

**BEFORE THE DEPARTMENT OF LABOR & INDUSTRY**  
Employment Relations Division  
P. O. Box 8011  
Helena, Montana 59604-8011

**PETITION FOR ADVANCE**

PERMANENT PARTIAL DISABILITY

PERMANENT TOTAL DISABILITY

**Claimant**

**Insurer's Claim #:**

**Employer**

**ACN Claim #:**

**Insurer**

The claimant suffered an injury arising from a work-related accident or an occupational disease occurring on \_\_\_\_\_ . The insurer accepted liability for the claim.

The claimant and insurer have agreed to a lump sum advance in the amount of:  
(\$ \_\_\_\_\_ ).

The purpose of this lump sum advance is for:

**The claimant understands** the insurer may recoup this lump sum advance from any future benefits on a biweekly basis amortized at the current rate as established by the Department of Labor & Industry and/or recoup it from any award or settlement received in the future.

**Recoupment Provisions:**

\_\_\_\_\_  
**Claimant's Signature**

\_\_\_\_\_  
**Witness Signature**

**Address**

**Date Signed**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

The \_\_\_\_\_ concurs and joins in the Petition for Advance.

**Claimant's Attorney:**

**Insurer Authorized Representative**

**Date**

**Fee: \$** \_\_\_\_\_  
(Do not include costs)

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## Order

The Department of Labor & Industry hereby orders that the above advance is approved. Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Authorized Department Representative**

**Department Settlement Requirements from Adjusters and/or Attorneys**

***Lump Sum Advances and Lump Sum Impairment Awards***  
***(Pre 7/1/05 only)***

**Impairment Awards:**

- Adjuster letter to claimant advising of entitlement and outlining award calculation
- Claimant's *signed* written request for lump sum payment
- If the adjuster letter to claimant advising of impairment entitlement does not include the date of the medical report issuing the impairment, we will need a copy of the impairment rating report.

**Lump Sum Advances**

- Advance petition
- Claimant name
- Insurer name
- Employer Name
- Claim number
- Original claimant signature and address
- Original witness signature
- Original Authorized Representative signature
- Agency Claim Number – Adjusters have access to this number on the EPC system
- Date of injury
- Dollar amount of advance
- What the advance will be used for
- Recoupment language
- Attorney fees, if applicable