

CLAIMANT RELEASE FOR SECTION 32 WAIVER AGREEMENT

I, _____, understand that I am settling all claims and prospective claims addressed in the proposed Section 32 waiver agreement between myself and the insurance carrier and/or employer, and that once the agreement is approved by the Board and a ten day waiting period has elapsed, the claim(s) cannot be reopened by the Board, myself, the employer, the carrier, or any other party in interest.

Please answer all questions below. You must check Yes or No for each question.

- 1. Do you understand that the Section 32 agreement, if approved by the Board, is binding on you and all the other parties and may not be appealed to either the Board or the Courts? (If No, explain below.) YES NO
2. Do you understand that once the agreement has been approved by the Board and the ten day waiting period has expired, the agreement cannot be withdrawn, modified, or reopened, and that the only way an approved agreement can be revisited is upon a written request to the Board, with the approval of all parties to the agreement, and the approval of the Board? (If No, explain below.) YES NO
3. Have you been placed in any duress in order to accept this agreement? (If Yes, explain below.)..... YES NO
4. Have you been made any promises that are not reflected in this agreement? (If Yes, explain below.) YES NO
5. Are there any outstanding liens on your claim(s) (such as child support, taxes, spousal maintenance, or attorney fees)? (If Yes, explain below.) YES NO
6. Do you understand that you have the right to litigate your workers' compensation claim(s), and that you do not have to settle your claim(s)? (If No, explain below.) YES NO
7. Do you understand and accept the amount of the settlement? (If No, explain below.)..... YES NO
8. Do you agree to the fee requested by your attorney or licensed representative with the understanding that the Board has the authority to approve, disapprove, or modify the fee requested? (If No, explain below.) YES NO
9. Do you understand that when this agreement becomes final, any future medical expenses related to this claim may become your responsibility? (If No, explain below.) YES NO
10. Have any doctor/hospital bills related to this claim been paid by anyone other than your employer or the workers' compensation insurance carrier? (If Yes, explain below.) YES NO

Explanation(s):

Claimant's Signature Claimant's Name (Please Print) Date

Sworn to before me this _____ date of

_____ , _____

Notary Public

WCB Case Number(s)