

AGREEMENT TO REDEEM LIABILITY

Michigan Department of Labor and Economic Opportunity
Workers' Disability Compensation Agency
PO Box 30016, Lansing, MI 48909

Plaintiff Name	Social Security Number	Address
Employer		Carrier

The above parties represent as follows:

_____ was an employee of _____

and on or about _____

the employee received an injury arising out of and in the course of his/her employment and that six (6) months has elapsed since the date of injury and that:

(In the above space state fully the following facts: total amount of compensation paid to date, the present disability of the employee, and the reasons for desiring a redemption of liability.)

WHEREFORE, it is agreed to by and between the parties that the Agency may enter an order in this cause providing that the sum of

_____ shall be forthwith paid by the employer/carrier to _____

and that upon such payment the liability of the employer/carrier for the payment of compensation for said injury shall be redeemed in accordance with Sections 418.835, 418.836 and R408.39 of the Workers' Disability Compensation Act.

Dated _____

Employee or dependent(s)

Attorneys for employee or dependent(s)

Employer (if self-insured) or Insurance Company

Attorneys for Employer (if self-insured) or Insurance Company

All Agreements to Redeem Liability must be submitted on forms furnished by the Agency.

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
