



DIA USE ONLY

AFFIDAVIT OF EMPLOYEE IN APPLICATION
FOR TRUST FUND BENEFITS

I, _____, do swear and depose as follows:
(Name of employee/claimant)

1. I reside at _____
Home telephone # _____

2. On the date of my injury my employer was _____
The address of my employer is _____
My supervisor's name is _____

3. While working for my employer, I was injured on _____
(Date of Injury)
The injury occurred at _____
(Address, city and town)

Witnesses to my injury were _____
(Name and address of witness)

(Name and address of witness)

4. I have been informed that my employer, at the time of my injury, did not carry workers' compensation insurance as required by Massachusetts law (M.G.L. c. 152, §25A).

5. I am now applying to the Workers' Compensation Trust Fund (WCTF) for appropriate benefits.

6. At the time of my injury, I was earning wages of \$_____ per week from my employer by CASH - CHECK.
(Circle one)

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

THIS _____ DAY OF _____ 20____
(Date) (Month) (Year)

Signature of Employee/Claimant