

Non-Prejudicial Agreement

RI Department of Labor and Training, Division of Workers' Compensation
 PO Box 20190, Cranston, RI 02920-0942 www.dlt.ri.gov/wc
 Phone 401-462-8100 Fax 401-462-8105

Claim Administrator Claim Number

Employee Information		Employer Information	
SSN or ID		FEIN	
Name		Business Name	
Address		Address	
City, State Zip		City, State Zip	
Date of Birth		Phone	
Insurer Information		Claim Administrator Information (Adjusting Company)	
FEIN		FEIN	
Business Name		Business Name	
Address		Address	
City, State Zip		City, State Zip	
Phone		Phone	
Injury Information			
Date of Injury		Place where injury occurred	
Injured body part & nature of injury			
Rate Information			
Employee's Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Number of Dependents (children & nonworking spouse)	
Number of Exemptions (self, spouse & children)		Total Average Weekly Wage	
Spendable Base Wage		Base Compensation Rate	
Weekly Dependency Rate		Total Weekly Rate	
Disability Information			
First Payment Issue Date		First Date of Disability	
Temporary Total Start Date		Temporary Partial Start Date	
Permanent Total Start Date		Death Benefits Start Date	
Date of Death		Death Benefits Paid to	
Other information			
Does the employee have other employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attach a completed wage statement for each employer.	
Is this a recurrence of a previous injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous disability end date:	
Did the employee work 26 weeks or more before this recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, a new wage statement is required.	
Signature			
Claims Adjuster Signature		Printed Name	Date
Notice to Employees Receiving Worker's Compensation Benefits			
ATTENTION: The employer and insurer are NOT accepting legal responsibility for your work injury. You have two (2) years to file a petition at the Workers' Compensation Court to establish liability.			
ATENCION: El empleador y la compañía aseguradora NO se hacen legalmente responsables de su lesión en el trabajo. Tiene dos (2) años para entablar una demanda en el Tribunal de Compensación Laboral para establecer la responsabilidad.			