

REQUEST TO WITHDRAW INDUSTRIAL CLAIM FOR BENEFIT

CLAIMANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

I hereby request to withdraw any claim for Workers' Compensation benefits as a result of a work related injury claim filed on \_\_\_\_\_, and alleging to have occurred on/about \_\_\_\_\_, and claiming the following injuries:

By requesting this claim be dismissed, I agree to hold \_\_\_\_\_ harmless from any liability related to this claim.

I hereby swear under penalty of perjury of the laws of the State of California that this waiver is of my request and no threats or promises have been made to induce me to sign this waiver. The facts outlined are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, California.

Witness: \_\_\_\_\_