BAR OF CLAIMS

In accordance with Rhode Island General Laws, any future Worker's Compensation claim **will not be approved** within the first two years of your employment with the State should you willfully provide false information or intentionally fail to disclose your Worker's Compensation history. This false or withheld information must be directly related to the personal injury, which is the basis of your new Worker's Compensation claim.

Rhode Island State Law

28-35-57.1 **BAR OF CLAIMS.** - An employee's claim for compensation from an employer under Chapters 29 to 38, inclusive of this title, shall be barred from the date the employee commences employment for a period of two (2) years in the event said employee has willfully provided false information as to his or her ability to perform the essential functions of the job, with or without reasonable accommodation, on an employment application requesting that information, if the information is directly related to personal injury which is the basis of the new claim for compensation. This section shall not apply unless the employment application advises the employee of the substance of this section. Nothing herein shall exempt any employer from or excuse full compliance with any applicable provisions of the Americans with Disabilities Act and Chapters 42 to 87 (**Discrimination Against the Handicapped**) of the general laws.

PLEASE ANSWER THE FOLLOWING
ONLY AFTER YOU HAVE RECEIVED A CONDITIONAL OFFER OF EMPLOYMENT

1. **HAVE YOU EVER RECEIVED WORKER'S COMPENSATION PAYMENTS?** _____YES _____NO

    If "YES" list date, injury and employer for **each occurance**: (Use back of form for further notations)

    A. _____
        Date of Injury   *Describe Injury*   *Employer*

    B. _____
        Date of Injury   *Describe Injury*   *Employer*

    C. _____
        Date of Injury   *Describe Injury*   *Employer*

I ACKNOWLEDGE THAT I HAVE RECEIVED A CONDITIONAL OFFER OF EMPLOYMENT. IN ADDITION I HAVE READ AND UNDERSTAND THE ABOVE SECTION OF THE RHODE ISLAND WORKER'S COMPENSATION ACT. I FURTHER UNDERSTAND THAT AN INVESTIGATION DISCLOSE MISREPRE-SENTATION AND/OR FALSIFICATION, MY CONDITIONAL OFFER OF EMPLOYEMNT MAY BE RECINDED OR, SHOULD I BECOME EMPLOYED, MY SERVICE MAY BE TERMINATED.

_____   _____
Employee Signature   Agency Signature

_____   _____
Date   Date