

Department Settlement Requirements from Examiners and/or Attorneys

Settlement of **Medical Benefits on an Accepted Claim**
(Used Only when all parties agree the claimant is PTD)

“Petition for Settlement – Injury / OD (Permanent Total Disability)”

- Claimant name
- Insurer name
- Employer name
- Primary claim number – Add claim numbers _____
- Agency Claim Number – Adjusters have access to this number on the EPC system
- Date of injury for all claims being settled
- 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**
- Special Provisions, if any
- Petition must include secondary payer statement**
- Lump Sum Justification, i.e. pre and post settlement income and expenses, a description of what the lump sum will be used for, demonstrating how the claimant will be financially sound with a lump sum as opposed to biweekly payments. (Relates to the necessities of life, an accumulation of debt incurred prior to the injury or a self-employment venture that is considered feasible under criteria set forth by the department) Include copies of debt documentation, if applicable**
- 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

A completed Summary of Settlement of Medical benefits must be submitted