

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<p>_____ , vs. Claimant,</p> <p>_____ , Employer,</p> <p>_____ , Insurance Carrier,</p> <p>_____ , Defendant(s).</p>	<p>No(s).: _____</p> <p>_____</p> <p align="center">Full Commutation of Benefits Under Iowa Code §§ 85.45, 85.47</p>
---	---

The parties apply to the Iowa Workers' Compensation Commissioner under Iowa Code section 85.45 and 85.47, and Iowa Administrative Code chapter 876—6, for full commutation of future payments of workers' compensation benefits to a present worth lump sum payment. In support of it, the parties agree:

1. Claimant sustained an injury arising out of and in the course of employment on: _____.
2. Jurisdiction exists because: The injury occurred in Iowa. Iowa Code section 85.71(____) applies.
3. At the time of the injury, claimant:
 - a. Was: Single. Married.
 - b. Entitled to _____ exemption(s).
 - c. Had gross weekly earnings of \$ _____ under Iowa Code section 85.36(____).

Based on the above, claimant has a workers' compensation rate of \$ _____ per week.

If the rate for permanent partial disability (PPD) benefits differs, it is \$ _____ per week.

4. The below table shows claimant's entitlement to temporary partial disability (TPD), healing period (HP), permanent total disability (PTD), and/or death benefits; benefits paid by defendant(s); and benefits accrued but not paid.

Type of Benefits	Period(s) of Disability	Weeks & Days Payable	Amount Earned	Amount Paid	Accrued & Not Paid
Total:					

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

5. The injury caused claimant to sustain permanent disability equal to _____ % loss of the _____ and parties have attached relevant doctors' and practitioners' reports.
6. Under Iowa Code section 85.34 _____, claimant is entitled to _____ weeks of PPD benefits commencing on the date of _____.

7. This is a commutation of PTD benefits and claimant's current age is: _____.
- This is a commutation of death benefits and:
- a. Claimant's age at the time of death was: _____.
- b. The age(s) of the surviving spouse and any other dependent(s) are: _____.

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

_____ x \$ _____ = \$ _____

Weeks Total

9. Based on the remainder, discount, and applicable probability table(s), the present dollar value of the commutation is:

_____ x \$ _____ = \$ _____

Factor Weekly Rate Commutated Value

10. The parties have:
- Attached pertinent legible medical records totaling less than 20 pages indicating claimant's condition is not expected to deteriorate or to require future care.
- Reached the following agreement regarding future care:

11. With respect to the statement of need:
- Because claimant is an adult represented by counsel and the defendant(s) are represented by counsel, the parties waive the statement of need under Iowa Administrative Code rule 876-6.2(6).
- Because claimant is self-represented or a dependent who is a minor and represented by counsel, claimant states the funds will be used for the following needs:
- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____

12. Claimant will pay from the funds the following:

Attorney fees: \$ _____ Case expenses: \$ _____ Percentage of Commutation: _____%

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.

CONSENT BY CLAIMANT

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. Upon receipt of the indicated sums and approval by the Iowa Workers' Compensation Commissioner, I release and discharge the named defendant(s) from all liability under Iowa workers' compensation law which is now in existence or may exist in the future on account of the indicated injury. I consent to the degree of disability and the granting of commutation. In the event the employer consents to the commutation, I waive any provision concerning contested cases as provided in Iowa Code chapter 17A or otherwise.

Signature of Claimant

Date: _____

Signature of Attorney for Claimant

Name: _____

Law Firm: _____

Email: _____

Phone: _____

Address: _____

_____ } SS

On this _____ day of _____, _____, before me personally appeared the above claimant to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that the document has been read and executed as a voluntary act.

Notary Public

CONSENT BY DEFENDANT(S)

The employer/insurance carrier consents to the degree of disability, the granting of the commutation, and waives any provisions concerning contested cases as provided in Iowa Code chapter 17A or otherwise.

Signature of Representative of Defendant(s)

Name: _____

Job Title: _____

Entity: _____

Signature of Attorney for Defendant(s)

Name: _____

Law Firm: _____

Email: _____

Phone: _____

Address: _____

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



Iowa Department of **INSPECTIONS APPEALS & LICENSING**
Division of **WORKERS' COMPENSATION**
Original Notice & Petition for Full Commutation of All Remaining Benefits of Ten Weeks or More
Form 14-0013 — Last Updated July 1, 2023
www.IowaWorkComp.gov

