

RELEASE AND SETTLEMENT OF CLAIM COMPUTATION

- 1. Full Amount of Settlement (See Amount on Page 1) \$
- 2. Expenses and Costs of Action (If any) \$
- 3. Expenses and Costs of Action as Percentage of Amount
Of Settlement (Divide Amount in Line 2 By Amount in Line 1)%

EMPLOYER/CARRIER		EMPLOYEE/CLAIMANT	
4. Lien	\$ _____	7. Employee/Claimant's Share (subtract line 4 from line 1)	\$ _____
5. Less: Pro Rata Share of Expenses and Costs of Action (Percent in Line 3) of Amount in Line 4	\$ _____	8. Less: Pro Rata Share of Expenses and Costs of Action (Percent in Line 3) of Amount in Line 7	\$ _____
6. Net Amount Owed	\$ _____	9. Net Amount Due	\$ _____

PROOF

Line 5 – Pro Rata Share-Employer/Carrier	\$ _____
Line 6 – Net Amount Owed-Employer/Carrier	_____
Line 8 – Pro Rata Share-Employee/Claimant	_____
Line 9 – Net Amount Due-Employee/Claimant	_____
Full Amount of Settlement	\$ _____

RELEASE AND SETTLEMENT OF CLAIM

For the Sole Consideration of _____ Dollars (\$ _____), lawful money of the United States to me in hand paid by _____ the receipt of which is hereby acknowledged, I _____ residing at _____ do hereby release, acquit, and forever discharge the said _____

from any and all actions, causes of action, claims and demands, damages, costs, loss of services, expenses, and compensation on account of or in any way growing out of any and all known and unknown personal injuries and property damage resulting or to result from the accident that occurred on or about the _____ day of _____, by reason of _____

and do hereby for myself, my heirs, executor, and administrator, successors and assigns covenant with the said _____

to indemnify and save harmless from all claims and demands, costs, loss of services, expenses, and compensation on account of or in any way growing out of said accident or its result both to person and property, provided however that there shall be deducted from the above sum, pursuant to RSA 281-A:13, an amount of money equivalent to compensation and the costs of medical, hospital or other remedial care already paid or agreed or awarded to be paid by the employer or employer's Insurance carrier _____

under RSA 281-A:13, as amended, said amount being that in Line 4 of Page 2 of this document, _____ Dollars (\$ _____), less the employer's or the employer's insurance carrier's, pro rata share of expenses and costs of action, if any, as determined under RSA 281-A:13, IV, and provided further that such net amount, being that in Line 6 of said Page 2, _____ Dollars (\$ _____), be paid to the employer or the carrier in satisfaction of one or the other's lien. It is expressly understood and agreed that the acceptance of the said amount of _____ Dollars (\$ _____), is in full accord and satisfaction of my claim in this matter.

In Witness Whereof, I have set my hand and seal this _____ day of _____, _____

(Witness) Name _____ (LS)

(Address) Address _____

On this _____ day of _____, _____, before me personally appeared _____

to be known to be the person described herein, and who executed the foregoing instrument, and he/she acknowledged that he/she voluntarily executed the same.

Notary Public

Approval of the Commissioner of Labor granted on this _____ day of _____, _____ Pursuant to par. III, RSA 281-A:13.

Commissioner of Labor