

# Department of Workers' Claims Litigation Management System



# Filing an Agreement as to Compensation (Form 110)

Kentucky Department of Workers' Claims



- Agreements can be filed in LMS two ways:
  - 1) Unassigned Claims aka Pre-Lit or Post-award claims
  - 2) Assigned Claims

## 1) Unassigned claims

To file an Agreement in an unassigned claim (pre-litigation or post-award) select “Submit a Filing” from the My Claims page

Ky.gov An Official Website of the Commonwealth of Kentucky Department of Workers' Claims

Welcome, dfsfd ?

**My Claims** + Add Claim

Show  entries Search:

Submit a Filing

Claim #	Style	Injury Date	Body Part	ALJ	Remove
<a href="#">2099-00001</a>	TEST ACCOUNT VS GO GO GADGET ARMS	2/1/2017	WHOLE BODY	HON ROBERT L SWISHER	<span style="background-color: #1a3d4d; color: white; padding: 2px 5px; border-radius: 3px;">✕</span>
<a href="#">2020-00012</a>	ASDFASKLDF SDFLKASDF VS ASDFKAL	9/27/2016	ANKLE	N/A	<span style="background-color: #1a3d4d; color: white; padding: 2px 5px; border-radius: 3px;">✕</span>
<a href="#">2020-00010</a>	RILEY KING VS BUBBA SHRIMP AND MORE & KEMI	7/20/2016	LOWER ARM	JEFF V. LAYSON	<span style="background-color: #1a3d4d; color: white; padding: 2px 5px; border-radius: 3px;">✕</span>

## Select Tender an Agreement.

**Choose the type of document you wish to file.**

### File a New Claim

Start filing a new claim by picking the nature of your injury or disease. Then click next. This will direct you to the appropriate form for your particular claim.

Nature of Injury \*


▼

[Continue to Form](#)

### Tender an Agreement

If you have filed a claim, add it to your 'My Claim' list and submit an agreement to the claim file.

[Tender an Agreement](#)



### File a Motion to Reopen

[Motion to Reopen](#)

[Motion to Reopen \(Medical Dispute\)](#)

Step 1 of the form collects personal information from the plaintiff.

Tendered Agreement

Step 1 of 5

### Plaintiff Information

Title

First Name \*

Middle

Last Name \*

Suffix

Phone \*

Select the type of ID \*

Social Security Number  Green Card #

Green Card # \*

Birth Date \* mm/dd/yyyy

Gender \*  Female  Male

Address \*

Outside of United States

Postal Code \*

City/Town \*

State

Occupation \*

Step 2 collects information about the defendant.

Tendered Agreement

Step 2 of 5

Defendant/Employer Information

Business Name \*

Address \*

Postal Code \* City/Town \* State

Add Defendant

Cancel Save & Exit Back Next

Step 3 collects information about the insurance carrier, if available.

Tendered Agreement

Step 3 of 5

### Insurance Carrier Information

No Insurance Information Available

Business Name

Address

Postal Code \*

City/Town \*

State



Step 4 collects information about the injury/last exposure.

Tendered Agreement

Step 4 of 5

Nature of Injury

Date of Injury/Last Exposure \*

Cause of Injury \*

Body Part Injured \*

Nature of Injury \*

Cancel Save & Exit Back Next

# Step 5 collects the terms of the Agreement.

Tendered Agreement Step 5 of 5

### Agreement Information

Style: N/A  
 Claim#: 0000-00000  
 Judge: N/A  
 Comment:

### Waivers

Total:

Waiver Type	Amount	Edit / Remove
<span style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">+ Add Waiver</span>		

### Income Benefits

Total:

Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
<span style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">+ Add Agreement Benefit</span>												

Grand Total:

Attach File

Maximum of 5 attachments

Cancel
Save & Exit
Back
Finish

# Waivers are added by clicking the Add Waiver button

Tendered Agreement

Step 5 of 5

### Agreement Information

Style: N/A  
Claim#: 0000-00000  
Judge: N/A  
Comment:

### Waivers

Total: \$0.00

Waiver Type	Amount	Edit / Remove
-------------	--------	---------------

[+ Add Waiver](#)

### Income Benefits

Total: \$0.00

Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
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[+ Add Agreement Benefit](#)

Grand Total: \$0.00

[Attach File](#)  
Maximum of 5 attachments

[Cancel](#) [Save & Exit](#) [Back](#) [Finish](#)

Select the type of waiver, add the amount allocated to that waiver, and save.

Form AGRP

Add Waiver

Waiver Type \*

- INDEMNITY WAIVER
- MEDICAL WAIVER - FUTURE
- MEDICAL WAIVER - PAST
- OTHER WAIVER
- PSYCHIATRIC WAIVER
- RIGHT TO REOPEN WAIVER
- SAFETY VIOLATION PENALTY
- VOC REHAB WAIVER

Waivers

### Tendered Agreement

#### Agreement Information

Style	N/A
Claim#	0000-00
Judge	N/A
Comment	

#### Waivers

Total:	\$0.00
--------	--------

#### Add Waiver

Waiver Type \*

VOC REHAB WAIVER

Amount

\$ 258.60

Save



# Income benefits are added by clicking the Add Agreement Benefit button

**Agreement Information**

Style N/A  
 Claim# 0000-00000  
 Judge N/A  
 Comment

**Waivers**

Total: \$258.60

Waiver Type	Amount	Edit / Remove
VOC REHAB WAIVER	\$258.60	 

[+ Add Waiver](#)

**Income Benefits**

Total: \$0.00

Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
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[+ Add Agreement Benefit](#)

[Attach File](#)  
 Maximum of 5 attachments

Grand Total: \$258.60

Cancel Save & Exit Back **Finish**

### Add Benefit ✕

**Benefit Schedule \***

**Responsible Party \***

**Payment Frequency \***

**Beginning Date** mm/dd/yyyy

**2/3 of AWW or State Max**

**Impairment Rating**  
 %

**Grid Factor**

**Multiplier**

**Weekly Benefit Amount**

**Number of weeks (for periodic income benefit)**

**Present value (for lump sum payments)**

**Total**

[Save](#)

Select the benefit type from the drop down list.

NOTE: Temporary total disability benefits are those benefits to be paid in addition to any previously paid TTD.

### Add Benefit ✕

**Benefit Schedule \***

- CWP - COMPLICATED
- CWP - DISMISSAL
- CWP - OTHER
- CWP - RIB
- CWP - TIER I (25%)
- CWP - TIER II (50%)
- CWP - TIER III (75%)
- CWP - TOTAL
- DEPENDENT
- ESTATE
- LITIGATION - MEDICAL DISPUTE
- MEDICAL ONLY
- PERMANENT PARTIAL
- PERMANENT TOTAL
- TEMPORARY TOTAL

2/3 of AWW or State Max

\$

**Impairment Rating**

%

**Grid Factor**

**Multiplier**

**Weekly Benefit Amount**

\$

**Number of weeks (for periodic income benefit)**

**Present value (for lump sum payments)**

**Total**

\$

Save

### Add Benefit ✕

**Benefit Schedule \***

PERMANENT PARTIAL ▼

**Responsible Party \***

▼

**Payment Frequency \***

▼

**Beginning Date** mm/dd/yyyy

**2/3 of AWW or State Max**

\$

**Impairment Rating**

%

**Grid Factor**

**Multiplier**

**Weekly Benefit Amount**

\$

**Number of weeks (for periodic income benefit)**

**Present value (for lump sum payments)**

**Total**

\$

Save



Select the party responsible for the benefit payment from the drop down list.

### Add Benefit ✕

Benefit Schedule \*  
PERMANENT PARTIAL

Responsible Party \*  

- Carrier
- Coal Workers Pneumoconiosis Fund
- Employer
- Special fund
- Uninsured Employers Fund
- Workers Compensation Funds

Beginning Date mm/dd/yyyy

2/3 of AWW or State Max  
\$

Impairment Rating  
 %

Grid Factor

Multiplier

Weekly Benefit Amount  
\$

Number of weeks (for periodic income benefit)

Present value (for lump sum payments)

Total  
\$

### Add Benefit ✕

Benefit Schedule \*  
PERMANENT PARTIAL

Responsible Party \*  
Employer   
Employer

Payment Frequency \*

Beginning Date mm/dd/yyyy

2/3 of AWW or State Max  
\$

Impairment Rating  
 %

Grid Factor

Multiplier

Weekly Benefit Amount  
\$

Number of weeks (for periodic income benefit)

Present value (for lump sum payments)

Total  
\$

Select the frequency of the benefit payment from the drop down list.

### Add Benefit ✕

**Benefit Schedule \***  
PERMANENT PARTIAL ▼

**Responsible Party \***  
Employer ▼  
Employer

**Payment Frequency \***  
Annually  
Bi-Weekly  
Lump Sum  
Monthly  
Semi-Monthly  
Weekly

**Grid Factor**

**Multiplier**

**Weekly Benefit Amount**  
\$

**Number of weeks (for periodic income benefit)**

**Present value (for lump sum payments)**

**Total**  
\$

**Impairment Rating**  
 %

### Add Benefit ✕

**Benefit Schedule \***  
PERMANENT PARTIAL ▼

**Responsible Party \***  
Employer ▼  
Employer

**Payment Frequency \***  
Lump Sum ▼

**Grid Factor**

**Multiplier**

**Weekly Benefit Amount**  
\$

**Number of weeks (for periodic income benefit)**

**Beginning Date** mm/dd/yyyy

**2/3 of AWW or State Max**  
\$

**Present value (for lump sum payments)**

**Impairment Rating**  
 %

**Total**  
\$

Complete the remaining requested information and Save.

### Add Benefit ✕

<b>Benefit Schedule *</b>	<input type="text" value="PERMANENT PARTIAL"/> <span>▼</span>	<b>Grid Factor</b>	<input type="text"/>
<b>Responsible Party *</b>	<input type="text" value="Employer"/> <span>▼</span> <b>Employer</b>	<b>Multiplier</b>	<input type="text"/>
<b>Payment Frequency *</b>	<input type="text" value="Lump Sum"/> <span>▼</span>	<b>Weekly Benefit Amount</b>	<input type="text" value="\$"/>
<b>Beginning Date</b> <small>mm/dd/yyyy</small>	<input type="text"/>	<b>Number of weeks (for periodic income benefit)</b>	<input type="text"/>
<b>2/3 of AWW or State Max</b>	<input type="text" value="\$"/>	<b>Present value (for lump sum payments)</b>	<input type="text"/>
<b>Impairment Rating</b>	<input type="text" value=""/> %	<b>Total</b>	<input type="text" value="\$"/>

### Add Benefit ✕

<b>Benefit Schedule *</b>	PERMANENT PARTIAL <span>▼</span>	<b>Grid Factor</b>	0.65
<b>Responsible Party *</b>	Employer <span>▼</span>	<b>Multiplier</b>	1
	Employer	<b>Weekly Benefit Amount</b>	\$ 12.21
<b>Payment Frequency *</b>	Lump Sum <span>▼</span>	<b>Number of weeks (for periodic income benefit)</b>	
<b>Beginning Date</b> <small>mm/dd/yyyy</small>		<b>Present value (for lump sum payments)</b>	388.2302
<b>2/3 of AWW or State Max</b>	\$ 626.30	<b>Total</b>	\$ 4741.40
<b>Impairment Rating</b>	3 %		

[Save](#)



Once all waivers and benefits have been added, attach the Agreement.

Judge: N/A

Comment

Waivers



Total: \$258.60

Waiver Type	Amount	Edit / Remove
VOC REHAB WAIVER	\$258.60	 

+ Add Waiver


Income Benefits

Total: \$4,741.40


Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
PERMANENT PARTIAL	Employer	Lump Sum		\$626.30	3	0.65	1	\$12.21		388.2302	\$4,741.40	 

+ Add Agreement Benefit

Grand Total: \$5,000.00

 Attach File

Maximum Attachments



Cancel Save & Exit Back Finish

By clicking the Select a File button below, you will be prompted to select a file from your computer to attach to the Tender Agreement. Please note that the file must be in PDF or .jpg format and may not be more than 20 MB in size. Once the file has been attached, clicking the Finish button will submit the document to DWC.

### Attach File ×

Please attach only PDF files. While multiple files may be attached, the total size limit for attachments to this document is 20 MB.

Select a File

N/A  
0000-00000  
N/A

ent

ers



### Attach File ✕

Please attach only PDF files. While multiple files may be attached, the total size limit for attachments to this document is 20 MB.

Select a File Form-110-I-rev.pdf

Attach



Total:  
\$258.60

Waiver Type	Amount	Edit / Remove
VOC REHAB WAIVER	\$258.60	 

## Waivers

Total:

\$258.60



Waiver Type	Amount	Edit / Remove
VOC REHAB WAIVER	\$258.60	 

[+ Add Waiver](#)

## Income Benefits

Total:

\$4,741.40

Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
PERMANENT PARTIAL	Employer	Lump Sum		\$626.30	3	0.65	1	\$12.21		388.2302	\$4,741.40	 

[+ Add Agreement Benefit](#)

Grand Total:

\$5,000.00

Attachment	Remove
Form-110-I-rev.pdf	

[Attach File](#)



Maximum of 5 attachments



By clicking the Finish, you will receive confirmation the Agreement submission was successful.

Waivers



Total: \$258.60

Waiver Type	Amount	Edit / Remove
VOC REHAB WAIVER	\$258.60	 

[+ Add Waiver](#)


Income Benefits

Total: \$4,741.40

Benefit Type	Responsible Party	Payment Frequency	Start Date	W Pa	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
PERMANENT PARTIAL	Employer	Lump Sum				388,230.2	\$4,741.40	 

[+ Add Agreement Benefit](#)


Grand Total: \$5,000.00

Attachment	Remove
Form-110-I-rev.pdf	

[Attach File](#)  
Maximum of 5 attachments

Cancel Save & Exit Back Finish

Message from webpage

 Your agreement has been tendered successfully.

OK

Once the tendered agreement has been matched up to a DWC Claim number, the claim will appear on your “My Claims” page and on your “Notifications” page.

**My Claims** [+ Add Claim](#) [Submit a Filing](#)

Show  entries Search:

Claim #	Style	Injury Date	Body Part	ALJ	Remove
<a href="#">2018-01078</a>	HAROLD DUCKER VS QUEST ENERGY	4/26/2018	LUNGS	CHIEF ADMINISTRATIVE LAW JUDGE	<a href="#">×</a>
<a href="#">2020-00099</a>	JAMES BARRICKLOW VS TRIMCO	3/5/2018	FINGER(S)	N/A	<a href="#">×</a>
<a href="#">2017-94806</a>	DONALD LEITNER VS DREISBACH WHOLESALE FLORISTS, INC.	2/6/2017	INSUFFICIENT INFORMATION	RICHARD E. NEAL	<a href="#">×</a>

Showing 1 to 3 of 3 entries [Previous](#) [1](#) [Next](#)

**Filing Notifications**

Unseen Only

Show  entries Search:

Seen/Unseen	Document Name	Claim Number	Claimant	Date Filed
<input checked="" type="checkbox"/>	<a href="#">TENDERED AGREEMENT</a>	202000099	James Barricklow	8/7/2018

The submitting party will receive notification via e-mail and a letter acknowledging the tendered agreement will be mailed to all claim participants.

This screenshot shows a Gmail inbox with three visible email entries. The top two entries are from 'no-reply@ky.gov' with the subject 'LMS Claim Document Notification - A document has been'. The first entry is dated '12:17 pm' and the second is dated 'Aug 2'. The third entry is partially visible and dated 'Aug 2'. The interface includes a 'COMPOSE' button, a left sidebar with 'Inbox (12)', 'Starred', and 'Sent Mail', and a top navigation bar with 'Gmail', a search box, and navigation controls.

This screenshot shows the full view of an email titled 'LMS Claim Document Notification' from 'no-reply@ky.gov'. The email was received at '12:17 PM (3 minutes ago)'. The body of the email contains the following information:

- A document has been filed on:
- Document Name: TENDERED AGREEMENT
- Claim Numbers: 201794806
- Claimants: DONALD R LEITNER
- Date Filed: 8/6/2018

Please refer to the claim in LMS at <https://kyworkersclaims.lms.ky.gov/> for more information.  
Please do not reply to this email.

The interface includes a 'COMPOSE' button, a left sidebar with 'Inbox (11)', 'Starred', 'Sent Mail', 'Drafts', and 'More', and a top navigation bar with 'Gmail', navigation icons, and '1 of 37'.

## 2) Assigned Claims

If your claim has been assigned to an ALJ, from your “My Claims” page, select the claim number you wish to file the Agreement in and proceed to that claim.

Ky.gov An Official Website of the Commonwealth of Kentucky Department of Workers' Claims

Welcome, dfsfd ?

**My Claims** + Add Claim Submit a Filing

Show  entries Search:

Claim #	Style	Injury Date	Body Part	ALJ	Remove
<a href="#">2099-00001</a>	TEST ACCOUNT VS GO GO GADGET ARMS	2/1/2017	WHOLE BODY	HON ROBERT L SWISHER	<input type="button" value="x"/>
<a href="#">00012</a>	ASDFASKLDF SDFLKASDF VS ASDFKAL	9/27/2016	ANKLE	N/A	<input type="button" value="x"/>
<a href="#">2020-00010</a>	RILEY KING VS BUBBA SHRIMP AND MORE & KEMI	7/20/2016	LOWER ARM	JEFF V. LAYSON	<input type="button" value="x"/>

*Note: An orange arrow points to the claim number [00012](#) in the table above.*

# Select "File Document"

Ky.gov An Official Website of the Commonwealth of Kentucky Department of Workers' Claims

Welcome, dfsfd ?

**Litigation Management System**

- LMS Group Claims
- Notifications
- Admin

**Claim #: 209900001** File Document

Style: TEST ACCOUNT VS GO GO GADGET ARMS

Judge: 661 - ROBERT L. SWISHER

Date of Injury: 2/1/2017

Disposition: 05 - PROOF TIME

Nature: 46 - RUPTURE

Body Part: 99 - WHOLE BODY

**Insurance Carrier Information**

Maintenance Type Code: N/A

Maintenance Type Code Date: N/A

Claim Administrator #: N/A

Claim Access # [show access #](#)

Documents
Participants
Participants (cont'd)
Accident
Insurance

Export Documents
Printable list of documents

Search:

☐	Document Id	Document Name	Submitted By	Date Filed
☐	5566748	<a href="#">MEDICAL WAIVER AND CONSENT FORM</a>	Mr COT Server Team (Kentucky Attorney)	3/26/2018
☐	5566747	<a href="#">MEDICAL WAIVER AND CONSENT FORM</a>	Mr COT Server Team (Kentucky Attorney)	3/26/2018

To file a Form 110, select Agreement or Waiver from the available document categories, then select Tendered Agreement as the document type. Click Next to proceed.

### File Document ✕

Select a document category:

AGREEMENT OR WAIVER ▼

Select a document type:

TENDERED AGREEMENT ▼

[Next](#)

Any Waivers may be added by clicking the Add Waiver button

Tendered Agreement

Step 1 of 1

### Agreement Information

Style: JAMES RICKY KIRKWOOD VS ARMSTRONG COAL INC  
 Claim#: 2018-00984  
 Judge: 996 - CHIEF ADMINISTRATIVE LAW JUDGE

Comment:

### Waivers

Total:  
\$0.00

Waiver Type	Amount	Edit / Remove
+ Add Waiver		

### Income Benefits

Total:  
\$0.00

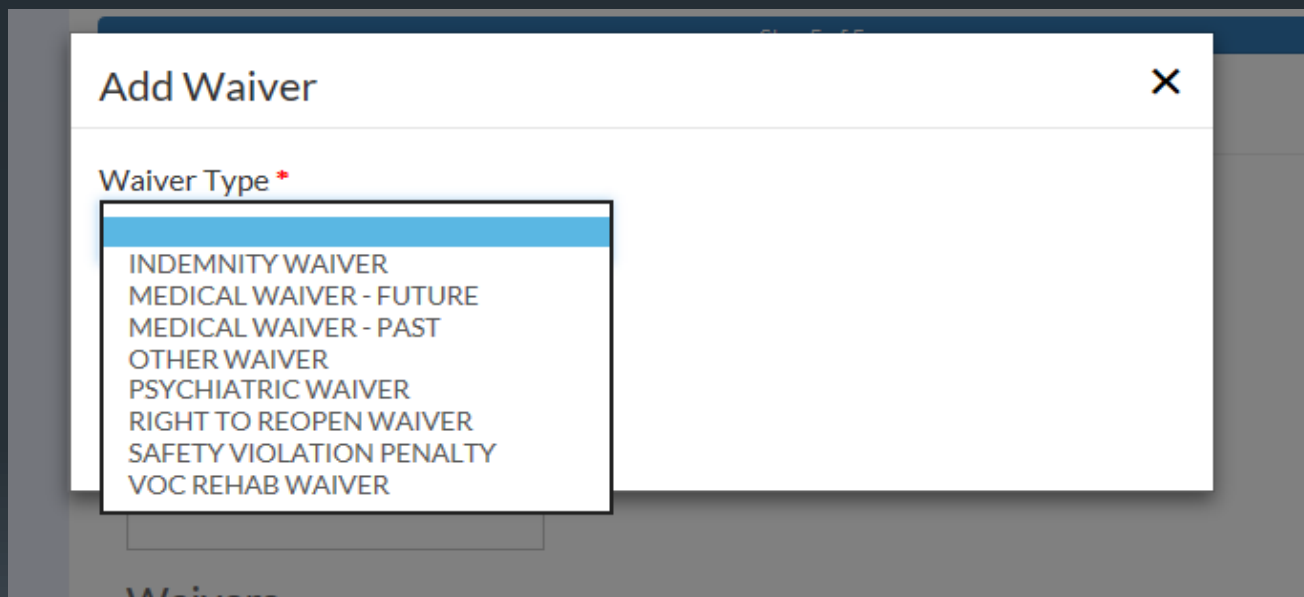
Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
+ Add Agreement Benefit												

Grand Total:  
\$0.00

Attach File  
 Maximum of 5 attachments

Cancel Finish

Select the type of waiver, add the amount allocated to that waiver, and save.



The image shows a screenshot of a web application interface. At the top, there is a dark blue header bar. Below it, a white modal window titled "Add Waiver" is displayed, featuring a close button (an 'X' icon) in the top right corner. The main content area of the modal is white and contains a form field labeled "Waiver Type \*". A dropdown menu is open below this label, listing several waiver types: INDEMNITY WAIVER, MEDICAL WAIVER - FUTURE, MEDICAL WAIVER - PAST, OTHER WAIVER, PSYCHIATRIC WAIVER, RIGHT TO REOPEN WAIVER, SAFETY VIOLATION PENALTY, and VOC REHAB WAIVER. The first option, "INDEMNITY WAIVER", is highlighted with a blue background. Below the dropdown, there is a faint, partially visible label "Waivers" and a light gray rectangular box.

**Add Waiver** ✕

Waiver Type \*

- INDEMNITY WAIVER
- MEDICAL WAIVER - FUTURE
- MEDICAL WAIVER - PAST
- OTHER WAIVER
- PSYCHIATRIC WAIVER
- RIGHT TO REOPEN WAIVER
- SAFETY VIOLATION PENALTY
- VOC REHAB WAIVER

Waivers



Cr

### Add Waiver ✕

Waiver Type \*

MEDICAL WAIVER - FUTURE ▼

Amount

\$ 1500

Save



Comment

we

# Income benefits are added by clicking the Add Agreement Benefit button

Waivers

Total: \$1,500.00

Waiver Type	Amount	Edit / Remove
MEDICAL WAIVER - FUTURE	\$1,500.00	 


+ Add Waiver

Income Benefits

Total: \$0.00

Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
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+ Add Agreement Benefit



Attach File

Maximum of 5 attachments

Grand Total: \$1,500.00

Cancel Finish

### Tendered Agreement

### Agreement Information

Style JAMES RICKY KIRK  
Claim # 2018-00984  
Judge 996 - CHIEF ADMIN  
Comment

### Waivers

Waiver  
MEDICAL

+ Add Waiver

### Income Benefits

#### Add Benefit

Benefit Schedule \*

Responsible Party \*

Payment Frequency \*

Beginning Date mm/dd/yyyy

2/3 of AWW or State Max

Impairment Rating  %

Grid Factor

Multiplier

Weekly Benefit Amount

Number of weeks (for periodic income benefit)

Present value (for lump sum payments)

Total

Save

Total: \$1,500.00

Edit / Remove



Total: \$0.00

Complete the requested information and Save.

### Add Benefit ✕

<b>Benefit Schedule *</b>	PERMANENT PARTIAL <span>▼</span>	<b>Grid Factor</b>	0.65
<b>Responsible Party *</b>	Employer <span>▼</span>	<b>Multiplier</b>	1
	Employer	<b>Weekly Benefit Amount</b>	\$ 18.69
<b>Payment Frequency *</b>	Weekly <span>▼</span>	<b>Number of weeks (for periodic income benefit)</b>	425 <span>✕</span>
<b>Beginning Date</b> <small>mm/dd/yyyy</small>	2/16/2018	<b>Present value (for lump sum payments)</b>	
<b>2/3 of AWW or State Max</b>	\$ 575.00	<b>Total</b>	\$ 7942.19
<b>Impairment Rating</b>	5 %		

Save

ment

Information

JAMES RICKY KIRKVA

018-00984

96 - CHIEF ADMINI

Wa

MEDICAL

TS

Total: \$1,500.00

Edit /



Once all waivers and benefits have been added, attach the Agreement.

Judge 996 - CHIEF ADMINISTRATIVE LAW JUDGE

Comment

Waivers



Total: \$1,500.00

Waiver Type	Amount	Edit / Remove
MEDICAL WAIVER - FUTURE	\$1,500.00	 

+ Add Waiver

Income Benefits

Total: \$7,942.19


Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
PERMANENT PARTIAL	Employer	Weekly	2/16/2018	\$575.00	5	0.65	1	\$18.69	425		\$7,942.19	 

+ Add Agreement Benefit

Grand Total: \$9,442.19

Attach File

Maximum of 5 attachments



Cancel Finish

By clicking the Select a File button below, you will be prompted to select a file from your computer to attach to the Tender Agreement. Please note that the file must be in PDF or .jpg format and may not be more than 20 MB in size. Once the file has been attached, clicking the Finish button will submit the document to DWC.

### Attach File ×

Please attach only PDF files. While multiple files may be attached, the total size limit for attachments to this document is 20 MB.

Select a File

## Attach File ✕

Please attach only PDF files. While multiple files may be attached, the total size limit for attachments to this document is 20 MB.

Select a File DAILY AGREEMENT TEST.pdf

Attach

# Click Finish

Total:

\$1,500.00



Waiver Type	Amount	Edit / Remove
MEDICAL WAIVER - FUTURE	\$1,500.00	 

+ Add Waiver

## Income Benefits

Total:

\$7,942.19

Benefit Type	Responsible Party	Payment Frequency	Start Date	Weekly Payment Rate	Impairment Rating	Grid Factor	Multiplier	Weekly Benefit Amount	Number of Weeks (for income benefits)	Present Value (lump sum payments)	Total	Edit / Remove
PERMANENT PARTIAL	Employer	Weekly	2/16/2018	\$575.00	5	0.65	1	\$18.69	425		\$7,942.19	 

+ Add Agreement Benefit

Grand Total:

\$9,442.19

Attachment	Remove
DAILY AGREEMENT TEST.pdf	

Attach File

Maximum of 5 attachments



By clicking the Finish, the tendered Agreement will appear in the document panel of the claim.

**Claim #: 201794806** File Document

Style	DONALD LEITNER VS DREISBACH WHOLESALE FLORISTS, INC.	<b>Insurance Carrier Information</b>  Maintenance Type Code 00 ORIGINAL  Maintenance Type Code Date 2/9/2017  Claim Administrator # 25115531
Judge	725 - RICHARD E. NEAL	
Date of Injury	2/6/2017	
Disposition	10 - AWARD - ALJ	
Nature	59 - ALL OTHER SPECIFIC INJURIES, NOC	
Body Part	65 - INSUFFICIENT INFORMATION	

Claim Access # [show access #](#)

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Documents
Participants
Participants (cont'd)
Accident
Insurance

Export Documents
Printable list of documents

Search:

	Document Id	Document Name	Submitted By	Date Filed
<input type="checkbox"/>	5666639	<a href="#">TENDERED AGREEMENT</a>	Noma Sutton (Kentucky Attorney)	8/6/2018
<input type="checkbox"/>	5666633	<a href="#">NOTICE OF REPRESENTATION</a>	Noma Sutton (Kentucky Attorney)	8/2/2018

All participants associated to that claim will receive notification of the filing on the “Notifications” page as well as receive a notification via e-mail.

Filing Notifications

Unseen Only

Show  entries Search:

Seen/Unseen	Document Name	Claim Number	Claimant	Date Filed
<input checked="" type="checkbox"/>	<a href="#">TENDERED AGREEMENT</a>	202000099	James Barricklow	8/7/2018

E-mail notification of filings in claims you are associated with will look something like this (depending on your e-mail provider).

The image shows two screenshots of a Gmail interface. The top screenshot displays the inbox with three emails from 'no-reply@ky.gov'. The bottom screenshot shows a detailed view of the first email, titled 'LMS Claim Document Notification'.

**Gmail Interface (Top Screenshot):**

- Header: Gmail, 1-37 of 37, navigation arrows, settings gear.
- Left sidebar: COMPOSE, Inbox (12), Starred, Sent Mail.
- Primary tab: Three emails from 'no-reply@ky.gov'.

**LMS Claim Document Notification (Bottom Screenshot):**

**From:** no-reply@ky.gov  
**To:** me

**Subject:** LMS Claim Document Notification - A document has been filed on:

A document has been filed on:

Document Name: TENDERED AGREEMENT  
Claim Numbers: 201794806  
Claimants: DONALD R LEITNER  
Date Filed: 8/6/2018

Please refer to the claim in LMS at <https://kyworkersclaims.lms.ky.gov/> for more information.

Please do not reply to this email.

# THANK YOU!

QUESTIONS?

EMAIL: [LABORKYWCLMS.TECHNICALSUPPORT@KY.GOV](mailto:LABORKYWCLMS.TECHNICALSUPPORT@KY.GOV)