



Section 32 - Electronic Signature

State of New York - Workers' Compensation Board

The insurance carrier, self-insured employer or third-party administrator:

(legal name of entity) _____
with its principal place of business located at the address indicated on the letterhead above and identified by the Workers' Compensation Board in its system using the following identifier (W or other number) _____ has signed the attached Section 32 Agreement using an electronic signature process that meets the requirements set forth in the New York State Electronic Signatures and Records Act (ESRA) and its accompanying regulations (9 NYCRR Part 540).

Section 32 Agreement:

Claimant Name: _____

WCB Case Number(s): _____

Date(s) of Accident: _____

Specifically the Section 32 Agreement has been signed using:

(describe method eg. DocuSign or Adobe Sign) _____

The undersigned affirms the foregoing and his or her authority to bind the insurance carrier or self-insured employer to Section 32 Agreements electronically signed using the identified electronic signature.

Signed by:

Signature: _____

Print Name: _____

Title: _____

Email: _____

Phone Number: _____

Date: _____