

**BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER**

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| <p>_____,<br/>Claimant,<br/>vs.<br/>_____,<br/>Employer,<br/>_____,<br/>Insurance Carrier,<br/>_____,<br/>Defendant(s).</p> | <p>File No(s).: _____<br/>_____</p> <p style="text-align: center;"><b>Agreement for Settlement<br/>Under<br/>Iowa Code § 85.35(2)</b></p> |
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The undersigned parties submit this Agreement Settlement to the Workers' Compensation Commissioner under Iowa Code section 85.35(2). 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  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Employer/Insurance Carrier  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Attorney for Claimant  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Attorney for Employer/Insurance Carrier  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

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