



INDUSTRIAL COMMISSION OF ARIZONA
800 W WASHINGTON STREET
PHOENIX, ARIZONA 85007
(602) 542-4661
Special Fund Division

To Whom It May Concern:

RE: Settlement of Loss of Earning Capacity Claims Involving Apportionment

Interested parties must submit the following information to Special Fund before settlement will be considered. The requested information is necessary for Special Fund to assess its current and future exposure. Full disclosure of requested information is expected of all parties. Additional information may be requested. Please use the Attachment button at the bottom of the page for additional information.

- 1) Documentation demonstrating that all interested parties (*i.e.*, Applicant/Attorney and Carrier/Self Insured Employer/TPA) are interested in pursuing settlement.
- 2) Summary of the file, including:
 - a) Current age and rated age, if applicable;
 - b) Description of accepted medical condition(s);
 - c) Brief description of all personal medical conditions/co-morbidities;
 - i) If a co-morbidity could impact life expectancy; please provide a detailed description of the current treatment status.
 - ii) If a medical condition/co-morbidity could be considered significant (such as diabetes with complications, cancer diagnosis within 10 years, chronic complex medical condition, etc.), submission of medical records relating to the condition may be requested. A rated age considering personal medical factors may obviate need for medical records.
 - d) Pending and/or anticipated criminal charges that may result in incarceration, if any;



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- e) History of petitions to reopen with associated dates;
 - f) Summary of current and prior LEC determinations;
 - g) Summary of current and past working history; and
 - h) Summary of current or potential disputes regarding earning capacity, if any.
- 3) Current balance of Roth credit and/or credit for prior scheduled injury, if applicable.
 - 4) A signed certification in the form attached.

After submission of all required information, Special Fund will perform its evaluation of settlement, taking into considering all relevant factors – including Roth credits, prior scheduled credits, and any overpayments. Based upon its evaluation, Special Fund will offer to contribute a specified amount towards settling the matter. Under no circumstances, however, will Special Fund contribute more than 50% of the final settlement amount ultimately negotiated by the parties.



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Claimant First Name:

Claimant Last Name:

Carrier/Self-Insured Employer/Third Party Administrator:

Carrier Claim Number:

ICA Claim Number:

By my signature below, I certify to the best of my knowledge and belief that the information provided in connection with this settlement request is true, accurate, and complete. I also understand that any false statements or deliberate omissions of material fact may be grounds for revoking any settlement agreement with Special Fund.

Signing Party:

Printed First Name of Signature:

Printed Last Name:

Signature:

Date:

Email Address of Signature: