

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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| <p>_____, Claimant, vs. _____, Employer, _____, Insurance Carrier, _____, Defendant(s).</p> | <p>File No(s):: _____ _____</p> <p style="text-align: center;">Contingent Settlement Under Iowa Code § 85.35(5)</p> |
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1. Date of Injury: _____
2. 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:
3. 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
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).