

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<hr/> <p style="text-align: right;">Claimant,</p> <p>vs.</p> <hr/> <p style="text-align: right;">Employer,</p> <hr/> <p style="text-align: right;">Insurance Carrier,</p> <hr/> <p style="text-align: right;">Defendant(s).</p>	<p>No(s): _____</p> <p>_____</p> <p style="text-align: center;"><b>Combination Settlement Under Iowa Code § 85.35(4)</b></p>
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The undersigned parties submit this Combination Settlement to the Workers' Compensation Commissioner under Iowa Code section 85.35(4). In support of it, the parties agree:

1. Claimant sustained an injury that arose out of and in the course of employment on: \_\_\_\_\_.
2. Defendant(s) is/are compensating claimant for the disability described in the accompanying Agreement for Settlement without dispute.
3. Defendant(s) dispute(s) other claims made by claimant and the parties are making a full and final disposition of all other such injuries, disabilities, or claims as set forth in the accompanying Compromise Settlement.

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Claimant

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Representative of Defendant(s)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Attorney for Claimant

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Attorney for Defendant(s)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The information will be open for public inspection under Iowa Code sections 22.11 and 10A.333(1).

