



AGREEMENT BETWEEN PARTIES FOR LUMP SUM PAYMENT

State Form 34873 (R2 / 4-12)

(See reverse side for fatalities)

INDIANA WORKER'S COMPENSATION BOARD

402 W. Washington Street, Room W196
Indianapolis, IN 46204-2745

* PRIVACY NOTICE: This agency is requesting disclosure of employee's Social Security number in accordance with IC 22-3-4-13.

Federal Identification number	Name of employer
Social Security number *	Name of employee

AGREEMENT

The above named employer and employee have agreed that _____ weeks of the remainder of weekly compensation liability may be redeemed by a cash payment of a lump sum. The employee received \$ _____ in benefits for _____ weeks of temporary total disability. An agreement has been reached regarding permanent partial impairment for _____.

The employer has made weekly payments in the amount of \$ _____ for _____ weeks for this impairment. It is in the best interest of the employee that he/she receive a lump sum payment for the following reasons, viz:

Wherefore, the employer and employee respectfully request the Board to approve the agreement for a lump sum by which _____ weeks of said compensation liability may be redeemed by a single cash payment of \$ _____.

Signature of employee	Date signed (month, day, year)	FOR BOARD USE ONLY
Signature of employer	Date signed (month, day, year)	
Signature of insurance company representative	Date signed (month, day, year)	
Name, address, telephone number, and e-mail address of insurance company / adjuster:		
For Board Use Only		

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Federal Identification number	Name of employer	Board number
Social Security number *	Name of employee	

AGREEMENT STATEMENT (<i>Fatality</i>)
<p>The undersigned dependents of the deceased employee and the employer respectfully request the Board's approval on this agreement for a lump sum by which _____ weeks of said compensation liability may be redeemed by a cash payment. The deceased employee died on _____ as a result of personal injuries / illness arising out of and in the course of the employment.</p> <p>The dependents of the deceased employee have received _____ weeks of compensation at _____ per week. The employer and the dependents have agreed that _____ weeks of the remainder of weekly compensation liability be redeemed by a cash payment of \$ _____ by the employer to the dependents. It is in the best interest of the dependents that so much of the weekly compensation liability be redeemed in a lump sum for the following reasons, viz:</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>

The deceased employee left surviving as the only dependents the following named person(s):				
NAME	AGE	RELATIONSHIP	WHOLLY OR PARTIALLY DEPENDENT	ADDRESS <i>(number and street, city, state, and ZIP code)</i>
Signature of dependent		Date signed <i>(month, day, year)</i>	Signature of parent / guardian for dependents	
Signature of employer		Date signed <i>(month, day, year)</i>	FOR BOARD USE ONLY	
Signature of insurance company representative		Date signed <i>(month, day, year)</i>		
Name, address, telephone number, and e-mail address of insurance company / adjuster:				
For Board Use Only				