

SETTLEMENT EVALUATION

Employee's Name _____ D/A _____

SIB Claim # _____ Occupation _____

SS# _____ Part of Body _____ Age _____

Medical History _____

Pre-existing _____

Subsequent Injury _____

Comp Rate _____ Average Weekly Wage _____

INDEMNITY:

Pre Accident Av Wk Wg \$ _____

X 4.3 (SEB based on 4.3 weeks/mo)

\$ _____ Monthly Salary

Post Accident Wages \$ _____

X hrs / wk = \$ _____

X 4.3 =

\$ _____ Post Monthly Salary

Pre Acc. monthly wages \$ _____

Post Acc. monthly wages - _____

X .6667 (66 2/3%)

SEB Monthly Exposure \$ _____ 4.3

SEB Weekly Exposure \$ _____

Total owed under LA Law _____ Weeks

Total Indemnity paid to date _____ Weeks

Remaining Weeks _____ Weeks

Total Indemnity SEB Exposure \$ _____

Discounted (8% W. C. Book) \$ _____

MEDICAL:

Total Exposure \$ _____

Discounted 8% _____

TOTAL FUTURE EXPOSURE \$ _____

DISCOUNTED VALUE (8%) \$ _____

SETTLEMENT REQUESTED \$ _____

SIB AUTHORIZED FULL & FINAL SETTLEMENT IN THE AMOUNT OF \$ _____

NOTES:

APPROVED BY: _____ PROGRAM COMPLIANCE OFFICER _____ DATE _____

_____ SIB DIRECTOR _____ DATE _____