LUMP SUM SETTLEMENT

STATE OF MAINE

WORKERS' COMPENSATION BOARD 27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER (last 4 digits): 7. WCB FILE NUMBER:					
2. EMPLOYER NAME:	8. EMPLOYEE L	AST NAME:		9. FIRST NAME: 10. M.I.:		10. M.I.:
	· · · · · · · · · · · · · · · · · · ·			0.11101101101		
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	: 11. ADDRESS-NUMBER AND STREET:					
4. INSURER NAME:	12. CITY:	13. STATE:		14. ZIP:	4. ZIP: 15. HOME PHONE:	
5. INSURER MAILING ADDRESS:	16. DATE OF IN	JURY:	17. DESCR	IPTION OF INJURY:		
18. TYPE OF SETTLEMENT:						
STRUCTURED SETTLEMENT (ATTACH DOCUMENTATION) LUMP SUM SETTLEMENT TOTAL VALUE OF SETTLEMENT \$						
19. EXPECTED FUTURE MEDICAL COSTS RELATED TO THE INJURY: \$						
20. COMMENTS:						
21. EMPLOYER/INSURER REPRESENTATIVE (TYPE OR PRINT)						Γ):
PRINT):						
RELEASE						
23. EMPLOYEE/DEPENDENT:						
I AM THE PERSON ENTITLED TO WORKERS' COMPENSATION BENEFITS ON ACCOUNT OF THIS INJURY OR DEATH. I HAVE READ THIS FORM AND ALL ATTACHMENTS. I CONSENT TO THE SETTLEMENT. WHEN THE SETTLEMENT IS APPROVED BY THE ADMINISTRATIVE LAW JUDGE, I RELEASE THE EMPLOYER AND INSURER NAMED ABOVE FROM ALL FURTHER LIABILITY FOR THIS INJURY, EXCEPT AS OTHERWISE APPROVED BY THE BOARD.						
EMPLOYEE/DEPENDENT SIGNATURE	DATE	EMPLOYEE F	REPRESENTATI	VE SIGNATURE	DA	ATE
24. EMPLOYER/INSURER:						
24. EIVIPLOTER/INSURER.						
THE EMPLOYER CONSENTS TO THE SETTLEM	MENT:	ES 🗆 NO		0.000		DATE.
				SIGNATURE		DATE
THE INSURER CONSENTS TO THE SETTLEME	ENT:	YES NO		SIGNATURE		DATE
				OIONATORE		DATE
DECISION						
25. THE REQUESTED SETTLEMENT (IS/IS NOT) APPROVED. THE EMPLOYER/INSURER IS ORDERED TO PAY THE						
EMPLOYEE/DEPENDENT THE SETTLEMENT AMOUNT OF \$ AND ALL						
OUTSTANDING COMPENSATION OBLIGATIONS INCURRED PRIOR TO THE SETTLEMENT. PAYMENT MUST BE						
MADE WITHIN 10 DAYS PURSUANT TO 39-A M.R.S.A. 324(1). THE EMPLOYER/INSURER IS ORDERED TO PAY THE						
EMPLOYEE/DEPENDENT'S ATTORNEY A FEE OF \$ ALL PENDING PETITIONS BASED ON						
THIS CLAIM ARE HEREBY DISMISSED.						
ADMINISTRATIVE LAW JUDGE SIGNATURE DATE						

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.

WCB-10 (eff. 9/1/18)