**COMMONWEALTH OF MASSACHUSETTS**

**DEPARTMENT OF INDUSTRIAL ACCIDENTS**

Employee:

Employer:

Insurer/Self-Insurer:

Date of Injury:

Board number:

**AFFIDAVIT OF EMPLOYEE**

I,, the Employee, being duly sworn, depose and state as follows:

1. My name is . I presently reside at .
2. I wish to submit this affidavit in lieu of my appearance virtually, or in-person, at a Lump Sum Settlement Conference.
3. I incorporate by reference the narrative portion and release portion of the proposed Lump Sum Settlement Agreement, prepared by my attorney, which is presented herewith.
4. I have fully read the lump sum settlement papers and understand those documents to mean the following:
5. I understand that this settlement is WITH LIABILITY and that this will resolve my workers’ compensation claim arising out of the alleged injuries sustained by me while in the employ of on . The accepted diagnosis is . I understand that ongoing medical treatment is limited to the specific "accepted injury or injuries" for the specific date of loss. I understand that any unpaid indemnity will be paid up through the date the Lump Sum Settlement agreement is approved.
6. I further understand that upon approval of this settlement, my weekly checks, if presently being paid, will stop. My rights to any and all future weekly indemnity payments for this industrial injury will end, and that I will not receive any further weekly compensation benefits whatsoever for incapacity resulting from this industrial injury.
7. I understand that any potential claims I may have under section 36 and or section 28 will end upon approval of this settlement.
8. The Insurer/Self-Insurer, has offered $ to me to settle my Workers’ Compensation case.
9. I wish to accept this settlement.

1. I understand that I do not have to settle my workers’ compensation case. However, taking into consideration all factors, I am hereby requesting that this settlement in the amount of $ be approved as in my best interest.
2. I understand that after the deduction of the legal fee in the amount of $ and the expenses in the amount of $ , I will receive the net proceeds in the amount of $ .
3. I understand that upon approval of this settlement, the Insurer/Self-Insurer will remain responsible for my outstanding and future reasonable and related medical expenses, provided that my treatment is medically necessary, reasonable and related to my industrial injury.
4. I have reviewed all aspects of this settlement and fully understand all the terms of the settlement. I have been given the opportunity to consider the terms of this settlement and have discussed the settlement with my legal counsel.
5. I understand that my rights with respect to Vocational Rehabilitation Benefits, if any, will end two years following the approval of this settlement.
6. My decision to settle is of my own free will and accord without any coercion, undue influence, or duress whatsoever.
7. The parties have discussed the use of e-signatures and agree that they will have the same weight and effect as an original signature.
8. I respectfully request that the Administrative Judge approve my settlement.

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**, Employee**

**COMMONWEALTH OF MASSACHUSETTS**

On this day of before me the undersigned Notary Public, personally appeared **,** and proved to me through satisfactory evidence of identification that she is the person whose name is signed on this document, and acknowledged to me that she signed it voluntarily for its stated purpose.

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 Notary Public

(SEAL)