

Non-Prejudicial Agreement

DWC File No.

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| Employee: SSN Name Address Phone | Employer: FEIN Name Address Phone Ext. |
| Date of Birth | Policy No. |
| Insurer: FEIN Name Address Phone Ext. | Adjusting Company: FEIN Name Address Phone Ext. |
| Insurer File No. | Adjusting Company File No. |
| Injury Date | First Date of First Disability |
| Nature of injury and injured body part: | |
| Place where injury occurred: | |

DISABILITY TYPE: (check all that apply)

Temporary Total as of _____

Death Benefits. Date of Death _____

Payable to: _____

Temporary Partial as of _____

Permanent Total as of _____

RATE INFORMATION: Single Married Exemptions _____ AWW without Overtime _____
Avg. Overtime Amount _____

AWW including Overtime _____
Spendable Base Wage _____
Base Compensation Rate _____
Cost of Living Adjustment _____

Number of Dependents _____
Weekly Dependency Rate _____
Total Weekly Rate _____

Does employee have other employers? Yes No If yes, attach a wage statement from each employer.

Is this a recurrence of a previous injury? Yes No Previous disability end date _____. Has the employee worked at least 26 weeks prior to this recurrence. Yes No If yes, a new wage statement is required.

Pursuant to R.I.G.L. § 28-35-8, a copy of the Non-prejudicial Agreement with its amendments must be mailed to the employee and his/her attorney by certified mail, return receipt requested, at the time it is filed with the Department of Labor and Training. A dependency form and wage statement for each employer must be attached. The Non-prejudicial Agreement can only be submitted for claims where payments are made for not more than 13 weeks and the insurer is not accepting liability. If payments are made for more than 13 weeks, liability is assumed and a Memorandum of Agreement is required.

Insurer Signature

Date

NOTICE TO EMPLOYEES RECEIVING WORKERS' COMPENSATION BENEFITS:
YOU MUST REPORT ANY EARNINGS you receive to the insurer that pays your benefits. Failure to report earnings may subject you to civil or criminal liability. Your endorsement on a benefit check is your statement that you are qualified to receive workers' compensation benefits. You are NOT entitled to receive workers' compensation benefits for any time that you are imprisoned as a result of a criminal conviction.