

Employer/Insurer's
Subsequent Injury Trust Fund
Settlement Authority Request Checklist

Please use this form as a guide when submitting your request for settlement.
Check off each item as you compile your settlement package.
This is not a request for information.

DEMAND & EVALUATION

1. Employer/Insurer's settlement evaluation.
2. Demand from the claimant and his/her attorney, if represented.
3. Are there settlement negotiations already in progress? ___yes ___no
4. If yes, please provide amount of demand and counter offer, including provision for open medical expenses.
5. Is a Medicare set-aside provision being considered? ___yes ___no

WORKERS' COMPENSATION BOARD FORMS

1. Board forms, including WC-2, WC-3, WC-4, WC-104, WC-243, WC-240, where applicable.
2. Board awards and advances, if any.
3. Current work status: ___TD ___TPD ___RTW ___WITH ___WITHOUT
RESTRICTIONS ___REGULAR ___LIGHT
4. If released to light duty, is there a job available?
5. Have you filed a WC-104 with the Board?

SUBSEQUENT INJURY MEDICAL REPORTS

1. Legible medical narratives for the past 12 months or from the last reimbursement request.
2. Does the injury qualify for a permanent impairment rating? If so, please submit copy.
3. Recent surveillance reports, if any.
4. Rehabilitation reports, if applicable.
5. Copy of Social Security Disability Award, if applicable for claims with accident dates after 7/1/92.
6. Is the case catastrophic or has the employee filed for this designation with the State Board?

LITIGATION

1. Is there any pending litigation? ___yes ___no
2. If yes, please submit copy of WC-14 and describe the nature of the litigation.

TOTALS PAID TO DATE

1. Indemnity
2. Medical

SITF cannot grant settlement authority unless all of the above information and materials are in our possession.

If settlement mediation is imminent, the complete package must reach SITF at
least **21 days prior** to mediation date.