

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

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

8. Commutation of _____ weeks for: First part of remaining period. Last part of remaining period. Pro rata.

9. Based on the remainder, discount, and applicable probability table(s), the present dollar value of the commutation is:

_____ x \$ _____ = \$ _____
Factor Weekly Rate Commuted Value

10. Remaining week(s) after commutation:

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

11. Claimant is entitled to other compensation consisting of:

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

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

- a. The degree of claimant's disability.
- b. The claimant's condition is not expected to deteriorate.
- c. The claimant's condition is not expected to require future medical treatment, unless provision has been made as follows:

14. 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.

15. With respect to the statement of need:

Claimant is an adult represented by counsel and the defendant(s) are represented by counsel; therefore, the parties waive the statement of need under Iowa Administrative Code rule 876-6.2(6).

Claimant is self-represented or a dependent who is a minor and represented by counsel, and states the funds will be used for the following needs:

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____

16. Claimant will pay from the funds the following:

Attorney fees: \$ _____ Case expenses: \$ _____ Percentage of Commutation: _____%

17. As required under Iowa Administrative Code rules 876-2.6, 876-3.1(2), and 876-11.7, 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.

CONSENT BY CLAIMANT

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. Upon receipt of the indicated sums and approval by the Iowa Workers' Compensation Commissioner, I release and discharge the named defendant(s) from all liability under Iowa workers' compensation law which is now in existence or may exist in the future on account of the indicated injury. I consent to the degree of disability and the granting of commutation. In the event the employer consents to the commutation, I waive any provision concerning contested cases as provided in Iowa Code chapter 17A or otherwise.

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

CONSENT BY DEFENDANT(S)

Defendant(s) _____ consent(s) to the degree of disability, the granting of the commutation, and waive(s) any provisions concerning contested cases as provided in Iowa Code chapter 17A or otherwise.

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 opened for public inspection under Iowa Code sections 22.11 and 10A.333(1).



Iowa Department of INSPECTIONS APPEALS & LICENSING
Division of WORKERS' COMPENSATION
Partial Commutation of Benefits Under Iowa Code §§ 85.45, 85.47, 84.48
Form 14-0017 — Last Updated December 2023
www.IowaWorkComp.gov

