NEW YORK STATE | Workers' Compensation Board

WAIVER AGREEMENT - Section 32 WCL

THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

WCB CASE NO.(S)	DATE(S) OF ACCIDENT	CLAIMANT'S NAME (Please Print)	CLAIMANT'S TELEPHONE (area code)
		CLAIMANT'S ADDRESS (Please Print)	
CARRIER CASE NO.(S)	CARRIER CODE(S)		
EMPLOYER(S) (Please Print)		CARRIER(S) (Please Print)	

☐ TELEPHONE APPEARANCE REQUESTED (if hearing is needed) ☐ MEDICAL REMAINS OPEN

Contact number for telephone hearing (include area code): _____

☐ INTERPRETER NEEDED

Type of Interpreter and Language Needed: _____

Other Parties of Interest (Please indicate if any additional parties are signatories):

☐ Additional Carrier(s) including DB carrier: _____

☐ Uninsured Employer's Fund

☐ Beneficiary in a Death claim

☐ Guardian in a Minor claim

☐ Special Funds

☐ Waiver Agreement Management Office (WAMO)

Section 32 Waiver Agreement Conditions [Please indicate whether the waiver agreement settles all or some of the issues in the claim(s)]:

☐ Settles all issues and matters in the claim(s) identified by the WCB Claim number(s) above

☐ Settles some, but not all, issues and matters in the claim(s) identified by the WCB Claim number(s) above

Liens (Please check the appropriate box and provide the page number where the issue is addressed):

☐ Child Support lien - see page(s): _____ (Supporting document from jurisdiction required)

☐ Disability Benefits lien - see pages(s): _____

Medical (Please check the appropriate box and provide the page number where the issue is addressed):

☐ Medical remains open - see page(s): _____

☐ CMS letter required - see page(s): _____ (Supporting document from CMS required)

☐ WTCHP letter required - see page(s): _____ (Supporting document from WTCHP administrator required)

☐ Outstanding C-8.1 Part B objection(s) - see page(s): _____

Indemnity (Please check the appropriate box and provide the page number where the issue is addressed):

☐ Suspension of continuing payments - see page(s): _____

☐ Reinsurance Agreement - see page(s): _____

☐ Qualified Assignment - see page(s): _____ (Documentation required)

Other:

☐ Pending appeal with the Board is withdrawn - see page(s): _____ ; or if in CIS, Document ID#: _____

☐ List any issues not mentioned in the above list that you would like the Board to consider and indicate the page(s) where the issue is addressed.

THIS AGREEMENT IS PREPARED AND SUBMITTED PURSUANT TO SECTION 32 OF THE WORKERS' COMPENSATION LAW. BY SIGNING BELOW, EACH PARTY TO THE AGREEMENT AFFIRMS THAT (S)HE HAS READ AND UNDERSTANDS ITS PROVISIONS, AND UNDERSTANDS THAT THE AGREEMENT, IF APPROVED BY THE WORKERS' COMPENSATION BOARD, IS CONCLUSIVE, FINAL AND BINDING ON ALL THE PARTIES INVOLVED. IF THE AGREEMENT ALLOWS FOR FUTURE MEDICAL BENEFITS, THE BOARD MAY APPROVE THE AGREEMENT VIA DESK REVIEW. OTHERWISE ALL SIGNATORIES MUST CONSENT TO DESK REVIEW.

THE UNDERSIGNED HEREBY CONSENT OF THEIR OWN FREE WILL TO BE SUBJECT TO THE ABOVE PROVISIONS AND ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

CLAIMANT - PLEASE PRINT	CLAIMANT SIGNATURE (ink only - use blue ink if possible) DATE ☐ CONSENT FOR DESK REVIEW
CARRIER OR SELF-INSURED EMPLOYER - PLEASE PRINT	CARRIER OR SELF-INSURED EMPLOYER SIGNATURE DATE ☐ CONSENT FOR DESK REVIEW
CLAIMANT ATTORNEY, SPECIAL FUNDS OR OTHER - PLEASE PRINT	CLAIMANT ATTORNEY, SPECIAL FUNDS OR OTHER SIGNATURE DATE ☐ CONSENT FOR DESK REVIEW

SEE IMPORTANT INFORMATION ON THE REVERSE

Instructions for Completing the Section 32 Waiver Agreement

In order to expedite the resolution processing of the Section 32 Waiver Agreement, the parties are requested to follow these instructions. Failure to follow these instructions and to provide the necessary accompanying documents may result in the resolution of the Section 32 Agreement being delayed. The statute and regulation pertaining to Section 32 Waiver Agreements (WCL§ 32 and 12 NYCRR 300.36) is available at www.wcb.ny.gov.

1. Form: Submit a legible Form C-32. The terms of the agreement must be in a single separate attachment. If it becomes necessary to modify the agreement, please submit a new amended agreement incorporating the modifications, rather than an addendum. Any Claim included in a Section 32 Waiver Agreement must be assembled and assigned a Case Number by the Board. A copy of the Section 32 Waiver Agreement must be submitted for each claim included in the agreement.

2. Page Numbers: Number the pages of the document as follows: Page 1 of 4, Page 2 of 4, etc. (Do not include instructions or blank pages in your submission).

3. Signatories: Have all parties in interest, including the guardian for minor claimants if any, sign and date Form C-32 and the final page of the Section 32 Waiver Agreement prior to submission. Special Funds or the Waiver Agreement Management Office (WAMO) must also be a signatory and date Form C-32 if WCL §§ 14(6) or 15(8) have been found applicable to the case(s). Special Funds must sign and date Form C-32 if 25-a has been found applicable to the case(s). If a disability benefits lien is addressed in the Section 32 Waiver Agreement, then the Disability Benefits Carrier must sign.

4. Necessary Provisions: Address the resolution of these issue(s) if any have been raised or are still pending before the Board at the time of the agreement:

- disputed medical bills (Form C-8.1B)
- tentative rates
- periods held in abeyance
- *when* continuing payments will stop
- wage expectancy of a minor
- outstanding requests for attorney's fees (OC-400.1's)
- responsibility for future medical treatment
- disability benefits lien

5. Language to Avoid: Do not include references to:

- a claim(s) being “disallowed” or “disallowed” by stipulation
- an unassembled claim(s) that has (have) not been assigned a Case Number by the Board
- a waiver of the ten day withdrawal period
- identifiable confidential information pertaining to an individual not a party to the agreement
- when the agreement becomes binding

The Board will not approve any agreement which provides that a claim is "disallowed" by stipulation of the parties because such language implies a finding by the Board, which is not the case. If a claim has not yet been established, the agreement may indicate that the claim is being "withdrawn" by the claimant.

6. Pending Appeals: If there is a pending Appeal for a case included in a Section 32 Waiver Agreement, the agreement must indicate that the appeal is withdrawn or resolved. The Board will not approve Section 32 Waiver Agreements for claims that have an unresolved pending Appeal.

7. Annuity: If the agreement references future payments based upon the purchase of an annuity contract, provide a summary specifying all of the following: that the annuity be purchased from a life insurance carrier rated “A” or better by A.M. Best or Standard & Poor, the total amount payable pursuant to the annuity, cost [present value] of the annuity, schedule of payments to be made, provision if claimant dies before the final payout, and a statement that to the extent they conflict, the terms of the agreement are controlling over the terms of the annuity contract. It is not necessary to provide the annuity contract.

8. Child Support Lien: If the claimant has an outstanding Child Support Lien, the Section 32 Waiver Agreement must provide for payment in full. Documentation no less than 30 days old from the appropriate Support Collection Agency detailing the current lien amount must be submitted. Prior to approving any Section 32 Agreement, the Board will conduct a search for any outstanding child support obligations.

9. World Trade Center Health Program (WTCHP) Review and Approval of the Section 32 Waiver Agreements: Applies to all parties to any settlement of WTC-related workers' compensation claims that have been accepted into the WTCHP. Settlements falling above $10,000 are required to protect the interests of the WTCHP in the settlement and to set aside adequate monies to cover future medical services. The Board will enforce the WTCHP policy by requiring all Section 32 Waiver Agreements involving WTCHP recipients to address future payments to the WTCHP. A letter of approval from the Administrator of the WTCHP, the National Institute for Occupational Safety and Health (NIOSH), is required before the Section 32 Waiver Agreement will be approved by the Board.

10. Other Necessary Documents: Submit along with Form C-32, the following documents. Be sure to reference on the documents the WCB Case Number for each claim included in the Section 32 Waiver Agreement:

- a signed and notarized Form C-32.1, Claimant Release
- a completed Form OC-400.1 if an attorney fee of over $1000 is requested
- a letter from CMS, if the agreement references CMS's approval of a specified Medicare set-aside
- current evidence that the life insurance carrier providing the annuity is rated A or better by A.M. Best or Standard & Poor, if the agreement references an annuity
- a copy of the guarantee letter from the life insurer backing the assignee, if the agreement references a qualified assignment
- document(s) identifying the proper beneficiaries, if the agreement pertains to benefits payable upon the death of the claimant
- letter of approval from the Administrator of the WTCHP, the National Institute for Occupational Safety and Health (NIOSH), if the agreement is for a claim accepted into the World Trade Center Health Program (WTCHP)