

EMPLOYER'S KNOWLEDGE AFFIDAVIT

On _____, I _____, the _____

(Date of first knowledge)

(Name)

(Title)

for _____, learned that _____ SSN _____

(Employer)

(Employee)

had _____. I received this information in the

(Type of prior impairment)

following manner: _____

I considered it a permanent physical impairment because: _____

In addition, I considered the impairment likely to be a hindrance to employment because: _____

If this affidavit is prepared by someone other than the appropriate employer representative, please identify:

Name

NOTICE TO EMPLOYER:

If this document is pre-prepared and submitted to you for signature, carefully review this document to make sure the Information outlined is consistent with your knowledge of the prior impairment.

I, the undersigned employer representative, hereby provide the above information under oath.

Employer Representative

Title

Notary Public

Telephone No.: _____

Expiration date: _____

Date: _____

IF YOU HAVE A DISABILITY AND NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE SUBSEQUENT INJURY TRUST FUND'S ADA COORDINATOR AT MARQUIS II TOWER, SUITE 1250, 285 PEACHTREE CENTER AVE, ATLANTA, GA 30303, TELEPHONE NO. (404) 656-7000; FAX NO. (404) 656-7100; TDD NO. (404) 656-7162

WEBSITE: www.sitf.georgia.gov
IMPORTANT : See Reverse Side for Instructions

INSTRUCTIONS

1. The affiant must be someone who has firsthand knowledge of the worker's pre-existing condition such as an individual in an executive, personnel, or personnel-advisory capacity, or, if an employer is subject to the Americans With Disabilities Act, the designated custodian of (medical) records.
2. Attach any documentation or records that were in the employer's possession prior to the subsequent injury. If you attach documents, these must be accompanied by certification on employer's letterhead that said documents were contained in employer's files.
Any reports specifically referred to in the affidavit must be attached and certified.
3. The employer should identify the actual date of knowledge of the prior impairment.
4. The employer, if possible, should list any individuals either currently or formerly working for the employer who may have firsthand knowledge of the employee's pre-existing disability.

a. _____ Name	_____ Address	_____ Telephone No.
b. _____ Name	_____ Address	_____ Telephone No.
c. _____ Name	_____ Address	_____ Telephone No.