

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 entire¹ 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 entire¹ liability for workers' disability compensation benefits by the payment of \$ _____ is **APPROVED** **DENIED**.
¹Medical 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.²

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

Do not write in this area.

Social Security Administration Information	
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. ² **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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