

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