FORM 110-F
FATALITY
October 2016 Edition

KENTUCKY DEPARTMENT OF WORKERS' CLAIMS
657 Chamberlin Avenue, Frankfort, KY 40601

AGREEMENT AS TO COMPENSATION AND ORDER APPROVING SETTLEMENT

Workers' Compensation Claim No. _____

IF THIS FORM IS NOT PROPERLY COMPLETED, THE SETTLEMENT WILL NOT BE APPROVED.
Every section should be filled in. If a section is not applicable, fill in the blank with N/A.

Decedent/Employee	Insurer/Self-Insured/Self-Insurance Group
Plaintiff	Insurer's Mailing Address
Relationship to Decedant/Employee	City, State, Postal Code
Social Security Number/Green Card of Decedent/Employee	Defendant/Employer
Date of Birth of Decedent/Employee	Mailing Address
Mailing Address of Plaintiff	City, State, Postal Code
City, State, Postal Code of Plaintiff	

Other Participating Parties

Other Party	Other Party
Mailing Address	Mailing Address
City, State, Postal Code	City, State, Postal Code

INJURY

Date of Injury: _____ Date of Death: _____

Address in which injury/fatality occurred:

Brief description of occurrence resulting in injury/fatality:

Nature of injury(ies) including body part(s) affected:

MEDICAL INFORMATION

Medical expenses paid: $ _____

Medical expenses unpaid or contested: $ _____ Date of last medical payment: _____

WORK INFORMATION

Type of work at time of injury: _____

Average Weekly wage at time of injury: $ _____

BENEFIT AND SETTLEMENT INFORMATION

Amount and duration of temporary total disability paid to date: $ _____ X _____ = $ _____
$ per week No. of weeks Total

If death occurs within four (4) years of the injury, has a lump sum payment been made to decedant's estate per KRS 342.750(6)?

☐ Yes ☐ No Amount: $ _____

Monetary terms of settlement: $ _____ , to be paid as follows: _____ Weekly for _____ # weeks (if applicable)

Total settlement amount: $ _____

Settlement Computation: _____

Proceeds of the settlement are allocated among qualifying dependants as follows:

Name	Date of Birth	Social Security Number/Green Card	Relationship to Decedent	Mailing Address	Weekly Benefit	Duration

Relationship of plaintiff (party signing settlement agreement) to decedent's/employee's minor dependents:

_____

Is decedent/employee survived by any minor dependants other than those listed above? ☐ Yes ☐ No

If so, please list below:

Name	Mailing Address, City, State, Postal Code	Date of Birth	Guardian/Custodial

ATTACHMENTS

Please attach certified copies of the following documents:

1. Death Certificate
2. Marriage License
3. Birth certificates of minor dependents

OTHER INFORMATION

If additional information is pertinent to settlement, explain (Attach additional pages if necessary):

Other responsible parties against whom further proceedings are reserved:

This the _____ day of _____ , 20 _____ .

Attorney for Plaintiff Signature	Plaintiff Signature
Attorney for Plaintiff Name Typed	Attorney or representative for Defendant/Employer Signature
Mailing Address	Mailing Address
City, State, Postal Code	City, State, Postal Code
Telephone Number	Telephone Number

ORDER APPROVING SETTLEMENT AGREEMENT

IT IS HEREBY ORDERED that the above Agreement as to Compensation is **APPROVED.**

This the _____ day of _____ , _____ .

Administrative Law Judge