FORM 116C



The Commonwealth of Massachusetts Department of Industrial Accidents – Department 116C

Lafayette City Center, 2 Avenue de Lafayette, Boston, MA02111-1750 Info. Line (800) 323-3249 Inside Mass. / (857) 321-7470 Outside Mass. www.mass.gov/dia DIA Board # (If Known):

LIEN DISCLOSURE FORM TO BE COMPLETED BY THE EMPLOYEE

l,					,
	(Pri	int Name)			
hereby certify that outstanding liens of my workers' contractional Assist Services Division, National dental, hospital compensation	t, to the or claims ompensation ance, Deterans or disa	e best of for reimbestion settle epartments	ursement outement outement by the	t of the e Depar e Child , or any er. My	proceeds tment of Support medical, workers'
SIGNED UNDER			NALTIES OF P	ERJURY.	
	Signature o	of Employee			
	Address of	Employee			
	Social Secu	urity Number*			
	Date				

 $^{{}^*\}text{Disclosure}$ of Social Security Number is voluntary. It will assist in the processing of this document.