

STIPULATION TO ELIGIBILITY FOR INJURIES OCCURRING ON OR AFTER NOVEMBER 7, 2005

INSTRUCTIONS: If you want to stipulate to eligibility carefully read this form, complete all the boxes, sign the form in front of a notary, and have it notarized. Then mail/deliver it to the Reemployment Benefits Section at the address above.

AWCB Case No.	Date of Injury
Employee's Name (Last, First, Middle Initial)	Insurer/Adjusting Company
Address	Address
City State Zip Code Telephone	City State Zip Code Telephone

The parties hereby stipulate the employee is eligible for reemployment benefits as provided in AS 23.30.041(c) and 8 AAC 45.505.

Dated this ____ day of ____, ____.

Dated this ____ day of ____, ____.

Employee Signature

Employer/Insurer Signature

Attorney Signature if Represented
 SUBSCRIBED and SWORN to before me this
 ____ day of ____, ____.

Attorney Signature if Represented
 SUBSCRIBED and SWORN to before me this ____
 day of ____, ____.

 Notary Public in and for ____

 Notary Public in and for ____

My Commission Expires: ____

My Commission Expires: ____