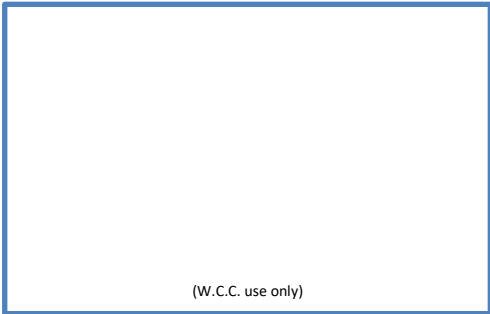




Mashantucket Pequot Tribal Nation
 Workers' Compensation Commission
 P.O. Box 3060
 Mashantucket, CT 06338-3060
 Phone (860)396-2424 Fax (860)396-2060
 MPTNWCC@mptn-nsn.gov



(W.C.C. use only)

Filing Status & Exemption Form

This form must be executed in every case of compensable disability for injuries occurring ON OR AFTER July 1, 1997 and must be completed in its entirety.

Injured Worker Information

Name: _____

Address: _____

City/Town State Zip Code

Date of Injury: _____ Claim #: _____

Month Day Year

Filing Status and Exemptions

In order to determine your weekly benefit rate the following information is needed:

1.) Select your Federal tax filing status based upon your ACTUAL filing status as of the date of injury indicated above.

- Single Head of Household
 Married filing jointly Married filing separately

2.) Check all appropriate boxes:

- Employee 65 yrs. of age or older Employee legally blind
 Spouse 65 yrs. of age or older Spouse legally blind

3.) FICA withheld for the above-named employee? Yes No (If NO, Insurer must manually calculate weekly benefits rate.)

Concurrent Employment

At the time of our injury were you employed by anyone in addition to MPGE or MPTN? Yes No

If YES, to be certain you receive all the benefits to which you are entitled please provide the following information for other employer on the date of injury indicated above:

Name of Employer	Address	Date of Hire
_____	_____	_____
		Month Day Year

NOTE: Wage Information for each concurrent employer must be supplied by the claimant.

Signature of Injured Worker or Representative

WARNING: Any person who intentionally misrepresents or fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Employee's Signature _____ Date _____

Month Day Year