

# THIRD PARTY SETTLEMENT AGREEMENT

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER  
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ] [ ]

DATE OF INJURY  
[ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]  
MM DD YYYY

WCAIS CLAIM NUMBER  
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

### EMPLOYEE

First name \_\_\_\_\_  
Last name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
If deceased - Dependent/Guardian/Personal Representative  
First name \_\_\_\_\_  
Last name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_ Telephone \_\_\_\_\_

### EMPLOYER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_  
Telephone \_\_\_\_\_ FEIN \_\_\_\_\_

### INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_  
Telephone \_\_\_\_\_ FEIN \_\_\_\_\_  
Contact \_\_\_\_\_  
NAIC code \_\_\_\_\_ or Insurer code \_\_\_\_\_  
Insurer/TPA claim # \_\_\_\_\_

**NOTICE:** Agreement should be clearly completed (preferably typed) and uploaded in accordance with the provisions of the EDI Implementation Guide. A copy must be sent to the employee.

### EMPLOYEE'S ATTORNEY

Name \_\_\_\_\_  
Firm name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_  
PA Attorney ID number \_\_\_\_\_

### INSURER'S ATTORNEY

Name \_\_\_\_\_  
Firm name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_  
PA Attorney ID number \_\_\_\_\_

## CALCULATION INSTRUCTIONS

- #1 -- Enter the total amount of money received by the employee from the third-party litigation.
- #2 -- Enter the total amount of indemnity and medical benefits paid by the employer to the employee at the time of third-party recovery.
- #3 -- Enter attorney fees and other expenses paid by the employee to obtain recovery in the third-party action.
- #4 to #8 -- Perform the calculations in the right column and enter the results into the center column.

In accordance with section 319 of the Pennsylvania Workers' Compensation Act, the parties herein have agreed to the following distribution of proceeds received from \_\_\_\_\_, third party.

**BASIC RECOVERY INFORMATION** — Complete this section for all third-party settlements.

1. Total amount of third-party recovery	1. _____	
2. Accrued workers' compensation lien	2. _____	
a. indemnity benefits		
b. medical benefits		
3. Expenses of recovery	3. _____	
4. Balance of recovery	4. _____	= #1 (minus) #2

**PRESENT DISTRIBUTION OF PROCEEDS** — Complete this section to calculate the amount of proceeds the employer is to receive as of \_\_\_\_\_ (date through which accrued workers compensation lien [#2] calculated).

5. Accrued lien expense reimbursement rate	5. _____ %	
6. Expenses attributable to accrued lien	6. _____	= #3 (times) #5
7. Net lien (amount employer to receive)	7. _____	= #2 (minus) #6

**FUTURE DISTRIBUTION OF PROCEEDS** — Complete this section to calculate how much the employer must reimburse the employee for expenses used to acquire the third party recovery on future compensation liability. **Note: This section is to be completed only if the total amount of the third-party recovery (#1) is greater than the amount of the accrued workers' compensation lien (#2).**

8. Reimbursement rate on future compensation liability	8. _____ %	
9. The employer/insurer is responsible for _____ percent (#8) of any future weekly benefits to satisfy its obligation to reimburse its pro rata share of employee's fees and expenses until the subrogation interest is exhausted; _____ (#4). Thereafter, the employer/insurer is responsible for 100 percent of any compensation liability.		

**Further Matters Agreed Upon:**

Date of this agreement

		-						-				
MM			DD						YYYY			

Employee's signature	Employer/Insurer Representative's signature
Employee's Attorney signature	Telephone
	Employer/Insurer Representative's Attorney's signature

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

<p><b>Employer Information Services</b> 717.772.3702</p>	<p><b>Claims Information Services</b> toll-free inside PA: 800.482.2383 local &amp; outside PA: 717.772.4447</p>	<p><b>Hearing Impaired</b> PA Relay 7-1-1</p>	<p><b>Email</b> ra-li-bwc-helpline@pa.gov</p>
--	--	---	---



*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*