Instructions: Recap Sheet

Note: **SECTIONS 1, 4, 5, & 6 ARE MANDATORY FOR ALL SETTLEMENTS**

1. Claimant – please spell correctly
D/A or OD: List date of injury or if an occupational disease, date used by insurer as the onset date of the OD. List the dates of all claims being settled.
Claim #: Use Insurer's claim number. List all claim #'s being settled.
ACN#: Use Department's Agency Claim Number (ACN#). List all claims numbers being settled.

2. This section is to document financial sustainment per Administrative Rule of Montana 24.29.1201 ARM (for Dates of Accident from 4/15/85 to 6/30/87 see 1201-1204 ARM).
Pre and post lump sum income should reflect the monthly income from all sources. Pre and post lump sum expenses should reflect the claimant's monthly expenses.
For **Permanent Total Petitions** (all dates of injury) must show claimant would be better off with lump sum payment. If eliminating debts provide documentation per 24.29.1202 ARM.
Social Security Offset: Provide the offset being applied to the Total Rate on Permanent Total Disability cases.

3. Section 39-71-703 MCA Entitlement

4. Settlement Information: This section is to be filled out for all dates of injury.
Provide the date the claimant reaches MMI, or is provided an impairment rating or for Occupational Diseases is released to return to work
Provide the dollar amount of the settlement or lump sum advance.
Indicate on the petition if present value discount is being taken.
Indicate on the petition any amount which will be deducted or added to the settlement .
MMI: Provide the date the claimant reaches MMI, or the date the claimant is provided with an impairment rating or is released to return to work.
Paid: Indicate if the impairment rating has been previously paid to the claimant.
Rationale/Calculations:
Provide a brief explanation of the reason for settlement and the calculations used to obtain the settlement amount.

5. Claimant/Witness Signature:
Only the claimant can sign the petition. The claimant's signature must be witnessed and dated. The claimant or his/her authorized representative can sign the recap sheet.
Insurer's Signature:
The insurer or the representative of the insurer must sign both petition and recap sheet.

6. Attorney:
If represented list claimant's attorney's name and the dollar amount of fees being charged on this settlement (do not include costs).

7. This section is to be completed by ERD staff.