

AGREEMENT AS TO COMPENSATION AND ORDER APPROVING SETTLEMENT
Workers' Compensation Claim No. _____

IF THIS FORM IS NOT PROPERLY COMPLETED, THE SETTLEMENT WILL NOT BE APPROVED.
Every section should be filled in. If a section is not applicable, fill in the blank with N/A.

Decedent/Employee _____ Insurer/Self-Insured/Self-Insurance Group _____

Plaintiff _____ Insurer's Mailing Address _____

Relationship to Decedent/Employee _____ City, State, Postal Code _____

Social Security Number/Green Card of Decedent/Employee _____ Defendant/Employer _____

Date of Birth of Decedent/Employee _____ Mailing Address _____

Mailing Address of Plaintiff _____ City, State, Postal Code _____

City, State, Postal Code of Plaintiff _____

Other Participating Parties _____

Mailing Address _____

City, State, Postal Code _____

INJURY

Date of Injury: _____ Date of Death: _____

Address in which injury/fatality occurred:

Brief description of occurrence resulting in injury/fatality:

Nature of injury(ies) including body part(s) affected:

Medical expenses paid: \$ _____ **MEDICAL INFORMATION**

Medical expenses unpaid or contested: \$ _____ Date of last medical payment: _____

WORK INFORMATION

Type of work at time of injury: _____

Average weekly wage at time of injury: \$ _____

BENEFIT AND SETTLEMENT INFORMATION

Amount and duration of temporary total disability paid to date: \$ _____ X _____ = \$ _____
 \$ per week No. of weeks Total

If death occurs within four (4) years of the injury, has a lump sum payment been made to decedent's estate per KRS 342.750(6)? Yes No Amount: \$ _____

Monetary terms of settlement: \$ _____, to be paid as follows: _____ Weekly for _ _____ # weeks (if applicable)

Total settlement amount: \$ _____

Settlement computation: _____

Proceeds of the settlement are allocated among qualifying dependents as follows:

Name	Date of Birth	Social Security Number/Green Card	Relationship to Decedent	Mailing Address	Weekly Benefit	Duration

Relationship of plaintiff (party signing settlement agreement) to decedent's/employee's minor dependents: _____

Is decedent/employee survived by any minor dependents other than those listed above? Yes No
 If so, please list below:

Name	Mailing Address, City, State, Postal Code	Date of Birth	Guardian/Custodial

ATTACHMENTS

Please attach certified copies of the following documents:

1. Death Certificate
2. Marriage License
3. Birth certificates of minor dependents

OTHER INFORMATION

If additional information is pertinent to settlement, explain, (Attach additional pages if necessary):

Other responsible parties against whom further proceedings are reserved:

This the _____ day of _____, 20__.

Attorney for Plaintiff
Signature

Plaintiff Signature

Attorney for Plaintiff
Name Typed

Attorney or representative for
Defendant/Employer Signature

Mailing Address

Mailing Address

City, State, Postal Code

City, State, Postal Code

Telephone Number

Telephone Number

ORDER APPROVING SETTLEMENT AGREEMENT

IT IS HEREBY ORDERED that the above Agreement as to Compensation is **APPROVED**.

This the _____ day of _____, _____.

Administrative Law Judge