COLORADO DEPARTMENT OF LABOR & EMPLOYMENT
Division of Workers' Compensation
633 17th Street, Suite 400
Denver, CO 80202

Voluntary Abandonment of Claim

Claimant Name: _____ Workers' Compensation No. _____
Date of Injury: _____ Carrier Claim No. _____
Insurance Carrier: _____ Employer: _____

I am voluntarily abandoning all future entitlements to the above captioned workers' compensation claim by completing this form.

- **I understand that by completing this form** I am waiving any future benefits to which I may be entitled, including :
  - Payment for time lost from work, and;
  - Payment for any permanent impairment, and;
  - Payment for disfigurement.
- **I understand that by completing this form** I am waiving entitlement to any current and future medical benefits, including reimbursement of mileage to and from related medical treatment.
- **I understand** that I may request that this claim be reopened, but only within a limited time, and only for limited reasons, including a change in medical condition. If the insurance company or the employer objects to my request to reopen, the issue will be decided by a judge at a hearing.
- **I understand** that a Final Admission of Liability will be filed and my claim will be closed if I do not object to the Final Admission of Liability.

I have not been offered anything of value in exchange for waiving these rights and for completing this form.

_____ _____ _____
Signature of Claimant Print Name Date

For use by a language interpreter, if necessary: I, _____ (print name of interpreter) affirm that on this _____ day of _____ , _____ , I read this document in its entirety to the individual whose name appears above in that person's native language, and that the person indicated an understanding of each and every provision contained on this form. _____ (Signature)

For use by insurer:

I certify and affirm that neither I nor those I am acting for have offered anything of value in exchange for the claimant's abandonment of this claim.

_____ _____ _____
Signature of Claims Representative Print Name Date