

WORKERS' COMPENSATION COMMISSION
10 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-1641



STIPULATION FOR ADVANCEMENT

Instructions: This form is to be used only to *document* an advance *agreed* upon by all parties.

Claimant

WCC Claim Number

Social Security Number:

Employer

Insurer

STIPULATION FOR ADVANCE

It is hereby stipulated between the parties that the Employer/Insurer will advance the Claimant the sum of \$ _____ to be credited against any future compensation benefits.

Employer/Insurer (Signature)

Printed Name

Date

Attorney for Claimant (Signature)

Printed Name

Date

Claimant Signature

Date

The above agreement is approved by the Workers' Compensation Commission this _____ day of _____, 20____.

Commissioner