

**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:
15. HOME PHONE:			
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 \$ _____
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19. PERMANENT IMPAIRMENT RATING \_\_\_\_\_ % AMOUNT PAID \$ \_\_\_\_\_

20. COMMENTS:

21. PREPARER NAME AND TITLE (TYPE OR PRINT):	22. TELEPHONE NUMBER:	23. DATE:
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**RELEASE**

24. **EMPLOYEE/DEPENDENT:**

**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 CONSENT TO THE SETTLEMENT.**

_____	_____	_____
EMPLOYEE/DEPENDENT SIGNATURE	ATTORNEY SIGNATURE	DATE

**EMPLOYER/INSURER:**

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**

25. THE REQUESTED SETTLEMENT (**IS/IS NOT**) APPROVED. THE EMPLOYER/INSURER IS ORDERED TO PAY THE EMPLOYEE/DEPENDENT THE SUM OF \$ \_\_\_\_\_ CIRCLE ONE 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.

_____	_____
HEARING OFFICER SIGNATURE	DATE