

COMPROMISE & RELEASE AGREEMENT SUMMARY

AWCB Case Number Only

INSTRUCTIONS: Complete and attach to the front of a compromise and release agreement submitted to the Alaska Workers' Compensation Board. This form may not be used in place of or as a compromise and release agreement.

1. Employee's Name (Last, First, Middle Initial)	2. Insurer Claim Number	3. Injury Date
4. Address		5. Social Security Number
City State Zip Code Telephone		6. Date of Birth (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 parties' possession are attached. <input type="radio"/> YES <input type="radio"/> NO		
18. Permanent Impairment Ratings		
a. _____ % of _____; _____ % of _____; _____ % of _____ By Dr. _____, Employee's Physician		
b. _____ % of _____; _____ % of _____; _____ % of _____ By Dr. _____, Employee's Physician		
19. Occupation Before Injury	20. Average Weekly Wage	21. Occupation After Injury
22. Weekly Wage		
23. Has Employee Returned to Work? <input type="radio"/> YES, Date: _____ <input type="radio"/> NO, (Explain Why) _____		
24. If Employee Returned to Work, Is He Working Now? <input type="radio"/> YES <input type="radio"/> NO, (Explain Why) _____		
25. Was Employee Released for Work? <input type="radio"/> NOT RELEASED <input type="radio"/> REGULAR WORK Date: _____ <input type="radio"/> MODIFIED WORK Date: _____ Limitations: _____		
26. Is Vocational Rehabilitation Needed? <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> UNKNOWN		
27. Is Employee in a Vocational Rehabilitation Program? <input type="radio"/> NO <input type="radio"/> YES, (Describe) _____		
28. Projected Vocational Rehabilitation Program Completion Date:		
29. Summarize Dispute. a. Employee: _____		
b. Employer: _____		

COMPROMISE & RELEASE AGREEMENT SUMMARY (Continued from Front)

30. Summarize Payments Made to Date or Attach a Compensation Report with a Total Payment History.

a. Compensation (Complete a separate line for different rates, types or disability interruptions):

TYPE	FROM	THROUGH	WEEKS & DAYS	WEEKLY RATE	TOTAL AMOUNT	LUMP SUM
b. Medical:	c. Other (Explain): _____			TOTAL COMPENSATION:		
	Amount: _____					

31. Agreed Settlement.

a. Compensation (Complete a separate line for different rates, types or disability interruptions):

TYPE	FROM	THROUGH	WEEKS & DAYS	WEEKLY RATE	TOTAL AMOUNT	LUMP SUM
b. Medical Benefits Released?				TOTAL COMPENSATION:		
<input type="radio"/> NO <input type="radio"/> YES, Amount: _____						

c. Attorney's Fees:

Paid By:

Employer

Employee

d. Vocational Rehabilitation Benefits Released?

NO

YES, Amount: _____

e. REMARKS: _____

f. Total Agreed Settlement Amount: _____

32. Submitted By (Name of Person and Company or Firm): _____

33. Date: _____

FOR AWCB USE ONLY

34. COMMENTS: _____

35. DISPOSITION: APPROVE

DISAPPROVE

REQUEST INFORMATION

RECOMMENDED HEARING

36. By: _____

37. Date: _____