



WORKERS' COMPENSATION SUBSEQUENT INJURY FUND

The information you provide on this form does not affect your employment or benefits with Montana State University Billings.

The Subsequent Injury Fund was established by the Workers' Compensation Act to assist individuals with disabilities to obtain employment by offering a financial incentive to employers who hire certified workers.

Have you been certified for the Workers' Compensation Subsequent Injury Fund?

- No
If no, proceed to next question.
- Yes
If yes, in which state? _____
If yes, please include a copy of your card identifying you as certified by the Subsequent Injury Fund with this completed form.

Do you have any permanent medical restrictions which may or may not be work related?

- No
If no, sign below and return this form.
- Yes
If yes, would you like assistance on becoming certified?
 Yes No

Name (please print): _____

Employing Department: _____ **MSUB Start Date:** _____

Employee Signature: _____ **Date:** _____