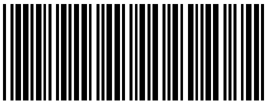
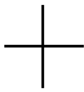
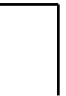



STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD



APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS

Case Number 1 ______________________

Case Number 2 ______________________

Case Number 3 ______________________

Case Number 4 ______________________

Case Number 5 ______________________

Injured Worker

First Name ______________________ MI ________

Last Name ______________________

VS

Employer Name ______________________

Insurance Carrier Name ______________________

Third Party Administrator ______________________

APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS

1. Applicant ______________________ , born on ____________ MM/DD/YYYY

was injured on ____________ MM/DD/YYYY , as a ______________________ at

______________________ California, with earnings of $ ____________ per ____________

Applicant sustained injury arising out of and occurring in the course of his/her employment resulting in permanent and partial disability affecting the following parts of the body:

____

The permanent disability, when considered alone and without regard to or adjustment for the applicant's occupation or

age is equal to ________ percent or more of total disability.

2. Immediately prior to the injury, applicant was permanently disabled in the following respects

____

The pre-existing disabilities occurred as a result of:

____

3. Applicant has previously filed a workers' compensation claim with the Workers' Compensation Appeals Board

Case Number ______________________________

4. Applicant filed for Social Security Disability benefits on ______________________________

and is receiving $ ____________________ per month. Applicant's Social Security Number is ____________________

WHEREFORE, applicant requests benefits as provided by law

Attorney for Applicant Signature ______________________________

Applicant Signature ______________________________

____
Street Address/PO Box (Please leave blank spaces between numbers, names or words)

______________________________ ________ ______________
City State Zip Code