## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

	VS.	Claimant,		No(s).:			
		Employer,		,			
		Insurance (	Carrier,	,	Agreement for Settlement Under Iowa Code § 85.35(2)		
		Defendant(	s).	,			
Iowa	a Code section 85.3	Agreement for Settlem 5(2) and Iowa Adminis an injury arising out o	strative Cod	e chapter 8	76–6. In support	of it, the parties	agree:
2. J	Jurisdiction exists b	ecause: 🗌 The inju	ry occurred	in Iowa.	Iowa Code se	ction 85.71()	applies.
3. With respect to rate, under Iowa Code section 85.36(): Marital Status: Exemption(s):							
	Gross Weekl If different fr	y Wage: com weekly rate, perm			Weekly Rate:		
		elaimant to sustain persection 85.34(2)(	manent disa _), claimant i	bility equa is entitled t	l to % lo o we	oss of the eks of PPD benef	fits commencing on
]	For temporary total disability (TTD), temporary partial disability (TPD), permanent partial disability (PPD), permanent total disability (PTD), and/or death benefits, this table shows claimant's entitlement, amount(s) paid by defendant(s), and benefits accrued and not paid.						
Г	Type of Benefits	Period(s) of Disability	Weeks & D	ays Payable	If TPD, Amount Earned	Amount Paid	Accrued & Not Paid
-							
-							
-							
-							
		Start Date thru End Date	Week(s)	Day(s)	Total:		

Check if parties have included an attachment detailing additional periods of disability and payments of benefits.

6. Based on claimant's entitlement to compensation and the benefits paid to date, the remainder is:

	x \$		= \$		
	Weeks	Weekly Rate		Total	
7.	Claimant is entitled to other compensa	tion consisting of:			
8.	Claimant and defendant(s) have agree	d to a total settlement amou	1nt of: \$		
9.	Claimant is entitled to medical care for the injury, including future care, as described below:				
10.	The parties have attached legible supp	portive evidence, not exceed	ing 20 pages pursua	ant to Rule 876-6.6.	
11.	If claimant is not represented by counsel, a Claimant's Statement (Form 14-0163) has been completed and signed by the claimant and is attached hereto.				
12.	This settlement waives a hearing, decis	ion, and resulting statutory	benefits.		

- 13. The defendant(s) shall file a final Subsequent Report of Injury (SROI) on the Electronic Data Interchange (EDI) and mail to claimant the information in the final SROI, including the date that weekly compensation was last paid, as required under Iowa Administrative Code rules 876–2.6, 876–3.1(2), and 876–11.7.
- 14. Under Iowa Code sections 85.26(2) and 10A.317, this settlement is subject to review-reopening for three years following the last date that weekly compensation is paid.

## CLAIMANT SIGNATURE

I am the person entitled to workers' compensation benefits on account of the indicated injury or death. I have read the foregoing and all attachments. I request this settlement be approved.

Signature of Cla	aimant		Signature of A	ttorney for Claimant
Date:			Date:	5
Date			Date.	
Name:			Name:	
			Law Firm/Entity:	
			Email:	
			Phone:	
			Address:	
		} SS		
On this	day of		/	, before me personally appeared the above
claimant to me	known to be the ide	entical person named in	n and who executed	d the foregoing instrument and
acknowledged	that the document h	has been read and exect	uted as a voluntary	/ act.

Notary Public

## **DEFENDANT(S) SIGNATURE**

Defendant(s)	_have read and understand the foregoing and all attachments and
request this settlement be approved.	

Signature of Representative of Defen	dant(s) Signature of Attor	Signature of Attorney for Defendant(s)		
Date:	Date:			
Name:	Name:			
Job Title:	Law Firm/Entity:			
Entity:	Email:			
	Phone:			
	Address:			

This information will be open for public inspection under Iowa Code sections 22.11 and 10A.333(1).



lowa Department of INSPECTIONS APPEALS & LICENSING
Division of WORKERS' COMPENSATION

Agreement for Settlement Under Iowa Code Section 85.35 (2) Form 14-0021 — Last Updated December 2023 www.low a Work Com p.gov

