

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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

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.

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

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____.

Iowa Workers' Compensation Commissioner

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

14-0021 (7-05)

