



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 _____, 2021 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