

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

_____	:	Contested Case File No.: _____
Claimant,	:	
	:	
vs.	:	Compliance File No.: _____
	:	
_____	:	Injury Date: _____
Employer,	:	
	:	
and	:	COMPROMISE SETTLEMENT
	:	[Iowa Code Section 85.35(3)]
_____	:	
Insurance Carrier,	:	
Defendants.	:	

The undersigned parties submit this Compromise Settlement pursuant to Iowa Code section 85.35(3).

A. A dispute exists under the Iowa Workers' Compensation Law, which the parties seek to resolve by a full and final compromise disposition of claimant's claim for benefits. The subject and nature of the dispute is _____

- B. If claimant is not represented by an attorney; a *claimant's statement* and evidence of the dispute is attached. Rule 876 IAC 6.1.
- C. As a compromise of their competing interests, the parties agree to the payment and other terms of settlement contained in the attached page(s) or as follows:.
- D. Release: In consideration of this payment, claimant releases and discharges the above employer and insurance carrier from all liability under the Iowa Workers' Compensation Law for the above compromised claim.
- E. Statement of Awareness of Claimant: I have read the compromise settlement and attached page(s). I understand that the money I receive under this settlement is the total amount I will receive from my claim and that there will not be a hearing and decision on my claim. I am aware that if the Workers' Compensation Commissioner approves this compromise settlement and the employer/insurance carrier pays me the

