

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.

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

Elements to be Included in the Agreement

- 1) ** The number of weeks of Temporary Total Disability (TTD) paid.
- 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) Include date of birth of the injured worker.
- 15) Personal signature of the injured worker. This may be an electronic signature if so specified.

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.

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.
- 4) Employee waiver, if any.
- 5) FCE report, if any and if relevant.