



Workers Compensation Declination

AFFIDAVIT OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

STATE OF TEXAS

BEFORE ME, the undersigned authority, personally appeared

\_\_\_\_\_, who being by me duly sworn, deposed and said as follows:

My name is \_\_\_\_\_. I am over the age of eighteen years, of sound mind, and capable of making this affidavit. I am personally acquainted with the facts stated herein and they are true and correct.

On \_\_\_\_\_ date, I was injured. I have been fully informed of my legal rights and I am aware that I am entitled to workers' compensation benefits which include income benefits and medical benefits as long as the treatment is reasonable and necessary for my compensable injury.

I am making a conscious and voluntary decision and elect not to accept workers' compensation benefits. I make this voluntary election knowing that I am responsible for medical treatment of my injury and I will not receive any income benefits that are available to me under workers' compensation. I have received nothing in value in exchange for my conscious and voluntary decision not to take workers' compensation benefits. I make this affidavit of my own free will.

\_\_\_\_\_  
AFFIANT

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, **2024** to certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
Please route completed forms to the FISD Risk Management Department.  
Fax: 469-633-6325 or Email: [workerscomp@friscoisd.org](mailto:workerscomp@friscoisd.org)