

APPLICATION FOR THE USE OF THE SECOND INJURY FUND

This application **must** be filed within 100 weeks from the date of a subsequent injury to a permanently impaired employee (RSA 281-A:54, V)

Employee Name

Date of Injury/Claim #

Employer Name

Date of Subsequent Disability

Employer's Insurance Carrier

Appeal of CNA Disability Date

Mailing Address

Telephone Number

I, the undersigned, _____
Name Company

give due notice of the above referenced possible claim against the Second Injury Fund. I hereby apply for the use of the Fund under the provisions of Section A:54 of RSA 281 and Section Lab 506.04 of the New Hampshire Code of Administrative Rules. I acknowledge that all reimbursable benefits payable under RSA 281 shall be paid direct and without regard to reimbursement. I further acknowledge that eligibility for reimbursement of such payments from the Second Injury Fund shall be subject to the proper filing of medical evidence and proof of employer knowledge as detailed in Section Lab 506.04.

Date

Signature