

BEFORE THE DEPARTMENT OF LABOR & INDUSTRY
Employment Relations 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