

DEATH CLAIM SETTLEMENT ORDER

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES
OKLAHOMA CITY, OK 73105-4918

THIS SPACE FOR COMMISSOIN USE ONLY

Send original and 5 copies to the Workers' Compensation Commission

IN RE DEATH OF: (Please type or Print ALL information legibly in ink.)

Full Name of Deceased Employee
Full Name of <input type="checkbox"/> Spouse or <input type="checkbox"/> Dependent or <input type="checkbox"/> Guardian of Such Person
Deceased Employee's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-
Name of Employer
Employer's Insurance Carrier, Permit # for Commission Approved Individual Self-Insured or Own Risk Group, Uninsured

WCC File Number
Date of Death

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony, punishable by imprisonment, a fine or both..

This agreement is prepared and submitted pursuant to Section 47 of the Administrative Workers' Compensation Act, Title 85A of the Oklahoma Statutes. By signing below, each party affirms that they have read and understand its provisions, declares under penalty of perjury that all statements are true and accurate to the best of their knowledge and belief, and understands that the agreement, if approved by the Workers' Compensation Commission, is conclusive, final and binding on all the parties involved.

Administrative Workers' Compensation Act, 85A OS §6(A)(1)(a): "Any person who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment...shall be guilty of a felony."

By this agreement, the parties settle upon and determine (check one):

ALL ISSUES AND MATTERS IN THE CLAIM
(Settlement and Resolution of Claim With Full Release)

SOME, BUT NOT ALL, ISSUES AND MATTERS IN THE CLAIM — Attach appendix of all outstanding issues. The appendix is subject to approval by the Workers' Compensation Commission. It MUST accompany the Death Claim Settlement Order and be dated and signed by all parties under penalty of perjury.

1. It is hereby agreed by and between the spouse or other person who may be defined as a dependent of the deceased for purposes of workers' compensation death benefits or the guardian of such person, and the employer/insurance carrier that the above named deceased sustained a compensable accidental injury on or about _____, _____, while in the employ of the employer, from and as a result of which the deceased died on _____, _____. The deceased's average weekly wage before the date of death was \$_____.
2. The deceased's employment was covered by the workers' compensation laws of the state and the Workers' Compensation Commission has jurisdiction in this matter.
3. The parties agree the proper beneficiaries of the deceased are identified on a duly executed and authenticated proof of loss (CC-Form-20) filed in this case and the claim for benefits asserted by the spouse or dependent of the deceased or guardian of such person is substantiated by appropriate documentation which has been certified.
4. This is an agreement in which the spouse or dependent of the deceased or guardian of such person agrees to accept \$_____ in full and final settlement of all claims for spousal or dependency benefits, as a result of the decedent's death sustained as a result of the accident referred to above. This sum is in addition to any previous amount(s) paid to such person, and any amount(s) to any medical provider for authorized, reasonable and necessary medical expenses incurred by the deceased due to the injury. Of said sum, \$_____ shall be paid for _____; and \$_____ shall be paid for _____. If the dependent(s) is a child or are children under the age of eighteen (18), the guardian ad litem designated herein (name) _____, shall comply with all deposit, accounting and other obligations set forth in the workers' compensation laws of this state.
5. In the event the claim is contested, the sum of \$_____ shall be deducted from this settlement and paid, pursuant to the workers' compensation laws of this state, to the attorney representing the spouse or dependent or guardian for such person.
6. The employer/carrier agrees to pay all applicable Commission costs, and all taxes and assessments to the Oklahoma Tax Commission, as follows: \$140.00 to the Workers' Compensation Commission, taxed as costs in this matter, unless previously paid; the Special Occupational Health and Safety Tax in the sum of \$_____, representing three-fourths of one percent (0.75%) of the joint petition settlement amount; if a Commission Approved OWN RISK employer or group self-insurance association, the Workers' Compensation Fund assessment in the sum of \$_____, representing 2% of the joint petition settlement amount; and, in addition to other amounts, if UNINSURED, a Multiple Injury Trust Fund assessment in the sum of \$_____, representing 5% of the joint petition settlement amount.

SPOUSE/DEPENDENT/GUARDIAN NAME — PLEASE PRINT

EMPLOYER NAME— PLEASE PRINT

SPOUSE/DEPENDENT/GUARDIAN ADDRESS

NAME OF EMPLOYER'S CARRIER OR OWN RISK GROUP — PLEASE PRINT

SPOUSE/DEPENDENT/GUARDIAN — SIGNATURE

DATE

NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT

OBA#

ATTORNEY FOR SPOUSE/DEPENDENT/GUARDIAN — PLEASE PRINT

OBA #

EMPLOYER/CARRIER ATTORNEY—SIGNATURE

DATE

ATTORNEY FOR SPOUSE/DEPENDENT/GUARDIAN— SIGNATURE

DATE

ORDER APPROVING DEATH CLAIM SETTLEMENT ORDER: The Workers' Compensation Commission, having reviewed the evidence, files and records in this matter and being fully advised in the premises, approves the above Death Claim Settlement Order, including attorney fees and the attached appendix to the Death Claim Settlement Order, if any, which Death Claim Settlement Order and appendix are incorporated herein by reference and made a part hereof. The employer/carrier shall comply with this order within fifteen (15) days from the file-stamped date of the order. In that event, and if the Death Claim Settlement Order determined all issues and matters in the claim, this cause shall be fully and finally closed and resolved, and the Commission divested of further jurisdiction therein.

DONE this _____ day of _____, _____.

Reporter's Initials

A copy hereof was mailed by United States regular mail on this file-stamped date to all attorneys of record and unrepresented parties.

BY ORDER OF _____
ADMINISTRATIVE LAW JUDGE

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