



Claimant's Name: _____ SSN: _____ Employer's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Insurance Carrier: _____
Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: _____

Application for Lump Sum Award

The claimant named above has been granted an award of compensation and the award has been paid in periodic payments for not less than six weeks.

The claimant requests a lump sum payment of the award, reduced to present day value, according to the Regulations of the Commission.

(Check One)

- The employer and its representative consent to the payment of the award in lump sum as shown by the letter attached to this application.
- The employer and its representative object to the payment of the award in lump sum as shown by the letter attached to this application.

In this space, please state the reason(s) for requesting lump sum payment and intended use of the money.

Claimant / Representative

Date (m/d/yyyy)

Do not write in this space.

Approved: Set for hearing:

Commissioner _____

File this form with the Claims Department. Refer to R.67-1605 and R.67-1606 for additional information. If the claimant is not represented, the Claims Department will contact the employer's representative to inquire if it consents to a lump sum payment. If either the employer's representative or the Commissioner do not agree to payment in lump sum, a hearing will be set automatically and the parties notified.