COMPROMISE & RELEASE AGREEMENT SUMMARY

AWCB Case Number

O. DOX 25512, Julieau, Alaska 99602-5512					
INSTRUCTIONS: Complete and attack					
Compensation Board. This form may r	not be used in place of or as a				
1. Employee's Name (Last, First, Middle Initial)		2. Insurer Claim Number	3. Injury Date		
4. Address			5. Social Security Number		
City State	e Zip Code Telephone		6. Birthdate (Age)		
7. Employee Attorney		8. Employer			
9. Employer/Insurer Attorney		10. Insurer			
11. Other Party or Attorney		12. Other Party or Attorney			
13. Explain Relationship to Case		14. Explain Relationship to Case			
15. How Did Accident Happen?					
16. Describe Injuries.					
17. Medical Reports: All medical reports in the part	rties' possession are attached.	□ Yes □ No			
18. Permanent Impairment Ratings					
a% of	;	% of	;%		
of	By Dr		, Employee's Physiciar		
b% of	;	% of	;%		
of	By Dr		Employer's Physician		
19. Occupation Before Injury	20. Avg. Weekly Wage	21. Occupation After Injury	, Employer's Physician 22. Weekly Wage \$		
23. Has Employee Returned to Work?	¥		¥		
□ YES, Date:		□ NO (Explain Why)			
24. If Employee Returned to Work, is he working i □ YES □ NO (Explain Why)	now?				
25. Was Employee Released for Work?					
□ NOT RELEASED □ REGULAR	WORK, Date:	MODIFIED WORK, Date:			
Limitations:					
26. Is Vocational Rehabilitation Needed?		27. Is Employee in a Vocational Rehabilitation Program?			
□ NO □ YES	□ NO □ YES □ UNKNOWN		□ NO □ YES (Describe)		
		28. Projected Vocational Rehabilit	ation Program Completion Date		
29. Summarize Dispute. a. Employee:		_			
b. Employer:					

COMPROMISE & RELEASE AGREEMENT SUMMARY (Continued from Front)

TYPE	FROM	THROUGH	WEEKS & D/	AYS	WEEKLY RATE	TOTAL AMOUNT	LUMP SUM	
				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		
b. Medical	c. Other	(Explain)			TOTAL			
\$	\$				COMPENSATION	\$		
Agreed Settlement								
a. Compensation (Comple	ete a separate line fo	or different rates types or	disability interrupt	tions).				
TYPE	FROM	THROUGH	WEEKS & D		WEEKLY RATE	TOTAL AMOUNT		
	-			\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		
b. Medical Benefits Relea	sed?				TOTAL	•		
	🗆 YES, An	nount: \$			COMPENSATION	\$		
c. Attorney's Fees	Paid By: d. Voca			d. Vocational	ational Rehabilitation Benefits Released?			
\$		Employer	Employee		□ NO □ YES, Amount: \$			
e. REMARKS								
				f Total Agroo	d Sattlamant Amount \$			
Submitted by (Name of De	reen and Company	or Firm)	f	f. Total Agree	d Settlement Amount \$	33 Date		
Submitted by (Name of Pe	rson and Company o	or Firm)	f	f. Total Agree	d Settlement Amount \$	33. Date		

35. DISPOSITION				
□ APPROVE	DISAPPROVE	□ REQUEST INFORMATION		2
36. By			3	7. Date