

WCC File #: _____

Workers' Compensation Commission: INDEMNITY ONLY STIPULATION AND WHAT IT MEANS

An **indemnity only stipulation** is a *full* and *final* settlement of the indemnity portion of your case. It does NOT affect your ability to obtain reasonable or necessary medical treatment that may be related to a compensable claim. Once it is approved by the Administrative Law Judge, the indemnity portion of your case is **closed**. You cannot recover any further indemnity benefits, including but not limited to temporary total, temporary partial, permanent partial, and permanent total disability benefits, from this employer for this injury. Acceptance of this settlement means that you are waiving your rights to a formal hearing, which is a trial, regarding any issues that your employer or the insurance company may be disputing with respect to indemnity benefits only. You may, however, pursue litigation, if necessary, for claims for medical treatment.

By accepting this stipulation, you give up your rights to any future loss of income benefits to which you might be entitled. Those benefits include:

1. Future periods of temporary total and/or temporary partial benefits to which you may be entitled as a consequence of this injury;
2. A specific indemnity award for your permanent partial disability, if any;
3. Additional specific indemnity benefits should your permanent partial disability worsen over time as a result of the natural degeneration of your condition;
4. Additional lost earnings benefits under Section 31-308a if at the end of a specific indemnity award you are unable to earn equivalent wages;

You may continue to be eligible for reasonable or necessary medical treatment that is causally related to a compensable claim. You may also be eligible for Vocational Rehabilitation, assuming you meet all eligibility requirements.

If you have any questions regarding the Indemnity Only Stipulation or its effect on your entitlement to future benefits, please ask the Administrative Law Judge. If not, please read and initial the following:

- A) I understand the issues discussed above. _____
- B) I want to settle my case by way of the Indemnity Only Stipulation. _____

Please indicate your acceptance of these conditions by signing your name below.

Print Claimant's Name

Print Name of Attorney/Witness

Signature Date

Signature Date

Administrative Law Judge Date

For Out of State Claimants:

All Stipulation documents must be notarized.

Notary Date