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:	_ §37	7 Claim 🗌	§37A CI	aim	All fields are required.		
E M	1. Employee's Name (L	ast, First, MI):	2	2. DIA Board No. for Subsequent Injury:		njury:	3. Date of Subsequent Injury:		
P L O	4. Home Address (No. & Street, City, State, Zip Code):								
Y E E	5. Employer's Name & Address:								
I N	. Name of Insurer:					7. Insurer's Federal I.D. Number:			
S U	8. Address of Branch R	esponsible for Case:	nsible for Case:			9.Policy # for Subsequent injury benefit payments:			
R E R	10. Attorney for Insure	r (Name & Address):				11. Attorney's BBO#:			
	Check boxes be	low to identify all section	ns of M.	.G.L. c. 152 rele	evant to the rei	mburs	ement you seek.		
	§30 and§3§33 Burial Expe§35 Partial Inca§36A Death. eimbursement for Par§31 and§32 otal Disability; eimbursable Paymen lease indicate Section§to§tostostosto	yments for Subsequent (IOA Medical Services and enses; §34 Total Incapacity and §35A Degree Subsequent IOA Surviving Dependents COA Subsequent IOA Subsequ	Reports capacity pendent njury or overage Medica ek from ts and T	s; §31 a ar and §34/at compensatio ccurring on or a; §33 Buria; ll: only for ben the date of or total Payments 4. § 5. § 6. § ate: k	nd §32 Surna Permanent arna §36 Spafter December al Expenses; efits due under set of Disabilite.): to	viving I nd Tota pecific r 23, 19 §3 r above y or De	Dependents Coverage; I Incapacity; Permanent Injuries and 991: 34A Permanent and e sections. eath. weeks \$ weeks \$ weeks \$ weeks \$		
			Bene	efit Status					
12. 1	104th Week From Disab	lity (mm/dd/yyyy):		13. Is Employee	e still receiving co Yes	mpens No			
14. I	s pre-existing physical in Previous	_] Previo	us Disease	Congeni	tal Con	dition		
			Pe	etition					
15. F	Preparer's Name & Title	(First, MI, Last):				16. C∈	ertificate of Service Attached: Yes No		
17. F	Preparer's Signature:			18. Date Prepar	ed (mm/dd/yyyy	·):			

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.