

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS

<i>Claimant</i>
v.
<i>Employer</i>
<i>Insurance Carrier</i>

OWCP Case No. _____

**APPROVAL OF COMPROMISE OF THIRD
PERSON CAUSE OF ACTION**

*The above named employer and its insurance carrier, having liability for disability/death benefits under the _____
Act in the above captioned case, and being advised that the claimant or representative above named has
compromised the cause of action against _____
third person(s), which rose out of the injury/death on _____
in the case, in the gross amount of \$ _____, and the net amount of \$ _____
dated _____ herewith approves said compromise on the date shown below, pursuant to the
provisions of Sec. 33(g) of the Longshoremen's and Harbor Workers' Compensation Act, 33 U.S.C 933(g).*

Employer _____

By _____

Title _____

Date _____

Insurance Carrier _____

By _____

Title _____

Date _____

Claimant Name _____

By _____

Title _____

Date _____

Filed on _____ *in the office of the Deputy Commissioner for the* _____ *Compensation*
District

Date _____ *Deputy Commissioner* _____

This form, or a signed statement in lieu thereof containing language of the same intent, must be filed in the office of the District Director having jurisdiction of the subject injury or death within 30 days after compromise is made in order to insure that *the employer shall be liable for compensation* as provided in section 33.