

## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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Claimant, : Contested Case File No. \_\_\_\_\_  
vs. : Compliance File No. \_\_\_\_\_  
Employer, : Injury Date: \_\_\_\_\_  
and : AGREEMENT FOR SETTLEMENT  
Insurance Carrier, : Iowa Code Section 85.35(2)  
Defendants. : \_\_\_\_\_

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The undersigned parties submit this Agreement for Settlement to the Workers' Compensation Commissioner for approval. The parties agree:

1. Claimant sustained an injury arising out of and in the course of employment with Employer on \_\_\_\_\_ (date).
2. Jurisdiction exists because the injury occurred in Iowa OR Iowa Code section 85.71(\_\_\_\_) applies. (Circle one.)
3. Claimant is married/single (circle one), entitled to \_\_\_\_\_ exemption(s) and gross weekly earnings are \$\_\_\_\_\_ using Iowa Code section 85.36(\_\_\_\_). The rate of weekly compensation is \$\_\_\_\_\_. (If the rate for PPD differs it is \$\_\_\_\_\_ per week.)
4. The injury caused Claimant to sustain the following disability and resulting entitlement to compensation:
  - a. Temporary total disability/temporary partial disability/healing period compensation for \_\_\_\_\_ weeks from \_\_\_\_\_ (date) thru \_\_\_\_\_ (date). Iowa Code sections 85.33, 85.34(1). (A detailed description may be attached.)
  - b. Permanent partial disability for \_\_\_\_ % loss of \_\_\_\_\_ (member or earning capacity) resulting in \_\_\_\_\_ weeks of compensation under Iowa Code Section 85.34(2)(\_\_\_\_) payable commencing \_\_\_\_\_ (date).
  - c. Other compensation or benefits consisting of \_\_\_\_\_  
\_\_\_\_\_

5. Benefits that accrued and were paid are shown in the attached payment activity report (PAR), dated \_\_\_\_\_. Benefits that remain to be paid are \_\_\_\_\_
6. The employer/insurance carrier shall file a final electronic Subsequent Report of Injury [SROI (FN)] and mail Claimant a PAR that contains the information in the final SROI, including the date that weekly compensation was last paid. Rules 876 IAC 2.6, 3.1(2), and 11.7.
7. This settlement waives a hearing, decision, and resulting statutory benefits. It is subject to review-reopening for three years following the last date that weekly compensation is paid. Iowa Code sections 85.26(2) and 86.14.
8. Claimant is entitled to medical care for the injury, including care in the future. Iowa Code sections 85.26(2) and 85.27. (*A detailed description may be attached.*)
9. Evidence that corroborates this settlement is attached. A Claimant's Statement is attached if claimant is not represented by an attorney.

WHEREFORE, the parties request that this Settlement be approved.

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Claimant	Date	Claimant's Attorney	Date
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Employer/Insurer	Date	Employer/Insurer's Attorney	Date
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ORDER

I find that substantial evidence supports the terms of the foregoing settlement, the employee knowingly waives hearing, decision, and resulting statutory benefits and the settlement is a reasonable and informed compromise of the competing interests of the parties. The foregoing settlement is therefore approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Iowa Workers' Compensation Commissioner

The information provided will be open for public inspection under Iowa Code §§ 22.11 and 86.45(1).

14-0021 (02/15)

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