

FORM 19



The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 19
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
Info. Line 800-323-3249 ext. 7470 in Mass. Outside Mass. 617-727-4900 ext. 7470
<http://www.mass.gov/dia>

DIA Board #
(if known)

SECTION 19 AGREEMENT

1. Employee's Name (Last, First, MI) and Address (No., Street, City, State, Zip):		2. Social Security Number*:
3 Employer/Address (No., Street, City, State, Zip):		
4. Insurer/Address (No., Street, City, State, Zip):		5. Date of Injury (mm/dd/yyyy):

Now come the parties in the above-referenced action and agree to the following on a:

Without Prejudice

With Prejudice

Without Liability

With Liability

Does this agreement close out the current litigation? Yes No Not Applicable
If the answer is no, what issues remain in dispute?

This agreement does not forfeit the parties' rights to raise any other claims or defenses.

6. Employee/Claimant Signature:	7. Date (mm/dd/yyyy):
8. Employee Counsel Signature:	9. Date (mm/dd/yyyy):
10. Insurer Counsel/Claims Rep. Signature:	11. Date (mm/dd/yyyy):

APPROVAL FOR THE DEPARTMENT BY:

NAME: _____ TITLE: _____ DATE: _____

