

**LUMP SUM SETTLEMENT**  
**STATE OF MAINE**  
**WORKERS' COMPENSATION BOARD**  
**STATION 27, AUGUSTA, MAINE 04333-0027**

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER	7. WCB FILE NUMBER:	
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:		
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:	

18.	TYPE OF SETTLEMENT:
<input type="checkbox"/>	STRUCTURED SETTLEMENT (ATTACH DOCUMENTATION)
<input type="checkbox"/>	LUMP SUM SETTLEMENT TOTAL VALUE OF SETTLEMENT \$ _____

19. PERMANENT IMPAIRMENT RATING _____%	AMOUNT PAID \$ _____
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20. COMMENTS:
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21. PREPARER NAME AND TITLE (TYPE OR PRINT):	22. TELEPHONE NUMBER:	23. DATE:
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**RELEASE**

<b>24. EMPLOYEE/DEPENDENT:</b>		
<p><b>I AM THE PERSON ENTITLED TO WORKERS' COMPENSATION BENEFITS ON ACCOUNT OF THIS INJURY OR DEATH. I HAVE READ THIS WORKSHEET AND ALL ATTACHMENTS. WHEN I RECEIVE THE AMOUNT SHOWN ABOVE AND THIS SETTLEMENT IS APPROVED BY THE HEARING OFFICER, I RELEASE THE EMPLOYER AND INSURER NAMED ABOVE FROM ALL FURTHER LIABILITY FOR THIS INJURY. I CONCENT TO THE SETTLEMENT.</b></p>		
_____	_____	_____
EMPLOYEE/DEPENDENT SIGNATURE	ATTORNEY SIGNATURE	DATE
<b>EMPLOYER/INSURER:</b>		
THE EMPLOYER CONSENTS TO THE SETTLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ SIGNATURE _____ DATE _____		
THE INSURER CONSENTS TO THE SETTLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ SIGNATURE _____ DATE _____		

**DECISION**

<p>25. THE REQUESTED SETTLEMENT (<b><i>IS/IS NOT</i></b>) APPROVED. THE EMPLOYER/INSURER IS ORDERED TO PAY THE EMPLOYEE/DEPENDENT THE SUM OF \$ _____<sup>CIRCLE ONE</sup> IN A LUMP SUM SETTLEMENT ACCORDING TO THE WORKERS' COMPENSATION ACT. THE EMPLOYER/INSURER IS ORDERED TO PAY ALL OUTSTANDING COMPENSATION OBLIGATIONS INCURRED PRIOR TO THIS SETTLEMENT BY THE EMPLOYEE/DEPENDENT. THE EMPLOYER/INSURER IS ORDERED TO PAY THE ATTORNEY OF THE EMPLOYEE/DEPENDENT A FEE OF \$ _____ ALL PENDING PETITIONS BASED ON THIS CLAIM ARE HEREBY DISMISSED.</p>	
_____	_____
HEARING OFFICER SIGNATURE	DATE