REQUEST FOR SETTLEMENT AUTHORITY

■ STIPULATIONS WITH REQUEST FOR AWARD
■ COMPROMISE & RELEASE AGREEMENT

CLAIMANT: IMA HURT **CLAIM #:** TIBO-123456
DATE OF INJURY: 04/01/2010 **DEPARTMENT:** PENCIL SHARPENING DEPARTMENT
EMPLOYMENT STATUS: NO LONGER EMPLOYED W/COUNT **TYPE OF INJURY:** CRAZY BONE FRACTURE

FACTS OF CASE

Ms. Hurt has sustained a permanent impairment of 17 percent based on the ☐ final treating physician report; ■ Qualified Medical Examination; ☐ Agreed Medical Examination of Dr. Marcus Welby dated 07/15/2011, and Disability Evaluation Unit Rating # H77307, dated 09/19/2011. This percentage equates to $ 13,915. in permanent disability benefits.

■ Claimant is entitled to a 15% increase in permanent disability benefits bringing the total amount of permanent disability benefits to $ 16,002.

-OR-

☐ County Member is entitled to 15% of claimant's permanent disability benefit, which reduces the total permanent disability benefit to $_____ .

SETTLEMENT REQUEST

■ Trindel Insurance Fund is requesting settlement authority to finalize this claim *by way of Stipulations with Request for Award* of 17 percent totaling $ 16,002. with a provision for future medical treatment as outlined by the final medical examination.

-OR-

■ Trindel Insurance Fund is requesting settlement authority to settle this claim *by way of a Compromise and Release Agreement* in the amount not to exceed $ 32,000.. This Compromise and Release Agreement will settle the following:

■ Permanent Disability benefits	$ 16,002.
■ Future medical treatment	$ 14,300.
■ Right to reopen	$ 1,500.
☐ Job displacement benefit	$ N/A
☐ Other _____	$ N/A
TOTAL	$ 31,802..

COMPROMISE AND RELEASE SETTLEMENT RECOMMENDATION & RESERVE SAVINGS

Settlement Recommendation:

it is recommended we push to settle this claim with a lump-sum Compromise and Release to end all future liability and costs for the County. There is a possibility in the future that Ms. Hurt's crazy bone may need to be removed.

Total Reserves	$ 85,205.
Less Paid to Date Costs & Settlement Request	(67,393.)
Reserves Savings	$ 17,812.

Excess Recoverable: ☐ Yes ■ No

The above settlement request as designated above is authorized:

Trindel Workers' Comp Director : _____ Date: _____
Trindel Executive Director : _____ Date: _____
County Risk Manager : _____ Date: _____
County Board of Supervisors : _____ Date: _____