1. **CLAIMANT and CLAIMANT REPRESENTATIVE INFO:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claimant Name:** |  | **Law Firm Name:** |  |
| **Attorney Name:** |  | **Attorney email:** |  |

1. **PLEASE LIST ALL CLAIMS INCLUDED IN THE §32 WAIVER AGREEMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WCB #** | **D/A** | **Insurer/TPA Name** | **Insurer/TPA contact** | **Contact email address** |
|  |  |  |  |  |
| Add Rows\* |  |  |  |  |

**INTERNAL WAMO/SFG INFO:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted By:** Insurer/TPA Claimant/ Claimant’s Rep. or Atty | | **Date:** |  |
| **Accepted By:** |  | **Date:** |  |
| **Drafted By:** |  | **Date:** |  |
| **Signed By:** |  | **Date:** |  |

1. **RELEVANT WAIVER AGREEMENT INFO:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agreement Type:**  Global  Indemnity-Only  Medical | | | | **Fund Involved:** | 15(8)  14(6)  Both |
| **Medical:**  Allocation  MSA  CMS Letter  Annuity | | | | **CMS Letter Date:** |  |
| **Other (if applicable):**  child support lien  third-party action  overpayment ($\_\_\_\_\_\_\_\_\_\_ amount requested) | | | | | |
| **Attorney Fee:** |  | **Payor:** |  | | |

**MAXIMUM SPECIAL FUNDS REIMBURSEMENT AUTHORIZED (COMPLETED BY WAMO):**

|  |  |  |
| --- | --- | --- |
| **WCB #** | **Maximum Indemnity** | **Maximum Medical** (dollar amount, percentage, or specified injury sites) |
|  |  |  |

1. **SETTLEMENT AMOUNT INFORMATION (INCLUDE ALL CLAIMS):**

**Overall Settlement Amounts:                          Amounts Reimbursed by Special Funds:\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WCB #** | **Indemnity** | **Medical** | **Total** | **SFG Ind** | **SFG Med.** | **SFG Total** |
|  |  |  |  |  |  |  |
| Add Rows\* |  |  |  |  |  |  |
| **Total:** |  |  |  |  |  |  |

**If apportionment applies, please indicate claim # and percentages of liability here:**

**Other relevant information:**

\*To add a row, click tab in the last column of any table above or right click and insert row below.

\*\* Amounts reimbursed by Special Funds must be consistent with previously established apportionment and 15(8) reimbursement percentages (For example, if 15(8) was established at 50% reimbursement, SFG will only reimburse 50% of indemnity settlement amount even if a higher maximum indemnity reimbursement amount was previously authorized).