

CLAIM RETRACTION STATEMENT

1 I _____ RESIDE AT _____
2 _____ MY DATE OF BIRTH IS _____.
3 MY DRIVERS LICENSE NUMBER IS _____. MY SOCIAL SECURITY NUMBER
4 IS _____. I DECLARE UNDER THE PENALTY OF PERJURY THAT THE
5 FOLLOWING IS TRUE AND CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.
6 I AM NOT REPRESENTED BY AN ATTORNEY, IN REGARD TO MY CLAIM FOR
7 INJURIES OCCURRING ON _____ AND CONSISTING OF
8 _____
9 _____. I AM PROVIDING
10 THIS STATEMENT TO _____ OF WALTER JOHNSON &
11 ASSOCIATES, INC., OF MY OWN FREE WILL. I AM EMPLOYED BY
12 _____.
13 I WAS HIRED ON _____. I AM A FULL TIME / PART TIME EMPLOYEE
14 WORKING FROM _____ to _____. I EARN APPROXIMATELY
15 _____ PER _____. MY SUPERVISOR IS _____. I
16 HAVE REVIEWED "The Injured Worker, Rights to Workers' Compensation Benefits and How
17 to Obtain them" WITH _____ OF WALTER JOHNSON & ASSOCIATES,
18 INC., AND ALL THE POTENTIAL BENEFITS OF WORKERS COMPENSATION.
19 SPECIFICALLY: TEMPORARY DISABILITY; PERMANENT DISABILITY; MEDICAL
20 CARE; MEDICAL MILEAGE AND VOCATIONAL REHABILITATION BENEFITS. I **DO**
21 UNDERSTAND THE POTENTIAL BENEFITS AND HAVE DISCUSSED THE BENEFITS
22 WITH _____ OF WALTER JOHNSON & ASSOCIATES. I DECLARE I
23 AM NOT INTERESTED IN PURSUING A CLAIM AGAINST MY EMPLOYER:

1 _____ OR

2 _____ . I UNDERSTAND THAT BY

3 SIGNING THIS DOCUMENT, (1) **I AM RETRACTING MY CLAIM FOR WORKERS**

4 **COMPENSATION BENEFITS (2) NO BENEFITS WILL BE PAID UNDER WORKERS**

5 **COMPENSATION AND (3) A DENIAL LETTER WILL BE ISSUED FOR THE**

6 **RECORD.** I HAVE READ THIS STATEMENT AND DECLARE IT IS TRUE AND

7 CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS SIGNED UNDER

8 THE PENALTY OF PERJURY.

9

10 _____

11 SIGNED

DATED

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