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MULTIPLE CARRIER REDEMPTION FORM

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

Plaintiff	Social Security Number

CARRIER 1

Employer
Insurance Company
Date(s) of Injury

CARRIER 2

Employer
Insurance Company
Date(s) of Injury

CARRIER 3

Employer
Insurance Company
Date(s) of Injury

CARRIER 4

Employer
Insurance Company
Date(s) of Injury

	CARRIER 1	CARRIER 2	CARRIER 3	CARRIER 4	**TOTAL**
1. Attorney Fees					
2. Attorney Expenses					
3. Direct Payments (Medical)					
4. Direct Payments (Non-medical)					
5. Plaintiff's Redemption Fee					
6. Balance to Plaintiff					
7. Allocated to Medical (Not included in 3 above)					
8. Total Payment					
9. Cost of Annuity (If applicable)					

Carrier # _____ to remit defendant's statutory redemption fee of $100.00 directly to State of Michigan.

Carrier # _____ to complete the payment of weekly compensation of $ _____ per week through _____.

LEO 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, 418.835; 418.836; 418.837
Completion: Voluntary
Penalty: None