

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<p>_____, Claimant, vs. _____, Employer, _____, Insurance Carrier, _____, Defendant(s).</p>	<p>File No(s): _____ _____</p> <p style="text-align: center;">Application for Payment of Benefits Under Iowa Code § 85.21</p>
---	--

1. This Application is filed by the above-named:
 - Employer.
 - Insurance Carrier.
2. The employer or insurance carrier, without admitting liability, hereby applies for and consents to an order of the Iowa Workers' Compensation Commissioner under Iowa Code section 85.21, requiring the payment of weekly benefits and authorized Iowa Code section 85.27 benefits under chapters 85, 85A, or 85B.
3. Payment of these benefits shall be subject to termination under the provisions of Iowa Code section 86.13.
4. Claimant's address is: _____
5. Employer's address is: _____
6. Insurance Carrier's address is: _____
7. Date of Injury: _____

Signature of Representative
Name: _____
Title: _____
Date: _____