

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

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Claim Administrator Claim Number

Employee Information			Employer Information		
SSN or ID	Date of Birth		Employer FEIN	Employer Phone	
Last Name	First Name	Initial	Employer Business Name		
Address			Address		
City	State	Zip	City	State	Zip
Insurer Information			Claim Administrator Information		
Insurer FEIN	Insurer Phone		Claim Administrator FEIN	Claim Administrator Phone	
Insurer Business Name			Claim Administrator Business Name		
Address			Address		
City	State	Zip	City	State	Zip

Injury & Rate Information		
Date of Injury	First Payment Issue Date	Temporary Total Start Date
Place where Injury Occurred	Total Average Weekly Wage	Temporary Partial Start Date
List Injured Body Parts and Nature of Injury	Spendable Base Wage	Permanent Total Start Date
Employee's Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Base Compensation Rate	Date of Death
Number of Dependents (children & non-working spouse)	Weekly Dependency Rate	Death Benefits Start Date
Number of Exemptions (self, spouse & children)	Total Weekly Rate	Death Benefits Payable to

Other information		
Does the employee have other employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	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.
Attach a completed wage statement for each employer.		
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.

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