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

I, _____,
(Print Name)
hereby certify that, to the best of my knowledge, there are no outstanding liens or claims for reimbursement out of the proceeds of my workers' compensation settlement by the Department of Transitional Assistance, Department of Revenue Child Support Enforcement Unit, Veterans Services, prior counsel, or any medical, dental, hospital or disability income provider. My workers' compensation DIA Board number(s) is (are): _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

_____
Signature of Employee

_____
Address of Employee

_____
Social Security Number*

_____
Date

*Disclosure of Social Security Number is voluntary. It will assist in the processing of this document.