

# MISSISSIPPI WORKERS' COMPENSATION COMMISSION

P. O. Box 5300  
JACKSON, MISSISSIPPI 39296

MWCC File No. \_\_\_\_\_

## APPLICATION FOR LUMP SUM PAYMENT

Miss. Code Ann. §71-3-37(10) (Rev. 2000)

1. Name of injured employee and SSN: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (SSN)

2. Date of Injury \_\_\_\_\_

3. Employer: \_\_\_\_\_ Carrier: \_\_\_\_\_

**NOTE:** In answering the following questions, use separate sheet of paper or back of this form, if necessary, to give complete answers.

### PART I - FOR EMPLOYEE BENEFITS: (Complete Items 1 thru 10 and 14 thru 18)

4. Employee's address \_\_\_\_\_  
(No. and Street) (City) (State)

5. Employee's date of birth \_\_\_\_\_ 6. Date Disability began \_\_\_\_\_  
(Mo.) (Day) (Yr.)

7. Have you returned to work? \_\_\_\_\_ If so, give date \_\_\_\_\_

8. Have you been released by a physician as able to return to work? \_\_\_\_\_. If so, date? \_\_\_\_\_

9. How many weeks' compensation have you received since being released to return to work? \_\_\_\_\_

10. Total amount of compensation received since being released to return to work \_\_\_\_\_

### PART II - FOR DEATH BENEFITS: (Complete Items 1 thru 3 and 11 thru 18)

11. Name of applicant \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

12. Applicant's date of birth \_\_\_\_\_  
(Mo.) (Day) (Year)

13. Address of applicant \_\_\_\_\_  
(No. and Street) (City) (State)

### PART III - FOR ALL APPLICANTS:

14. For what purpose do you request a lump sum payment? \_\_\_\_\_

15. List name and date of birth of all members of your immediate family \_\_\_\_\_  
\_\_\_\_\_

16. Do any of them have an independent income separate from yours? \_\_\_\_\_. Amount: \_\_\_\_\_

17. Do you have an income other than your compensation payments? \_\_\_\_\_. Amount: \_\_\_\_\_

18. If request is other than Full Lump Sum Payment, state amount requested \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee/Applicant and Phone Number

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature and MS Bar Number of Attorney for Employee/Applicant

MWCC Form B-19 (Revised 1/2003)