BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

_____, Claimant, vs. _____, Employer, _____, Insurance Carrier, _____, Defendant(s).	File No(s).: _____ _____ **Agreement for Settlement Under Iowa Code § 85.35(2)**

The undersigned parties submit this Agreement Settlement to the Workers' Compensation Commissioner under Iowa Code section 85.35(4). In support of it, the parties agree:

1. Claimant sustained an injury that arose out of and in the course of employment on the following date:

   _____

2. Jurisdiction exists because: ☐ The injury occurred in Iowa ☐ Iowa Code section 85.71(____) applies.

3. Claimant:
   a. Is ☐ Single ☐ Married.
   b. Is entitled to ____ exemption(s).
   c. Claimant's gross weekly earnings are $_____ using Iowa Code section 85.36(____).
   d. Has a rate of weekly compensation of $_____. (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 _____, 20____, through _____, 20____. Iowa Code sections 85.33 and 85.34(1). ☐ Check if a detailed description is attached.
   b. Permanent partial disability for _____ % loss of the _____ resulting in _____ weeks of compensation under Iowa Code section 85.34(____) payable commencing on the following date: _____, 20____.
   c. Other compensation or benefits consisting of:

5. Benefits that accrued and were paid are shown in the attached payment activity report (PAR), dated _____, 20____. 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. ☐ Check if a detailed description is attached.

9. Evidence that corroborates this settlement is attached. ☐ Check if a Claimant's Statement is attached because Claimant is self-represented.

WHEREFORE, the parties request that this Settlement be approved.

Claimant	Employer/Insurance Carrier
Name:	Name:
Date:	Date

Attorney for Claimant	Attorney for Employer/Insurance Carrier
Name:	Name:
Date:	Date:

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