

CHECKLIST FOR SETTLEMENT DOCUMENTS

This list applies to agreements submitted pursuant to IC 22-3-2-15 as well as all other stipulated settlements subject to approval by the Worker's Compensation Board of Indiana. It is not exhaustive and may change according to the case at issue. Keep in mind the person reviewing your settlement documents will most likely not have access to the Board's electronic file or any paper file that exists. The purpose of Section A. of the checklist is to insure all necessary information is provided to the injured worker, and to the reviewer, in order to make a well-informed decision on the terms of the settlement. Some cases will not require the depth of information set out below.

** Necessary when the injured worker is pro se, but advisable in all complicated cases.

A. Elements to be Included in the Agreement

- 1) ** Number of weeks of Temporary Total Disability (TTD) paid and the average weekly wage.
- 2) Describe the mechanism of accident/injury. (i.e. fall off ladder)
- 3) ** Estimated total medical expenses paid to date.
- 4) ** If surgery was performed, please explain in general terms the type and number. (i.e. one shoulder and one back surgery)
- 5) If there are outstanding medical bills, indicate the party that shall have responsibility to pay. Please explain why the bill has not been paid to date, if pertinent.
- 6) Future medical care and financial responsibility therefor.
- 7) Permanent Partial Impairment (PPI) calculation. If no PPI was assessed, explain reason.
- 8) Permanent Restrictions, if issued.
- 9) If Permanent Total Disability is an issue, include language that the agreement does not bind the Second Injury Fund; that a determination of eligibility will be made at the time of the application according to the condition of the employee at that time.
- 10) If settlement is based on IC 22-3-2-15, specify the dispute.
- 11) **List any existing liens and how they will be resolved.
- 12) Caption the Accident File number or insure a First Report of Injury (FROI) has been filed if there is no contested claim.
- 13) E-mail address and phone number of all attorneys and the injured worker, if available.
- 14) Personal signature of the injured worker. This may be an electronic signature if so specified.
- 15) Date of birth of injured worker need NOT be included if jurisdictional claim number is.

B. Elements that Should Not be Included

- 1) Confidentiality clauses stating violation will result in liquidated damages such as forfeiture of the settlement paid.
- 2) Blanket releases of any and all claims, even those outside of the immediate worker's compensation claim.
- 3) Requirement that the injured worker resign as a condition of the settlement.
- 4) Forfeiture of the right to reopen the case for a change of condition when the claim was accepted as compensable and statutory benefits are to be paid. A Section 15 settlement in a compensable claim will be closely scrutinized.
- 5) Date line for approval. This is unnecessary with the Approval stamp. Please leave room for the stamp at the end of the agreement.

C. Supporting Documentation

- 1) Final medical report of treating physician.
- 2) ** IME report, if any.
- 3) PPI report and accompanying hand or foot chart, if relevant. Invoice for final prosthetic devices, if any.
- 4) Employee waiver, if any.
- 5) FCE report, if any and if relevant.