

VIRGINIA:

IN THE WORKERS' COMPENSATION COMMISSION

JOHN HURTWORER, Claimant

v.

JCN: 0000000000

UNITED ENGINEERING, INC., Employer

WORKING FOR A SAFE WORKPLACE, Insurer

AFFIDAVIT

I, the undersigned claimant, state that I understand:

1. That I do not have to settle this case. If I settle this case, I waive certain rights.
2. If I do not settle this case, I understand:
  - a. That I would have the right to have the issues in dispute in this case heard and decided by the Commission;
  - b. That, as a result of the hearing, I might receive an award that is greater or less than the amount of the settlement. It is also possible that I would receive no additional benefits.
  - c. That if I were dissatisfied with the Commission's decision, I would have the right to appeal. The employer and insurer would also have the right to appeal any decision by the Commission.
  - d. That regardless of the Commission's hearing decision, I would have the right to file an application within the statutory time period to seek additional benefits if an initial award was entered. Once an award has been received, I would remain eligible at the employer/carrier's expense to receive all reasonable and necessary medical treatment related to the compensable injury/occupational disease for life.
  - e. That I am award that the Workers' Compensation Act would provide for the possibility of a total of 500 weeks compensation if I were disabled as a result of this work related accident or occupational disease, and the possibility of lifetime compensation if I were permanently and totally disabled as defined by the Act.
3. That I understand if settle this case, and the settlement is approved, then I waive all of the rights set forth above. Further, I cannot obtain any additional compensation or medical benefits from the employer and insurer, other than those agreed to in the settlement. In addition, the Workers' Compensation Commission will be unable to provide any additional assistance.
4. That I am satisfied with the services of my attorney and aware that a fee for legal services will be approved by the Commission and deducted before payment of the net settlement proceeds to me.
5. THAT I FULLY UNDERSTAND THAT THIS SETTLEMENT FOREVER CLOSES MY CASE, INCLUDING ANY AND ALL COMPENSATION OR MEDICAL BENEFITS EXCEPT THOSE SPECIFICALLY LISTED IN THE SETTLEMENT.

6. That I have read or had the above information read and explained to me in my native language and fully understand all of the information in this affidavit and I request the Commission approve this final compromise settlement.

\_\_\_\_\_  
John Hurtworker  
Address  
Phone Number

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

CITY/COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the jurisdiction aforesaid, do hereby certify that \_\_\_\_\_, whose name is signed to the foregoing instrument, has acknowledged the same before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Printed Name: \_\_\_\_\_

Notary Registration No. \_\_\_\_\_

Commission Expires: \_\_\_\_\_