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

LUMP SUM SETTLEMENT

1. REVISION DATE: _____/_____/_____ MM DD YYYY			2. WCB FILE NUMBER (if known):

EMPLOYEE

3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	
7. STREET/P.O. BOX MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. HOME PHONE NUMBER:
12. DATE OF INJURY: _____/_____/_____ MM DD YYYY	13. SPECIFIC INJURY OR ILLNESS:		14. BODY PARTS (S) AFFECTED:	

EMPLOYER/INSURER

15. INSURER FILE NUMBER:	16. EMPLOYER NAME:	17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:
18. INSURER NAME:	19.INSURER MAILING ADDRESS AND PHONE NUMBER:	

20. TYPE OF SETTLEMENT:

☐ STRUCTURED SETTLEMENT (ATTACH DOCUMENTATION)

☐ LUMP SUM SETTLEMENT
TOTAL VALUE OF SETTLEMENT $_____

21. EXPECTED FUTURE MEDICAL COSTS RELATED TO THE INJURY: $ _____

22. COMMENTS:

23. EMPLOYER/INSURER REPRESENTATIVE (TYPE OR PRINT):	24. EMPLOYEE REPRESENTATIVE (TYPE OR PRINT):

RELEASE

25. 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 REPRESENTATIVE SIGNATURE _____ DATE

26. EMPLOYER/INSURER:

THE EMPLOYER CONSENTS TO THE SETTLEMENT: ☐ YES ☐ NO _____ SIGNATURE _____ DATE

THE INSURER CONSENTS TO THE SETTLEMENT: ☐ YES ☐ NO _____ SIGNATURE _____ DATE

DECISION

27. 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

