State of Rhode Island, Department of Labor and Training, Workers' Compensation Unit
P.O. Box 20190, Cranston, RI 02920-0942
Phone (401) 462-8100 TDD 462-8006

RESCIND NOTICE OF CLAIM OF COMMON LAW RIGHTS
PURSUANT TO R.I.G.L. §28-29-19

I,

Name _____ Soc. Sec. No. _____

Address _____ Date of Birth _____

_____

_____

an employee, or former employee of the following business,

Name _____ DBA _____

Address _____ FEIN _____

_____

do hereby give notice in writing that I rescind my claim to right of action at common law to recover damages for personal injuries sustained while in the employment of the aforementioned employer. I understand that by rescinding this claim, I waive my right of action at common law to recover damages for personal injuries, and I may be eligible for workers' compensation benefits pursuant to Title 28, Chapter 29, of the R.I. Workers' Compensation law.

Under penalties of perjury I declare that I have examined this form and to the best of my knowledge it is true, correct and complete. I further acknowledge that false statements on the within document may subject me to criminal prosecution.

Signature _____ Notary Public Signature _____

Date _____ Date Commission Expires _____

A filing fee of five dollars ($50.00) is required with the submission of this form. Please enclose a check or money order payable to Rhode Island Department of Labor and Training. The employer should retain a copy of this form and send an original to the Department of Labor and Training. The employee and employer will receive a confirmation of the filing from the Department of Labor and Training.