



Carrier's/Self-Insured Employer's Affirmation

Claimant: _____

WCB Case Number(s): _____

Carrier/Self-Insured Employer: _____

I, _____, do hereby affirm under penalty of perjury that I have signed the Section 32 Agreement submitted to the Board for approval in the above-referenced claim on behalf of the carrier/self-insured employer, or its designated third-party administrator, and that the Agreement contains all the terms and conditions agreed to by and between the claimant and the carrier, and that no separate agreements or contracts have been entered into by the parties that are not reflected in the agreement submitted to the Board for approval. I further affirm that the carrier/self-insured employer has not, as a condition to the execution of the Section 32 Agreement, required that claimant enter into a separate agreement, now or in the future, waiving claims or rights that claimant may have in another jurisdiction or forum.

I affirm this ____ day of _____ 20____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Signature: _____ Date: _____

Print Name: _____

The person who signed the Section 32 Agreement on behalf of the carrier/self-insured employer is required to execute this form.