FORM 141



The Commonwealth of Massachusetts Department of Industrial Accidents 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 Board # (If Known):

Please Print or Type

LAST BEST OFFER AT CONFERENCE

This form is for use at conference pursuant to M.G.L. Chapter 152, sec. 10A(2) in cases involving claims for further weekly compensation or complaints for discontinuance or modification of such compensation when the insurer's liability for the employee's industrial injury has already been established.

EMPLOYEE:		
EMPLOYER:		
INSURER:		
DIA BOARD #:		
Employee's offer for weekly compensation -	\$	_
Brief Description of basis for offer:		_
		-
Submitted by:	_ Date (mm/dd/yyyy):	-
Insurer's offer for weekly compensation -	\$	
Brief Description of basis for offer:		-
Submitted by:	Date (mm/dd/yyyy):	-
JUDGE'S FINDING IF DIFI	FERENT FROM ABOVE:	
COMPENSATION: \$		
BASIS FOR JUDGE'S FINDING:		