

SECOND INJURY FUND SWORN STATEMENT OF EMPLOYER

Pursuant to N.H. RSA 281-A:54, III and N.H. Admin. Rule Lab 506.04(d)(1), I, the undersigned,

(Name) , of (Company)

under the penalties of perjury, attest that the attached documents are true copies of the records of said company regarding (employee's name)

I further attest that these attached records pre-date the date of the work-related injury that is the basis for reimbursement by the Second Injury Fund.

Employer's Signature

Date

I hereby certify that _____ appeared before me on this _____ day of _____ in the year _____ and attested, under penalty of perjury, that the attached record(s) are true copies of the employer's records.

By (Notary Public)