

FORM PT-02

Petition for Lump Sum Payment of Benefit Compensation [A.S.C.A. §32.0666]

Instructions: To file a petition before the Commission for lump sum compensation of benefit award, the beneficiary must complete and filed this form with the Commission's Office. Lump sum request will only apply to beneficiaries continually receiving death benefit payments and impairment disability compensation.

<p>1. Name of Person Filing Petition: (First, Middle, Last)</p>	<p>2. Social Security No.:</p>
<p>3. Do you receive workmen's compensation payments?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. How is your benefit payment disbursed?</p> <p style="text-align: right;"><input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>
<p>5. Indicate benefit the beneficiary is currently receiving:</p> <p><input type="checkbox"/> Death Benefit</p> <p><input type="checkbox"/> Permanent Total Disability</p> <p><input type="checkbox"/> Permanent Partial Disability [A.S.W.C.A. §32.0609(b)]</p> <p><input type="checkbox"/> Total Partial Disability [A.S.W.C.A. §32.0611]</p>	<p>6. Total Compensation Payment Receiving:</p> <hr/> <p>7. Name of Insurance Carrier (or Self-Insurer Employer):</p>
<p>8. Describe actual reason(s) why employee or beneficiary is petitioning for a lump sum payment before the Commission. All supporting documentations and records to support claim for a lump-sum must be provided and enclosed with this form.</p>	
<p>9. Contact Information:</p> <p>Mailing Address:</p>	<p>Telephone Mobile No.:</p> <hr/> <p>Email Address (if any):</p>
<p>10. Authorization:</p> <p>X _____ AUTHORIZED SIGNATURE</p> <p>_____ DATE</p>	<p>FILED *** AUTHORIZED OWCC PERSONNEL ONLY ***</p> <hr/> 

FORM DISTRIBUTION:

Original - Commission | Copy - Applicant