Department Settlement Requirements from Adjusters and/or Attorneys

*Settlement of **Permanent Total Disability** benefits on an accepted claim with medical and hospital benefits **reserved**:* ***(Used* Only *when all parties agree the claimant is PTD)***

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

- ☐ 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**
- ☐ Medical reservation language must apply to the date of injury
- ☐ Special Provisions, if any
- ☐ **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