

Department Settlement Requirements from Adjusters and/or Attorneys

Settlement of **Permanent Total Disability** benefits on an accepted claim with medical and hospital benefits are **closed**:

“Petition for Settlement – Injury / Occupational Disease” (this petition is also used when there is a dispute regarding PTD vs. PPD. Add language to this effect. Social Security offset language can also be added)

- Claimant name
- Insurer name
- Employer name
- Claim number
- Agency claim number – Adjusters have access to this number on the EPC system
- Date of injury
- Dollar amount of settlement
- Present value calculation, if applied - **Language regarding the application of present value will need to be on the petition – not just the Recap Sheet**
- Credit taken for previously paid PPD – **Language will need to be on the petition – not just the Recap Sheet**
- Special provisions, if any
- Petition must include secondary payer statement**
- Claimant signature and address
- Witness signature
- Date signed
- Authorized representative signature

Recap Sheet

- Section 1 – claimant name, date of injury and claim number
- For dates of injury post 7/1/91 complete Section 4
- For all dates of injury – complete Section 5
- Claimant and Authorized Representative’s signature in Section 6
- Attorney name and dollar amount of fees in Section 7

Settlement of **Permanent Partial Disability v Permanent Total Disability** benefits on an accepted claim with medical and hospital benefits **closed**: Same as above. Please include a detailed description of the rationale for closure of future medical benefits. A statement that a dispute exists is not sufficient to evaluate for approval. Medical records can also be included or, submit a Summary of Settlement of Medical Benefits form. Medical records must be included.