**FORM 122** 

### The Commonwealth of Massachusetts

**Department of Industrial Accidents – Department 122** 

Lafayette City Center, 2 Avenue de Lafayette, Boston, MA 02111-1750 Info. Line (800) 323-3249 Inside Mass. / (857) 321-7470 Outside Mass. www.mass.gov/dia DIA USE ONLY

## **REQUEST FOR SECTION 37 OR 37A PROCEEDING**

Pleas	e Print or Type Check Box: S	37 Claim	§37A Claim	All fields are required.					
E	1. Employee's Name (Last, First, MI):	2. DIA Board No. fo	r Subsequent Injury:	3. Date of Subsequent Injury:					
м									
P	4. Home Address (No. & Street, City, State, Zip Code):								
ō									
Y E	5. Employer's Name & Address:								
E									
Т	6. Name of Insurer:		7. Insur	er's Federal I.D. Number:					
Ν									
S U	8. Address of Branch Responsible for Case:		9.Policy # for Subsequent injury benefit payme						
R E R	10. Attorney for Insurer (Name & Address):		11. Atto	ttorney's BBO#:					

#### Check boxes below to identify all sections of M.G.L. c. 152 relevant to the reimbursement you seek.

Reimburseme	ent for Paym	nents for	Subsequent Inju	<b>y occurr</b> i	ing befo	re December 23	, 1991:			
§30 ai	nd §30A	Medical	Services and Rep	orts;	§31 a	and §32 Sur	viving De	pendents Coverage;		
§33 Burial Expenses; §34 Total Incapacity and §34A Permanent and Total Incapacity;										
§35 Partial Incapacity and§35A Dependent Compensation§36 Specific Permanent Injuries and										
§36A	Death.									
Reimburseme	nt for Paym	ents for	Subsequent Injur	v occurri	ng on or	after Decembe	r 23, 199	91:		
§31 and§32 Surviving Dependents Coverage;§33 Burial Expenses;§34A Permanent and										
Total Disability; §36A Death; §30 Medical: only for benefits due under above sections.										
Reimbursable Payments made after 104th Week from the date of onset of Disability or Death. (Please indicate Section, Dates, Weeks, Amounts and Total Payments):										
•		-	-		-	•	=	weeks \$		
								weeks \$		
								weeks \$		
Lump Sum (w	ith attorney	fees + ex	penses deducted	) Date: _		Amount: \$				
Medical Bills for Reimbursable Services after 104 th Week						Amount: \$				
	Tot					al Payments: \$				

Benefit Status									
13. Is Employee still receiving compensation?:									
YesNo									
ous Disease Congenital Condition									
Petition									
16. Certificate of Service Attached:									
Yes No									
18. Date Prepared (mm/dd/yyyy):									

All fields are required. See Reverse for Filing Requirements. Rep

# **REQUIREMENTS TO FILE CLAIMS UNDER §§37/37A**

- 1. After you file this claim it will be scheduled for conciliation in the Boston Office unless the parties agree in writing, at the time of the filing, that it is to be adjudicated at a specified regional office.
- 2. A claim requesting reimbursement under M.G.L. c. 152, §§ 37 and 37A shall be made on Form 122 and it shall be accompanied by both a certificate stating that it was served on the Office of Legal Counsel, and by a petition which sets forth and documents items which include, but are not limited to, the following:
- a) Employee's job description and duties; educational, military, and employment history; and, vocational training prior to the "subsequent impairment" (i.e. compensable personal injury for which petitioner seeks M.G.L. c. 152, §§37/37A reimbursement; also known as "second injury.")
- b) Evidence of employer's knowledge of employee's pre-existing physical impairment due to a previous accident, disease or congenital condition as evidenced by such documents as a job application, a pre-employment physical report, or by employer's affidavit attesting that employer knew of the impairment not later than 30 days after the date of employment, or (for injuries occurring prior to12/23/91) by medical records which existed prior to the date of the subsequent impairment.
- c) Evidence that a known pre-existing physical impairment was, or was likely to be, a hindrance or obstacle to employment (i.e. medical records evidencing permanent physical restrictions, documented job modifications or accommodations which employer made on behalf of employee).
- d) All medical records pertaining to the subsequent impairment including attending physician reports, insurance medical examinations, and DIA impartial physician report.
- e) From the compensation claim involving the second injury, copies of all DIA documents which substantiate the reimbursement which the petitioner seeks, such as:
  - (1) Employee Claim Form (110)
  - (2) First Report of Injury
  - (3) Agreement(s) to Compensation
  - (4) Conference Orders, Hearing Decisions and Lump Sum Agreement
- f) Indemnity record for all reimbursable compensation paid after the 104th week from the date of the onset of disability or death that clearly identify the claimant, the section under which compensation was paid, the dates for which payment was made, and the amount of weekly compensation.
- g) Medical bills paid for all related reimbursable medical treatment received by employee after the 104th week from the date of the onset of disability. (Computer printouts which clearly identify the claimant, service providers, and the dates of service constitute satisfactory documentation).
- h) A description of the subsequent impairment which includes an authoritative medical statement as to how the subsequent impairment is substantially greater (by the combined effects of such impairment and subsequent personal injury) than the disability that would have resulted from the subsequent personal injury alone, or that the subsequent injury was caused by the pre-existing impairment, and, if death results from the subsequent injury, that the death would not have occurred except for such pre-existing physical impairment.

3. Any matter not resolved at conciliation shall be scheduled for conference before an administrative judge unless parties agree to an alternative method of resolution as provided in M.G.L. c. 152, §10 B.

4. All fields on this form are required. Missing information will result in rejection of the form.