

VOLUNTARY PAYMENT FORM
 Michigan Department of Consumer & Industry Services
 Bureau of Workers' & Unemployment Compensation/Board of Magistrates
 P.O. Box 30016, Lansing, MI 48909

(Personal Service)	(Mailed)
_____ Day of _____ 20_____	

Magistrate/Mediator (Please print)	

Plaintiff	Defendant
Plaintiff SS#	Date of Injury

The plaintiff and defendant agree that the plaintiff's Application for Mediation or Hearing is withdrawn. The defendant agrees to pay benefits on a voluntary basis in accordance with the following:

- a. Weekly benefit rate \$ _____
 Less benefits to be coordinated \$ _____
 Subtotal \$ _____
 Plus supplemental benefit \$ _____
TOTAL \$ _____
 Benefits to be paid for the period from _____ through _____
- b. Medical expenses to be paid? Yes No
 If yes, to whom? _____
- c. Reimbursement to group carrier? Yes No
- d. Atty. fee to be charged _____% Amount _____
 Atty. Fed. I.D.# _____
- e. Amount of interest to be paid _____
- f. Additional agreements (attach additional sheets if necessary)

Neither the payment of compensation nor the accepting of same by the employee or his/her dependents shall be considered as a determination of the rights of the parties under this Act.

All benefits become due and payable on the day of personal service or the mailing date.

_____	_____
Plaintiff	Defendant
_____	_____
Representative of Plaintiff	Representative of Defendant
_____	_____
Date	Magistrate/Mediator