GEORGIA STATE BOARD OF WORKERS' COMPENSATION

APPLICATION FOR LUMP SUM/ADVANCE PAYMENT

When you receive this completed form, you must file any objection with the Board within 15 days of the date on the certificate of service (O.C.G.A. §9-11-6(e)). If no response is received within the 15 day period, the Board will assume that the request is unopposed. Mail to the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299

A. IDENTIFYING INFORMATION

Employee Name _____ Soc. Security No. _____

Address _____ Date of Injury _____

_____ County of Injury _____

B. STATEMENT OF MONTHLY INCOME AND EXPENSES

	My expenses per month are:	List all past due amounts:
House Rent (or Mortgage Payment)	$	$
Groceries	$	$
Clothing	$	$
Child Care Expenses	$	$
Medical and Dental (Not Workers' Comp. Related)	$	$
School Expenses	$	$
Utilities (Gas, Electricity, Water, Telephone)	$	$
Loans for Auto, Furniture, etc.	$	$
_____	$	$
Date/Loan Name of Creditor Balance Due		
_____	$	$
Date/Loan Name of Creditor Balance Due		
_____	$	$
Date/Loan Name of Creditor Balance Due		
Other Expenses:		
_____	$	$
_____	$	$
_____	$	$
TOTAL	$	TOTAL $

	My family income per month:
Claimant's Workers' Compensation Benefits	$
Social Security Payment of Claimant	$
Other Income of Claimant	$
Income of Spouse	$
Income of Other Family Members Living With Claimant	$
TOTAL	$

Attach a current medical report (completed within the last 60 days) stating your physical status, extent and duration of disability, and permanent partial disability rating. Also attach a copy of past due bills, a copy of estimates on any matter for which you are requesting this payment, if applicable, and other relevant documents, or your request will be denied.

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to $10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

AFFIDAVIT

____ Weekly income benefits have been paid to the employee for 26 or more weeks.

____ **I would like a lump sum payment of all remaining income benefits. I understand that benefits will be commuted at 7% interest per annum.**

____ **I would like an advance payment of a part of remaining income benefits in the amount of $_____. This advance will be repaid by:**

____ **Credit to be taken when PPD is commenced (an actual or projected PPD rating must be attached.)**

____ **Reducing the amount of weekly benefits by $_____ (a current medical report must be attached.)**

I am ____ married ____ single ____ divorced ____ separated.

I have _____ dependents. Their name and ages and relationships to the claimant are:

_____

I need this payment because: _____ I will use this money to do the following:

(list the specific bills or purchases for which you need the money.)

_____

_____

I state under oath that all of the information is correct on both sides of this document, and that all additional information requested is attached.

_____ **I hereby authorize my attorney to receive a lump sum payment of $_____ (not to exceed $500.00 or 25% of advance, whichever is less unless specifically authorized by the Board).**

_____ **My attorney is waiving any claim for attorney's fees on this advance.**

_____
Signature of Claimant

_____
Social Security Number

_____
Date of Injury

Sworn to and subscribed before me this _____ day of _____/_____ .

_____ Notary Public

My Commission Expires:

CERTIFICATE OF SERVICE

I hereby certify that the parties have made a good faith effort to reach agreement on this issue, but have failed to do so to date. I further certify that I have this day sent a copy of this form with supporting documentation to the State Board of Workers' Compensation and to all parties and counsel in this claim.
Note: Good faith effort to resolve issues means employer/insurer have had an opportunity to agree to advance before the request was submitted to the Board.

This _____ day of _____/_____ .

_____
Signature of Claimant or Attorney

____ The employer/insurer do not agree to this request.

____ The employer/insurer agree to advance $_____, subject to credit, as noted above, including credit for interest at 7% per annum, unless otherwise agreed to and allowed by law. (Sign below if consented to).

_____
Insurer Telephone Number

_____
By: Signature Title

_____
Date

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