

## Department Settlement Requirements from Adjusters and/or Attorneys

Settlement **of Permanent Partial Disability** benefits on an accepted claim with medical and hospital benefits **reserved**:

**“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**
- Medical reservation language must apply to the date of injury.**
- Special Provisions, if any
- Original claimant signature and address
- Original witness signature
- Date signed
- Original 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