WORKER'S COMPENSATION COMMISSION

Department of Labor * Government of Guam
P.O. Box 9970 * Tamuning, Guam 96931
Tel: (671) 300-4571/77 * Fax: (671) 475-6811

WCC File #:

INSTRUCTIONS: Complete this application {Applicant: #1-8/Carrier: #9-12} in duplicate and deliver or mail both to the Office of the Commissioner. If the Commissioner approves this application, it will be forwarded to the Commission for its consideration. [22 GCA 9115(j)].

1. Employee's Name, Address, DOB, & SSN: - - **Home Phone: ( ) Work Phone: ( )**	**2. Applicant's Name, Address, & SSN: - -**

3. Date of injury, illness/death:	**4. Date of birth (of applicant):**	**5. Citizenship of Applicant:**

6. APPLICATION FOR LUMP SUM AWARD UNDER 22 GCA 9115(j)

A report of my injuries have been filed with the Office of the Commissioner and for which I have been receiving compensation in periodic installments in accordance with the provisions of Law. I request that I be allowed a lump sum payment in an amount equal to the present value of the unpaid compensation due or commuted in accordance with the provisions of 22 GCA 9115(j).

I understand that the liability of the Carrier or my Employer for compensation or any part thereof, except medical care, would be discharged by payment of such lump sum.

My reasons for wanting a lump sum payment are listed below: (NOTE: Give full reason. Include supportive documents, e.g. of employment, experience, on-going business, etc.)

(Use additional sheets if necessary)

7. Signature of Applicant:	**8. Date of Application:**

TO BE COMPLETED BY THE CARRIER OR REPRESENTATIVE

9. Name of Carrier/ Name & mailing address of Adjuster:	**10. Carrier [ ] DOES** **[ ] DOES NOT agree to request**
	11. Signature of Carrier's Representative:
	12. Date:

FOR COMMISSIONER/COMMISSION USE ONLY

The Commissioner has determined that lump sum payment: [ ] WILL [ ] WILL NOT be in the interest of Justice

(Signature) (Date)

The Commissioner, during its _____ deliberation [ ] HAS [ ] HAS NOT granted its approval of the request

(Signature) (Date)

* * * FOR STATISTICAL PURPOSES ONLY * * *

Please choose ONE ETHNICITY:			**Please choose ONE CITIZENSHIP:**
Yapese	**Marshallese**	**Korean**	**United States**
Chuukese	**Palauan**	**Japanese**	**Permanent Resident Alien**
Kosraean	**Chamorro**	**Chinese**	**Other (specify):**
Pohnpeian	**Filipino**	**Other (specify):**	