

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

_____	:	_____
Claimant,	:	Contested Case File No.:
	:	_____
vs.	:	Compliance File No.:
	:	_____
_____	:	Injury Date:
Employer,	:	_____
	:	
and	:	CONTINGENT SETTLEMENT
	:	[Iowa Code Section 85.35(5)]
_____	:	
Insurance Carrier,	:	
Defendants.	:	

The undersigned parties submit this Contingent Settlement to the Workers' Compensation Commissioner pursuant to Iowa Code section 85.35(5). These parties agree the accompanying settlement and its approval are conditioned upon the occurrence of the following event:

If it appears that the contingent event will not occur within one year of the commissioner's approval of this settlement, during the course of that year, a party may apply to the commissioner to vacate the settlement or extend the time allowed for the event to occur. If no party applies within the course of that year either to vacate the settlement or to extend the time allowed for the contingent event to occur, the contingency lapses and the settlement becomes final and fully enforceable.

_____	_____	_____	_____
Claimant	Date	Employer/Insurance Carrier	Date
_____	_____	_____	_____
Claimant's Attorney	Date	Employer/Carrier's Attorney	Date

Approved as part of the accompanying settlement 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). 14-0161 (02/15)

