

MULTIPLE CARRIER REDEMPTION FORM
 Michigan Department of Labor & Economic Growth
 Workers' Compensation Agency/Board of Magistrates
 PO Box 30016, Lansing, MI 48909

Plaintiff	Social Security Number
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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 _____.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.	Authority: Workers' Disability Compensation Act, 418.835; 418.836; 418.837 Completion: Voluntary Penalty: None
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