



SETTLEMENT WORKSHEET

Claimant: _____ Claim No.: _____

Claimant Atty.: _____ Atty. Telephone: _____

Claimant's age: _____ years, _____ months

Employer: _____

Insurer: _____

E/I Atty/Rep: _____

All questions must be answered. Any incomplete or missing information will cause the Settlement Worksheet to be returned and the settlement approval delayed.

- 1. Has this settlement been previously submitted and previously denied? Yes No
- 2. Is the claim contested as to compensability and/or causation? Yes No
- 3. Are further medical treatments recommended for the injury? Yes No
- 4. Is there any potential SIF liability in the case? Yes No
- 5. Is the Claimant working? Yes No
 - a. If not, *in the Comments section*, explain why not and, why vocational services are not warranted.
- 6. Does this case involve a third-party claim? Yes No

If yes, attach document required by COMAR 14.09.10.02C.
- 7. Is the claim on appeal? Yes No
- 8. Is a hearing on the claim pending? Yes No

If yes, when? _____
- 9. Has Claimant applied for Social Security disability benefits? Yes No

If yes, status of SSDI claim is _____
- 10. Date of filing SSDI benefits if approval is pending: _____; or N/A
- 11. Has Claimant applied for Medicare benefits? Yes No

If yes, Medicare status is _____
- 12. Date of filing Medicare benefits if approval is pending: _____; or N/A
- 13. Does Claimant have End Stage Renal Disease (ESRD)? Yes No



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14. Total Amount of Indemnity paid to Claimant to date: \$ _____

15. Amount of Total Proposed Settlement (**excluding the amount of indemnity paid to the Claimant to date and any MSA that is being paid as an annuity**): \$ _____

16. Are medicals being left open? Yes No

17. Has a professional evaluator identified probable future Medicare covered expenses? Yes No

If yes, attach professional evaluation.

18. Is there a formal set aside allocation for medical benefits (MSA)? Yes No

a. If yes, state amount: \$ _____

i. Is the MSA funded only through an annuity? Yes No

OR

ii. Is the MSA funded only through an independent TPA, with no reversionary interest to the covered employee or the covered employee's beneficiaries? Yes No

19. Has proposed Medicare Set Aside been submitted to CMS? Yes No

If yes, date submitted: _____

20. Is CMS approval of the MSA pending? Yes No

21. Date CMS approved MSA: _____ or N/A

22. Date of accidental injury or disablement by occupational disease: _____

23. Comments:

I hereby certify that the foregoing is true and accurate based on my personal knowledge, information and belief.

Claimant Signature (Date)

Claimant Attorney Signature (Date)

Employer/Insurer Attorney Signature (Date)