

**AFFIDAVIT IN SUPPORT OF REDEMPTION (SETTLEMENT) AGREEMENT**

Michigan Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency/Board of Magistrates  
PO Box 30016, Lansing, MI 48909

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_ County

\_\_\_\_\_  
Defendant

I, \_\_\_\_\_, the plaintiff in this case against  
\_\_\_\_\_, the defendant(s),

affirm that the following are true and correct statements:

1. While employed by \_\_\_\_\_, the defendant(s),  
I was injured on or about \_\_\_\_\_. (Date)
2. I have been offered the sum of \$ \_\_\_\_\_ to settle my workers' compensation claim, both weekly and medical benefits and possible rehabilitation.
3. I understand that by accepting this amount of money I am waiving all workers' compensation rights I may have against this (these) defendant(s) and its (their) workers' compensation insurance carrier(s).
4. I have voluntarily entered into the redemption agreement.
5. If I have filed an Application for Mediation or Hearing under the Michigan Workers' Disability Compensation Act, the application alleges a compensable condition.
6. My attorney, or the magistrate, has fully explained to me the rights that I have under the Workers' Disability Compensation Act and I understand that this redemption agreement, if approved by the magistrate, will extinguish all of those rights.
7. I have fully disclosed to my attorney, or the magistrate, any other benefits that I am receiving or may be entitled to receive and it has been explained to me what effect, if any, the redemption agreement might have on those other benefits. Those other benefits are \_\_\_\_\_  
\_\_\_\_\_
8. I have fully disclosed to my attorney, or the magistrate, the nature and extent of the injuries and/or disabilities incurred by me during my employment with the defendant(s). Those injuries are:  
\_\_\_\_\_  
\_\_\_\_\_

(Over)

9. I have disclosed my age to my attorney or the magistrate and I have been advised of the possible life expectancy of a person my age. My age is \_\_\_\_\_. My life expectancy is \_\_\_\_\_.
10. I (do) (do not) have health, disability, or other related insurance. The insurance coverage I have is:  
\_\_\_\_\_
11. My marital status is \_\_\_\_\_. I have \_\_\_\_\_ dependents.
12. I have advised my attorney or the magistrate whether, to my knowledge, any other person or entity has any claim on the proceeds of the redemption agreement. The person or entity having such a claim is: \_\_\_\_\_
13. My average monthly expenses are: \_\_\_\_\_
14. My intentions for the use of the monies received as a result of the redemption agreement are:  
\_\_\_\_\_  
\_\_\_\_\_
15. The amount of workers' compensation benefits I have received from the defendant(s) or its (their) insurance carrier(s) as a result of my alleged injuries is: \_\_\_\_\_.

\_\_\_\_\_  
Plaintiff's Signature

Signed and sworn to before me on \_\_\_\_\_ in \_\_\_\_\_ County, Michigan.  
Date

\_\_\_\_\_. My commission expires \_\_\_\_\_.  
Notary Public

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act, 418.836 Completion: Mandatory Penalty: Redemption will not be heard
--	--