## BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

					No(s).	:		
VS.		C	laimant,					
		E	mployer,		- ,			
		Ir	surance C	arrier,			ommutation Under de §§ 85.45, 8	
		D	efendant(s	s).	,			
Iowa Administ to a present wo	rative Co orth lump	de chapter 8 sum payme	76–6, for ent. In sup	partial cor port of it, t	nmutation o the parties a	of future paymen gree:	ts of workers' co	85.47, 85.48, and mpensation benefits
1. Claimant s	ustained	an injury ari				mployment on:		·
2. Jurisdiction	exists be	ecause:	The injur	y occurred	in Iowa.	Iowa Code sec	tion 85.71() ap	pplies.
Marit Gross	al Status: Weekly	Wage:			Exe W	eekly Rate:	e:	
Death b a. Cla	ent Total enefits ar aimant's a	Disability (1	ne of deatl	n was:		rent age is:		
						to% lo		 commencing on the
permanent	total disa		, and/or o	death bene		e shows claiman	ent partial disabil t's entitlement, a	ity (PPD), mount(s) paid by
Type of B	enefits	Period(s) of	Disability	Weeks & I	Days Payable	If TPD, Amount Earned	Amount Paid	Accrued & Not Paid
		Start Date thr	u End Date	Week(s)	Day(s)	Total:		

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

		$\boldsymbol{x}$	\$	Weekly Rate	_ = \$ _	m . 1				
	Weeks			Weekly Rate		Total				
	Commutation of weeks	for:	First part of	remaining period.	Last part	of remaining period. Pr	ro rata			
	Based on the remainder, discount, and applicable probability table(s), the present dollar value of the commutation is:									
		x	\$		= \$					
	Factor			Weekly Rate		Commuted Value				
0.	Remaining week(s) after commutation:									
		x	\$		= \$					
	Weeks			Weekly Rate		Total				
	Claimant is entitled to other con	npens	ation consistin	ng of:						
<u>.</u> .	Claimant and defendant(s) have	e agre	ed to a total se	ettlement amount of:	\$		•			
<b>5.</b>	The parties have attached legible			nce, not exceeding 20	pages pursu	ant to Rule 8/6-6.6, indica	ting:			
3.	a. The degree of claimant's dis	ability	7.	-	pages pursu	ant to Kule 8/6-6.6, indica	ting:			
3.		ability not ex	oected to dete	riorate.						
3. Ł.	<ul> <li>a. The degree of claimant's dis</li> <li>b. The claimant's condition is a</li> <li>c. The claimant's condition is a follows:</li> </ul>	ability not ex not ex	7. pected to dete pected to requ	riorate. uire future medical tr	reatment, unl	less provision has been ma	ade as			
}. !.	<ul> <li>a. The degree of claimant's dis</li> <li>b. The claimant's condition is in</li> <li>c. The claimant's condition is infollows:</li> <li>If claimant is not represented by the claimant and is attached here</li> </ul>	ability not ex not ex r coun eto.	7. pected to dete pected to requ sel, a Claiman	riorate. uire future medical tr	reatment, unl	less provision has been ma	ade as			
3.	<ul> <li>a. The degree of claimant's dis</li> <li>b. The claimant's condition is a</li> <li>c. The claimant's condition is a follows:</li> </ul>	ability not ex not ex coun eto.	pected to deterpected to requested, a Claiman	riorate. uire future medical tr nt's Statement (Form 1 d the defendant(s) ar	reatment, unl 14-0163) has re represente	less provision has been ma been completed and signe d by counsel; therefore, th	ade as			
	<ul> <li>a. The degree of claimant's dist</li> <li>b. The claimant's condition is a</li> <li>c. The claimant's condition is a follows:</li> <li>If claimant is not represented by the claimant and is attached here.</li> <li>With respect to the statement of Claimant is an adult represented.</li> </ul>	counce co	y.  pected to deter pected to requested, a Claiman  by counsel and and under Iowa  dependent wh	riorate. uire future medical tr nt's Statement (Form : d the defendant(s) ar a Administrative Coc	reatment, unl 14-0163) has re represented de rule 876— resented by c	less provision has been mabeen been completed and signed by counsel; therefore, the 6.2(6).	ade as ed by			
	<ul> <li>a. The degree of claimant's dis</li> <li>b. The claimant's condition is inc.</li> <li>c. The claimant's condition is infollows:</li> <li>If claimant is not represented by the claimant and is attached here.</li> <li>With respect to the statement of Claimant is an adult represe parties waive the statement.</li> <li>Claimant is self-represented be used for the following news.</li> </ul>	counce co	y.  pected to deter pected to requesel, a Claiman  by counsel and ed under Iowa  dependent wh	riorate. uire future medical tr nt's Statement (Form : d the defendant(s) ar a Administrative Coo no is a minor and rep	reatment, unl 14-0163) has re represented de rule 876— resented by c	less provision has been mabeen completed and signed been completed and signed by counsel; therefore, the 6.2(6).	ade as ed by e			
	<ul> <li>a. The degree of claimant's dis</li> <li>b. The claimant's condition is a</li> <li>c. The claimant's condition is a follows:</li> <li>If claimant is not represented by the claimant and is attached here.</li> <li>With respect to the statement of Claimant is an adult represe parties waive the statement.</li> <li>Claimant is self-represented be used for the following near the conditions of the condition is a condition in the condition is a condition in the condition in the condition is a condition in the condition in the condition is a condition in the condition in the</li></ul>	counter counte	pected to deterpected to requested to requested, a Claiman by counsel and under Iowalependent wh	riorate. uire future medical tr at's Statement (Form and the defendant(s) are a Administrative Coo	reatment, unl 14-0163) has re represented de rule 876— resented by c	less provision has been mabeen completed and signed by counsel; therefore, the 6.2(6).	ed by e			
	<ul> <li>a. The degree of claimant's dis</li> <li>b. The claimant's condition is inc.</li> <li>c. The claimant's condition is infollows:</li> <li>If claimant is not represented by the claimant and is attached here.</li> <li>With respect to the statement of Claimant is an adult represe parties waive the statement.</li> <li>Claimant is self-represented be used for the following news.</li> </ul>	counce of need:	pected to deterpected to requesel, a Claiman oy counsel and under Iowalependent wh	riorate. uire future medical tr  nt's Statement (Form 2  d the defendant(s) ar  a Administrative Coo  no is a minor and rep	reatment, unl 14-0163) has re represented de rule 876— resented by o	less provision has been mabeen completed and signed been completed and signed by counsel; therefore, the 6.2(6).  Counsel, and states the function is a second counsel.	ed by e			
•	<ul> <li>a. The degree of claimant's dis</li> <li>b. The claimant's condition is inc.</li> <li>c. The claimant's condition is infollows:</li> <li>If claimant is not represented by the claimant and is attached here.</li> <li>With respect to the statement of Claimant is an adult represe parties waive the statement.</li> <li>Claimant is self-represented be used for the following near.</li> <li>a.</li> <li>b.</li> </ul>	counce of needs of needs:	pected to deterpected to requesel, a Claiman ed under Iowalependent wh	riorate. uire future medical tr nt's Statement (Form and the defendant(s) are a Administrative Coo	reatment, unl 14-0163) has re represented de rule 876— resented by o	less provision has been mabeen completed and signed been completed and signed d by counsel; therefore, the 6.2(6).  counsel, and states the function a	ed by e			
	a. The degree of claimant's disb. The claimant's condition is a c. The claimant's condition is a follows:  If claimant is not represented by the claimant and is attached here. With respect to the statement of Claimant is an adult represe parties waive the statement.  Claimant is self-represented be used for the following near the conditions of the condition is a condition in the condition is a condition in the condition is a condition in the condition is a condition in the condition is a condition is a condition is a condition is a condition in the condition is a condition is a condition in the condition is a condition in the condition is a condition in the condition in the condition is a condition in the condition in the condition is a condition in the condition in the condition in the condition is a condition in the	counce of needs of needs:	pected to deterpected to requesel, a Claiman by counsel and under Iowalependent wh	riorate. uire future medical tr nt's Statement (Form and the defendant(s) are a Administrative Coo	reatment, unl 14-0163) has re represented de rule 876— resented by o	less provision has been mabeen completed and signed been completed and signed d by counsel; therefore, the 6.2(6).  counsel, and states the function a	ed by e			

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.

## 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.

Cimpature of Claimant	Signature of Attornoon for Claimant			
Signature of Claimant	Signature of Attorney for Claimant			
Date:	Date:			
Name:	Name:			
	Law Firm/Entity:			
	Email:			
	Phone:			
	Address:			
}	SS			
On this day of	,, before me personally appeared the	e above		
	med in and who executed the foregoing instrument and			
acknowledged that the document has been read an	0 0			
o de la companya de	,			
	Notary Public			
	1100111) 1 111111			
Consi	ENT BY DEFENDANT(S)			
Defendant(s)	consent(s) to the degree of disabi	lity the		
granting of the commutation, and waive(s) any pro-	risions concerning contested cases as provided in Iowa Code	chapter		
17A or otherwise.	island concerning concessed cases as provided in form code	chapter		
Signature of Representative of Defendant(s)	Signature of Attorney for Defendant(s)			
Date:	•			
	Name:			
Name: Job Title:	T THE ATTENDED			
Entity	Email			
Entity:	Dhana			
	A 11			
	Address:			

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



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

Partial Commutation of Benefits Under Iowa Code §§ 85.45, 85.47, 84.48
Form 14-0017 — Last Updated December 2023
www.lowaWorkComp.gov

