

The Commonwealth of Massachusetts Department of Industrial Accidents 600 Washington Street, Boston 02111

(617) 727-4900

DECEMBER 1, 1986

CIRCULAR LETTER NO. 229

TO:

ALL INTERESTED PARTIES

FROM:

MARTHA D. DUNN, DIRECTOR (1) DIVISION OF DISPUTE RESOLUTION

RE:

APPROVAL OF LUMP SUMS

Effective November 1, 1986 approval of lump sums became the burden of the Reviewing Board pursuant to the provisions of G.L. 152, Section 48, as amended, and pursuant to Adjudicatory Rule 1:22. Since there is no statutory or regulatory requirment that a letter of approval be issued for a lump sum settlement, the Reviewing Board has abandoned this practice.

Effective November 1, 1986, the lump sum agreements will be stamped or appropriately marked approved by an individual Administrative Law Judge who will act on behalf of the Reviewing Board. One copy of the lump sum agreement will be left with the Board file and approved copies will be given to the interested parties. The insurer's/self-insurer's copy of the lump sum agreement will be sufficient authorization to the insurer/self-insurer to make payment.

MASSACHUSETTS DEPARTMENT OF INDUSTRIAL ACCIDENTS PERMANENT AND TOTAL COLA REIMBURSEMENT REQUEST FORM PAYMENT QUARTER __/__/_ TO __/__/_

BOARD #	CLAIMANT	ADDRESS	DATE OF INJURY	PRE-ADJUSTMENT WEEKLY COMPENSATION	ADJUSTMENT	AMOUNT PAIR
			-			
					77 	
						-



The Commonwealth of Massachusetts

Department of Industrial Accidents

600 Uashington Street Boston. Mass. 02111

FROM:	. MAIL TO:	COLA Processing					
	-	DIA Office of Administration					
•	•	P.O. Box 9104, Essex Station					
	-	Boston, MA 02112-9104					
Gentlemen:							
Attached please find a request Chapter 572 of the Acts of 1985), Adjustment (COLA) reimbursement. The behalf of claimants totaling \$	for a perma: This request	nent and total Cost of Living					
I hereby certify under the penalties of perjury that all laws of the Commonwealth governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of my knowledge, correct.							
		4.					
Signed:	Name: _	:					
Title:	Phone #:						
Date:							
							
FOR INTER	nal use onl	Y					
		PAYMENT					
COMMENTS:		APPROVED					
		DATE:					