



# AGREEMENT TO COMPENSATION OF EMPLOYEE & EMPLOYER

State Form 1043 (R3 / 3-09)

**INDIANA WORKER'S COMPENSATION BOARD**  
402 West Washington Street, Room W196  
Indianapolis, IN 46204

\* Your Social Security number is being requested by this state agency in accordance with IC 22-3-4-13; disclosure is voluntary, and you will not be penalized for refusal.

Please check appropriate box. <input type="checkbox"/> Temporary Total Disability (TTD)		<input type="checkbox"/> Temporary Partial Disability (TPD)	File number
<input type="checkbox"/> Permanent Partial Impairment (PPI)		<input type="checkbox"/> Permanent Total Disability (PTD)	
Name of employer	Employer's Federal identification number		Telephone number (    )
Address (number and street, city, state, and ZIP code)			
Name of employee	Employee's Social Security number *		Telephone number (    )
Address (number and street, city, state, and ZIP code)			
We (employee and employer) have reached an agreement in regards to compensation for the injury sustained by said employee and submit the following statement of facts relative thereto.			
Date of injury / illness / exposure (month, day, year)		Date disability began (month, day, year)	
Nature of injury / illness / exposure			
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Place of injury / illness / exposure			
Cause of injury / illness / exposure			
Probable length of disability			
The terms of this agreement under the above facts are as follows:			
That _____ shall receive compensation at the rate of \$ _____ per week based upon an average weekly wage of \$ _____ and that said compensation shall be payable (i.e., weekly or bi-weekly) _____ until terminated in accordance with the provisions of the Indiana Worker's Compensation / Occupational Disease Acts.			
If PPI settlement, please provide impairment rating, number of weeks, and amount to be paid.			
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## SIGNATURES

Signature of employee		Date (month, day, year)
Signature of employer		Date (month, day, year)
Name of insurance carrier	Telephone number (    )	<i>(FOR BOARD USE ONLY)</i>
Address (number and street)		
City, state, and ZIP code		
Authorized signature	Date of agreement (month, day, year)	
Title		