

BEFORE THE DEPARTMENT OF LABOR & INDUSTRY  
Employment Standards 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	
_____		_____	
Date Signed			
_____		_____	
Address		Email Address	
_____		_____	
City	State	Zip Code	

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

Claimant’s Attorney:	Insurer Authorized Representative	Date
Fee: \$ _____		
(Do not include costs)		

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