

6. Based on claimant's entitlement to compensation and the benefits paid to date, the remainder is:

_____ x \$ _____ = \$ _____
Weeks Weekly Rate Total

7. Claimant is entitled to other compensation consisting of:

8. Claimant and defendant(s) have agreed to a total settlement amount of: \$ _____.

9. Claimant is entitled to medical care for the injury, including future care, as described below:

10. The parties have attached legible supportive evidence, not exceeding 20 pages pursuant to Rule 876-6.6.

11. If claimant is not represented by counsel, a Claimant's Statement (Form 14-0163) has been completed and signed by the claimant and is attached hereto.

12. This settlement waives a hearing, decision, and resulting statutory benefits.

13. The defendant(s) shall file a final Subsequent Report of Injury (SROI) on the Electronic Data Interchange (EDI) and mail to claimant the information in the final SROI, including the date that weekly compensation was last paid, as required under Iowa Administrative Code rules 876-2.6, 876-3.1(2), and 876-11.7.

14. Under Iowa Code sections 85.26(2) and 10A.317, this settlement is subject to review-reopening for three years following the last date that weekly compensation is paid.

CLAIMANT SIGNATURE

I am the person entitled to workers' compensation benefits on account of the indicated injury or death. I have read the foregoing and all attachments. I request this settlement be approved.

Signature of Claimant

Date: _____

Name: _____

Signature of Attorney for Claimant

Date: _____

Name: _____

Law Firm/Entity: _____

Email: _____

Phone: _____

Address: _____

_____ } SS

On this _____ day of _____, _____, before me personally appeared the above claimant to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that the document has been read and executed as a voluntary act.

Notary Public

DEFENDANT(S) SIGNATURE

Defendant(s) _____ have read and understand the foregoing and all attachments and request this settlement be approved.

Signature of Representative of Defendant(s)

Date: _____
Name: _____
Job Title: _____
Entity: _____

Signature of Attorney for Defendant(s)

Date: _____
Name: _____
Law Firm/Entity: _____
Email: _____
Phone: _____
Address: _____

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



Iowa Department of **INSPECTIONS APPEALS & LICENSING**
Division of **WORKERS' COMPENSATION**
Agreement for Settlement Under Iowa Code Section 85.35 (2)
Form 14-0021 — Last Updated December 2023
www.IowaWorkComp.gov

