



IOWA DIVISION of WORKERS' COMPENSATION

Payment Activity Report for Compromise Settlement With Self-Represented Claimant

Form 14-0147

The Iowa Division of Workers' Compensation (DWC) requires the parties to file a completed Payment Activity Report (PAR) in support of a proposed compromise settlement involving a claimant who is not represented by counsel.

1. Legend of Abbreviations for Types of Benefits.

TTD = Temporary Total Disability
PPD = Permanent Partial Disability

HP = Healing Period
PTD = Permanent Total Disability

TPD = Temporary Partial Disability
DEA = Death Benefits

2. Parties.

Name of Employee: _____

Name of Employer: _____

Name of Insurance Carrier: _____

3. Comments.

4. Rate Calculation. This rate calculation is made under Iowa Code section 85.36(____).

Injury Date: _____ Exemption(s): _____ Weekly Rate: \$ _____
Marital Status: _____ Gross Weekly Wage: \$ _____ PPD Weekly Rate: \$ _____

5. Benefits Paid to Date.

a. **Payment(s) for Period(s) of Disability.** For TTD, TPD, HP, PTD, and/or death benefits, this table shows claimant's entitlement, amount(s) paid by defendant(s), and benefits accrued and not paid.

Type of Benefits	Period(s) of Disability	Weeks & Days Payable	If TPD,		Amount Paid	Accrued & Not Paid
			Amount Earned			
Start Date thru End Date			Week(s)	Day(s)	Total:	

b. Payment for PPD.

Part of Body: _____ PPD %: _____ No. of Weeks: _____ Amount Paid: \$ _____

c. Other Benefit Payment(s).

Medical (85.27): \$ _____ Interest (85.30): \$ _____ Voc Rehab (85.70): \$ _____
Burial (85.28): \$ _____ Penalty (10A.315): \$ _____ Mileage (85.27, 85.38): \$ _____
Other Type(s): _____

6. Total Settlement Amount: \$ _____

Prepared by: _____ Date Prepared: _____