

# Application for Lump Sum - External

## Quick Start Guide

The H-10 Application for Lump Sum form has been transformed into an intuitive electronic form that automatically populates many fields previously entered by hand.



Application for Lump Sum > Submit Lump Sum Request

Instructions: This form is to be used ONLY for requesting a lump sum payment from a permanent disability award.

▼ Lump Sum Request

Claim Number: W401715      Claimant Name: Carlos Medina

▼ Employer & Insurer

Employer	Insurer
STARMARK HOLDINGS LLC	NON-INSURED EMPLOYER
STARMARK HOLDINGS LLC	UNINSURED EMPLOYERS FUND

Age: 42 Years, 12 Months      Marital Status: Married      # of Dependents:

Are you working?  Yes  No

How much do you want in a lump sum?       Accident/Occupational Disease Date: 05/02/2022

Reason for Lump Sum (Complete & detailed explanation)

NOTE: All bills, papers, etc. in support of this request must be attached to this application before it can be considered for approval by the Commission.

Please click + icon below to add new supporting document(s)

All attachments should be converted to PDF format before uploading

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

▼ Attachments

+  
No records

▼ Consent/Objection

<input type="checkbox"/> Employer/Insurer Consents to the Lump Sum	<input type="checkbox"/> SIF Consents to the Lump Sum
<input type="checkbox"/> Employer/Insurer Objects: Please Set for Hearing	<input type="checkbox"/> SIF Objects: Please Set for Hearing
<input type="checkbox"/> UEF Consents to the Lump Sum	<input type="checkbox"/> UEF Objects: Please Set for Hearing

▼ Requester Address

Requested By: Alice Baker	Requested Date: 01/25/2023
Role: Claimant Attorney	
Street Address: 1 FRANKLIN PKWY	Telephone: 410-555-1111
City: SAN MATEO	State: CA - CALIFORNIA
	Zip Code: 94403-1906


▼ CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on January 25, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

1 Review the top of the "Lump Sum Request" section of the form. It is pre-populated with basic Claim Information, at this point you can edit your Marital Status and # of Dependents.

2 Enter the requested amount in the Lump Sum Tab. Provide a complete explanation justifying the amount in the textbox. Attach ALL supporting documentation using the "Attachments" table.

 The checkboxes in the "Consent/Objection" section serve the same purpose as the original electronic form, the main difference being that CompHub will handle processing objections and routing them to the proper staff in the Commission. The requesting party may select the proper checkbox to ensure the processing of the Case.

3 Review the "Requester Address" section for accuracy

4 Don't forget to Sign & Certify your submission!