



# Department of Commerce

WORKERS' COMPENSATION COMMISSION  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
P.O. Box 5795 CHRB, Saipan MP 96950  
Tel: (670) 664-8018/8024 • Fax (670) 664-8074  
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CASE#: \_\_\_\_\_



## APPLICATION FOR LUMP SUM AWARD

(To Be Completed By Claimant)

<p><b>Instructions:</b> This form is to be completed by the claimant who wish to receive a one time lump sum payment of compensation. All requested information must be provided before any lump sum payment request can be considered. This form must be submitted to the Administrator for review. All interested parties will be advised of the Administrator's decision.</p>		
1. Employee's Name, Address, & SSN:		2. Employer's Name and Address
3. Claimant's Representative (if applicable) Name & Address:		4. Carrier's Name & Address:
5. Date Injury/Illness/death:	6. Date of Birth	7. Citizenship of Employee:
8. State the reason(s) to justify approval for lump sum award. (Use additional sheet if necessary)		
<p>9. Applicant's Declaration</p> <p>I hereby declare that a report of my injuries have been filed with the CNMI Worker's Compensation Commission. In lieu of the periodic payment of compensation, I hereby request the Administrator to authorize and approve a single lump sum payment of my compensation equal to the present value of the unpaid future payments due, in accordance with the computation provided by the Administrator.</p> <p>I further declare that I understand fully that the liability of the employer and the carrier with respect to the compensation for this injury will be released upon approval of this application, and that no further compensation will be due to me. Medical benefits in connection with this injury shall not be affected by approval of this request unless otherwise specified by the Administrator.</p> <p>I further declare, under penalties of perjury, that the information contained in this application is true and correct to the best of my knowledge and belief.</p>		
10. Signature of Applicant		11. Date of this Application

**NOTE: A COPY OF THIS APPLICATION MUST BE PROVIDED TO THE EMPLOYER AND CARRIER.**