Claimant Affidavit



QuickStart Guide

The Claimant Affidavit has a standalone process for generating and submitting the document. This process is located under **Start New Action>Claims >Claimant Affidavit**.

| Claim Number: W201506 | Claimant Name: | John Doe | <i>Review</i> the top of the | e form for accuracy. | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|------------------------------|---------------------------------------------------------|--|
| Employer & Insurer | | | | | |
| Employer | Insurer | | | | |
| INVESTMENTS LLC | INSURANCE CO | | | | |
| | | | | | |
| V Hearings/Orders | | | 2 If you select 'Yes' for it | s there a "Hearing Date associated". | |
| Is there a Hearing Date associated with this document? | | | the system will promp | the system will prompt you to enter the Hearing Date. | |
| Is there an Order associated with this document? O Yes O No | | | If you calest West for " | | |
| Select Commissioner: Please select | Claim Filing Da | ate: 06/04/2023 | system will prompt yo | bu to select the corresponding order. | |
| Claimant's Affidavit | | | Hearing Details | | |
| | CLAIMANT'S AFFIDAVIT IN SUPPORT O | OF SETTLEMENT | Hearing Date: | M/dd/yyyy | |
| I, John Doe, am the claimant in claim # W201506. | | | | | |
| I ask the Workers' Compensation Commission to approve the settlement of my claim and in support of this request state: | | | Select Prior Order | | |
| 1. I am over eighteen (18) years of age and am competent to testify. | | | Reload Orders | Please click this button to populate associated orders. | |
| 2. I am voluntarily settling my claim. | | | Select Orders | | |
| 3. I acknowledge that in settling my claim, I am giving up | p the following rights: | | | | |
| a. the right to hearings before the Workers' Co | ompensation Commission for resolution of any disputes re | | | | |
| b. the right to vocational rehabilitation service: | s and to payment during my lifetime for any medical treat | | | | |
| c. the right, except as provided, if at all, in this settlement, to be compensated, under certain conditions, by the Subsequent Injury Fund for permanent impairments incurred before the accidental injury or occupational disease which gave rise to my claim | | | 1 | | |
| d. the right to ask the Workers' Compensation Commission, within 5 years of the last payment of any compensation that it might have ordered, to reopen my claim should my condition related to my claim worsen | | | 3 Review the Claimant | 's Affidavit text. | |
| e. the right to appeal to the appropriate Circui | it Court if I am dissatisfied with a decision of the Workers' | | | | |
| f. the right to appeal to the Court of Special A | ppeals if I am dissatisfied with the decision of the Circuit C | | | | |
| g. the right to petition the Court of Appeals to | review the decision of the Court of Special Appeals if I an | | | | |
| 4. that, by signing this affidavit, I acknowledge that I have read, and understand, the terms of this settlement and all the documents attached in support of it, including medical reports and this affidavit. | | | | | |

Claimant Affidavit

Submitting the Form Simply Generate the form, Print/download it, and return with the signed copy.





| Download/Upload Affidavit Generate Document Generate the Affidavit by clicking button below. After generating Affidavit, please print form and get signatures. | 1 Click 'Generate Claimant Affidavit'. CompHub display PDF for viewing, printing, and downloading. The PDF contains blank lines for the Claimant to sign. You can download the document by clicking the link. | 's the n also |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Generate Claimant Affidavit | Claimants Affidavit.pdf | 52 × |
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| Vpload Document | | <u>^</u> |
| Do not select check this box until you are ready to upload signed Affidavit form. | MARYLAND WORKERS' COMPENSATION COMMISSION | - 1 |
| Upload signed Affidavit form? | CLAIMANT'S AFFIDAVIT IN SUPPORT OF SETTLEMENT | - 1 |
| Use upload icon below to upload files. | I, John Doe, am the claimant in claim # W201506. I ask the Workers' Compensation Commission to approve the settlement of my claim and in support of this requistate: | uest |
| No files uploaded | 1.1 am over eighteen (18) years of age and am competent to testify. | |
| | an voluntarily settling my claim. Lacknowledge that in settling my claim. I am giving up the following rights: | |
| | a. the right to hearings before the Workers' Compensation Commission for resolution of any disputes regard my claim; | ding |
| | b. the right to vocational rehabilitation services and to payment during my lifetime for any medical treatm | nent 👻 |
| | Ok | Print |
| I HEREBY CERTIFY that on October 17, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03. | | |
| By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland. | | |
| | 2 Once the Affidavit has been signed check "Upload sig Affidavit Form" and click the Document Upload Icon | gned to |
| 3 Don't forget to Sign & Certify your submission! | | |