

SETTLEMENT EVALUATION – PERMANENT & TOTAL

SIB CLAIM # _____ OCCUPATION _____ M F

SS # _____ BODY PART _____

MEDICAL HISTORY

PRE-EXISTING CONDITION: _____

SUBSEQUENT INJURY: _____

COPY OF SIGNED ORDER FROM HEARING OFFICER DECLARING PERMANENT AND TOTAL.

COMP RATE \$ _____

AVERAGE WEEKLY WAGE \$ _____

AGE _____

LIFE EXPECTANCY (YEARS) _____

INDEMNITY

ANNUAL INCOME (\$ _____ x 52 WEEKS)	\$ _____
8% DISCOUNTED	\$ _____
UNDISCOUNTED VALUE	\$ _____

MEDICAL

FUTURE SURGERY	\$ _____
PHYSICAL THERAPY	\$ _____
PHYSICAIN VISITS	\$ _____
MEDICAL SUPPLIES	\$ _____
OTHER	\$ _____
TOTAL	\$ _____

TOTAL AMOUNT (INDEMNITY PRESENT VALUE & MEDICAL) \$ _____

DISCOUNTED VALUE (8%) (INDEMNITY DISCOUNTED VALUE & MEDICAL) \$ _____

SETTLEMENT AMOUNT REQUESTED \$ _____

SIB AUTHORIZES FULL AND FINAL SETTLEMENT IN THE AMOUNT OF \$ _____

APPROVED BY: _____ PROGRAM COMPLIANCE OFFICER _____ DATE

_____ SIB DIRECTOR _____ DATE