

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>
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1. Date of injury: _____
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. Payment of these benefits shall be subject to termination under Iowa Code section 86.13.
3. Other parties to dispute: _____

4. Claimant's address is: _____
5. Employer's address is: _____
6. Insurance Carrier's address is: _____

Signature of Representative

Name: _____
Title: _____
Entity: _____
Email: _____
Phone: _____
Address: _____
