



Mashpee Wampanoag Tribe
483 Great Neck Rd So. Mashpee, MA 02649
Phone (508) 477-0208 * Fax (508) 477-1218

**TRIBAL COUNCIL RESOLUTION
2023-RES-078**

APPROVAL OF CONSENT OF EMPLOYER TO LUMP SETTLEMENT AGREEMENT

WHEREAS, the Mashpee Wampanoag Tribe (“Tribe”), is a federally recognized Indian Tribe with duly-enacted Constitution and the governing body of the Tribe is known as the Mashpee Wampanoag Tribal Council (“Tribal Council”); and

WHEREAS, the Tribal Council, deems it essential under Article VI, § 2.A of the Mashpee Wampanoag Tribal Constitution (“Constitution”) to promote and protect the health, peace, morals, education, political integrity, economic security and general welfare of the Tribe and members of the Tribe; and

WHEREAS, Pursuant to Article VI, § 2 of the Constitution, the Tribal Council is empowered to exercise certain powers, including the power to promote and protect the economic security and general welfare of the Tribe and its members, and the power to negotiate and enter into contracts with other governments and with private persons and corporate entities; and

WHEREAS, the Tribal Council is aware of an incident involving a Tribal employee that resulted in injuries and a subsequent worker’s comp claim filed with by the employee/claimant (the “Claim”); and

WHEREAS, the Tribe’s insurer, Liberty Mutual, has handled the worker’s comp claim and paid out benefits to the employee/claimant as required under applicable state law since its submission; and

WHEREAS, Liberty Mutual has now negotiated a settlement with the claimant for the related injuries as an alternative to the pay out of weekly benefits for the employee/claimant’s lifetime; and

WHEREAS, Liberty Mutual has submitted to the Tribe a copy of Massachusetts Form 117 - “Agreement for Redeeming Liability by Lump Sum Under G.L. Ch. 52 for Injuries Occurring on or after November 1, 1986”, for its records; and

WHEREAS, Liberty Mutual has submitted to the Tribe for review and approval Massachusetts Form 16A - "Consent of Employer to Lump Settlement" as required under applicable law (the "Consent"); and

WHEREAS, Tribal Council desires to consent to payment of the lump sum settlement and authorization for the Chairman, or in his absence other Tribal Council Officer, to execute and submit the Consent.

NOW, THEREFORE, BE IT RESOLVED, that the Tribal Council hereby approves and authorizes the execution of the Consent of Employer to Lump Settlement and submittal to Liberty Mutual in compliance with state requirements.

BE IT FINALLY RESOLVED, that the Tribal Council hereby authorizes the Tribal Chairman, or in his absence, other Tribal Council Officer, the requisite authority and power for and on behalf of the Tribe to take such further action necessary to effect the purposes of this Resolution.

Effective immediately and until revoked or modified by the Tribal Council, pursuant to the authority vested in the Tribal Council pursuant to Article VI, Sections 2.A. and D. of the Constitution of the Mashpee Wampanoag Tribe.

All resolutions or parts of resolutions inconsistent with this resolution are repealed. This resolution is effective immediately and shall continue pursuant to the authority vested in the Tribal Council pursuant to Article VI, §§ 2.A. and D. of the Constitution.

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CERTIFICATION

We, the undersigned duly elected Chairman and Secretary of the Tribal Council do hereby certify that the above Resolution was duly adopted on July 12, 2023 by the Mashpee Wampanoag Tribal Council which is composed of **13** members, of whom **13** constituting a quorum, were present at an regular meeting duly called, noticed, convened, and held on July 12, 2023, and that the foregoing Resolution was duly adopted by the affirmative vote of **12** members, with **0** opposing, and with **0** not voting and that said Resolution has not been rescinded or amended in any way.

Dated this 12th date of July, 2023



Brian Weeden, Chairman
Mashpee Wampanoag Tribal Council

ATTEST:



Cassie Jackson, Secretary
Mashpee Wampanoag Tribal Council

EXHIBIT A

**CONSENT OF EMPLOYER TO LUMP SETTLEMENT
(REDACTED)**

FORM 116A



The Commonwealth of Massachusetts
Department of Industrial Accidents - Department 116A
600 Washington Street - 7th Floor, Boston, Massachusetts 02111
Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
<http://www.mass.gov/dia>

DIA Board #
(If Known):

CONSENT OF EMPLOYER
TO LUMP SUM SETTLEMENT

I, Brian Weeden, sole proprietor/partner/corporate officer of
MASHPEE WAMPANOAG INDIAN TRIB

(business name)

located at 483 GREAT NECK ROAD S

(address)

MASHPEE, MA

(city)

(state)

and experience-modified insured of Liberty Mutual Insurance Company

(workers' comp. insurance carrier)

hereby consent to payment of a lump sum settlement in the gross amount of
\$ in workers' compensation in the
case of . The terms of such settlement are
more fully set forth in the attached lump sum agreement.

Signed this 12th day of JULY, 2023,
pursuant to the provisions of Section 48 of Chapter 152 of the General Laws
of Massachusetts as most recently amended by Section 74 of Chapter 398 of
the Acts of 1991.

(signature)