an accident at work or an occupational disease to be not fulfilled” which allows to choose reason from the available list. If none of the existing reasons is applicable you can chose “other” and provide details in “other reason” field ;

5.3 “Information about the sickness insurance” which although mandatory, if information is not available, allows to choose option “we do not know whether the person is insured in a sickness insurance institution. If the information is available details of the insurance institution must be provided (country code, institution ID, institution name).

[In order to see the content and explanatory notes of SED DA049 please click here.](Forms/DA049_en.htm)