

# REDEMPTION ORDER

Personal Service       Mailed

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

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ Magistrate (please print)

Plaintiff Name	Full Social Security Number	Address
Defendant(s)	Carrier(s)	

**If more than one defendant/carrier, also complete and attach Multiple Carrier Redemption Form WC-113A**

The agreement to redeem the defendant's entire<sup>1</sup> workers' compensation liability for injuries sustained by the plaintiff on \_\_\_\_\_ has been considered by a Magistrate. **IT IS ORDERED** that this agreement to redeem the defendant's entire<sup>1</sup> liability for workers' disability compensation benefits by the payment of \$ \_\_\_\_\_ is  **APPROVED**  **DENIED**.  
<sup>1</sup>Medical left open \_\_\_\_\_ (only if initialed by Magistrate)

**IT IS FURTHER ORDERED** that the above sum be paid as follows:

AMOUNT	PAYABLE TO / FOR	
ATTORNEY		
\$	Federal ID #	Fees \$
		Expenses \$
MEDICAL PAYMENTS (include Federal ID#)		
\$		
\$		
\$		
\$		
OTHER PAYMENTS		
\$		
\$		
\$	100.00	State of Michigan for statutory redemption fee
PLAINTIFF		
\$	Cost of annuity, if applicable	
\$	Balance directly to plaintiff	

**IT IS FURTHER ORDERED** that defendant remit defendant's statutory redemption fee of \$100.00 directly to the State of Michigan.<sup>2</sup>

Do not write in this area.

**IT IS FURTHER ORDERED** that defendant shall also continue the payment of weekly compensation of \$ \_\_\_\_\_ per week through \_\_\_\_\_.

<b>Social Security Administration Information</b>	
The worker is currently age _____	and has a remaining life expectancy of _____ years.
The net payment of \$ _____	is allocated at the rate of \$ _____ per month.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ County of \_\_\_\_\_. Magistrate \_\_\_\_\_

If a request by any of the parties for review by the director, or notice of review on the director's own motion, is not filed with the Agency within 15 days from personal service, or if mailed, the mailing date of this order, it shall stand as the final decision of the Workers' Compensation Agency. <sup>2</sup> **Payment of benefits pursuant to this order and redemption fees are due upon expiration of the appeal period.** Denial of this agreement does not discharge the liability for redemption fees. Send one copy of this order with your payment. Checks are to be made payable to the State of Michigan and mailed to WCA Redemption Fees, PO Box 30646, Lansing, Michigan 48909.

Do not write in this area.

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. Authority: Workers' Disability Compensation Act 418.835; 418.836; 418.837 Completion: Voluntary; Penalty: None
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