

ILLINOIS WORKERS' COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER

ATTENTION. Please type or print. Answer all questions. File four copies of this form. Attach a recent medical report.

Workers' Compensation Act ☒ Occupational Diseases Act ☐ Fatal case? No ☒ Yes ☐ Date of death

APR 22 2020

Case #

20WC009680

Frank Navarrete
Employee/Petitioner

Village of Orland Park
Employer/Respondent

Setting **Chicago**

To resolve this dispute regarding the benefits due the petitioner under the Illinois Workers' Compensation or Occupational Diseases Act, we offer the following statements. We understand these statements are not binding if this contract is not approved.

Frank Navarrete
Employee's name

14631 Golf Road, Orland Park, IL 60462
Street address City, State, Zip code

Village of Orland Park
Employer's name

14700 South Ravina Avenue, Orland Park, IL 60462
Street address City, State, Zip code

State Employee? Yes ☐ No ☒ Male ☒ Female ☐

Married ☒ Single ☐

Dependents under age 18 0

Birthdate 3/8/1948

Average weekly wage \$242.70

Date of accident 10/22/18

How did the accident occur? Throwing garbage

What part of the body was affected? Right shoulder, right upper extremity, man as whole.

What is the nature of the injury? Internal derangement

The employer was notified of the accident orally ☒ in writing ☐

Return-to-work date N/A

Location of accident Orland Park, IL Did the employee return to his or her regular job? Yes ☐ No ☒

If not, explain below and describe the type of work the employee is doing, the wage earned, and the current employer's name and address.

Petitioner has permanent restrictions which preclude him from returning to his pre-injury job.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for ongoing weeks at the rate of \$242.70 /week.

The employee was temporarily totally disabled from ongoing through ongoing. TTD benefits will terminate upon settlement contract approval.

MEDICAL EXPENSES: The employer has ☒ has not ☐ paid all medical bills. List unpaid bills in the space below.

PREVIOUS AGREEMENTS: Before the petitioner signed an *Attorney Representation Agreement*, the respondent or its agent offered in writing to pay the petitioner \$ 0.00 as compensation for the permanent disability caused by this injury.

An arbitrator or commissioner of the Commission previously made an award on this case on N/A regarding

TTD \$ N/A Permanent disability \$ N/A Medical expenses \$ N/A Other \$ N/A

TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee.

SEE ATTACHED RIDER WHICH BECOMES PART OF THESE SETTLEMENT TERMS.

Total amount of settlement **\$ 25,000.00 plus a WCMSA of \$8,126.00**

Deduction: Attorney's fees **\$0**

Deduction: Medical reports, X-rays **\$0**

Deduction: Other (explain) **\$0**

Amount employee will receive **\$ 25,000.00 plus a WCMSA of \$8,126.00**

PETITIONER'S SIGNATURE. Attention, petitioner. Do not sign this contract unless you understand all of the following statements.

I have read this document, understand its terms, and sign this contract voluntarily. I believe it is in my best interests for the Commission to approve this contract. I understand that I can present this settlement contract to the Commission in person. I understand that by signing this contract, I am giving up the following rights:

1. My right to a trial before an arbitrator;
2. My right to appeal the arbitrator's decision to the Commission;
3. My right to any further medical treatment, at the employer's expense, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

Signature of petitioner

Frank Navarrette
Name of petitioner (please print)

(630) 207-4743
Telephone number

4-17-2020
Date

PETITIONER'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. Based on the information reasonably available to me, I recommend this settlement contract be approved.

PROSE

Signature of attorney

Date

Attorney's name and IC code # (please print)

Firm name

Street address

City, State, Zip code

Telephone number

E-mail address

RESPONDENT'S ATTORNEY. The respondent agrees to this settlement and will pay the benefits to the petitioner or the petitioner's attorney, according to the terms of this contract, promptly after receiving a copy of the approved contract.

Candice E. Drew
Signature of attorney or agent

April 14, 2020
Date

Candice E. Drew

Attorney's name and IC code # or agent (please print)

Wiedner & McAuliffe, Ltd (560)

Firm name

One North Franklin, #1900

Street address

Chicago, IL 60606

City, State, Zip code

312 596 4941

Telephone number

cedrew@wmlaw.com

E-mail address

CCMSI

Name of respondent's insurance or service company (please print)

ORDER OF ARBITRATOR OR COMMISSIONER:

Having carefully reviewed the terms of this contract, in accordance with Section 9 of the Act, by my stamp

I hereby approve this contract, order the respondent to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.

IC5 page 2

APPROVED BY AUTHORITY OF THE
ILLINOIS WORKERS' COMPENSATION COMMISSION
pursuant to the provisions of the
Workers' Compensation and Workers'
Occupational Diseases Act

APR 22 2020

By: Charles M. Watts, Arbitrator

RIDEK 79
ILLINOIS WORKERS COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER

20WC009680

Frank Navarrete,

Employee - Petitioner

CASE NO:

Village of Orland Park,

Employer - Respondent

Respondent agrees to pay and Petitioner agrees to accept the lump sum of \$25,000.00 plus a WCMSA of \$8,126.00 in full and final settlement of all claims for injuries and aggravations thereof resulting from Petitioner's accidental injuries described herein occurring on or about 10/22/18. The consideration for this settlement represents the full measure of Respondent's liability under the Illinois Workers' Compensation Act. This settlement includes any and all injuries and/or aggravations Petitioner sustained during his employment with the Respondent through the date of settlement contract approval. Petitioner agrees to waive his rights under the Workers' Compensation Act for medical benefits under Section 8(a) and for any increased disability under Section 19(h). By way of this agreement, Respondent does not agree to waive, and expressly reserves, its subrogation rights and any other rights as enumerated in Section 5(b) of the Act. The settlement represents approximately 20% person as a whole, to include any claim for permanency to the right arm.

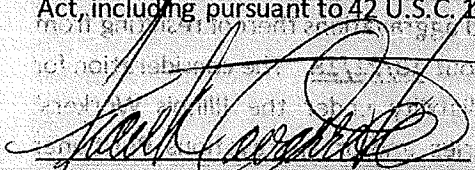
Petitioner is a Medicare beneficiary and the total settlement amount is over \$25,000.00. It is not the parties' intent to shift the burden of future medical expenses related to the work accident to Medicare. The Centers for Medicaid and Medicare Services (CMS) approved the attached Worker's Compensation Medicare Set-Aside (WCMSA) allocation in the amount of \$8,126.00 on 2/14/20. In consideration of Medicare's interests, the Respondent has agreed to fund the WCMSA in the amount of \$8,126.00 via a lump sum payment. The funds provided for the WCMSA are intended to be used only for future treatment related to the work accident that would otherwise be covered by Medicare. In consideration of Respondent's funding of the WCMSA, all 8(a) rights are terminated.

Petitioner agrees to establish an account and to self-administer a WCMSA account in accordance with all applicable law and CMS policy. In the administration of the WCMSA funds, Petitioner acknowledges, understands, and agrees to the following:

- The WCMSA funds must be placed in an interest-bearing account, separate from Petitioner's personal savings or checking accounts.
- The WCMSA funds must only be used to pay for medical expenses related to Petitioner's work injury that would otherwise be paid for by Medicare.

- The WCMSA funds must be expended for medical expense related to Petitioner's work accident before any such claims are submitted to Medicare.
- As administrator of the WCMSA, Petitioner will be responsible for keeping accurate records of payments made from this account and to provide a self-attestation form and other records pursuant to instructions provided by the Centers for Medicare and Medicaid Services (CMS) or its contractor, if so required.
- Petitioner agrees to comply with any other conditions promulgated in establishing the WCMSA that are not expressly set forth in this settlement, as well as other obligations regarding the WCMSA, existing by law or Government regulation, not expressly set forth in this settlement.
- Failure to utilize WCMSA funds as outlined may jeopardize Petitioner's future Medicare benefits.

Petitioner is a current Medicare beneficiary. The parties agree that Respondent will resolve any demand made on behalf of Medicare for reimbursement of pre-settlement conditional payments made in relation to petitioner's work injury described herein and occurring on or about 10/22/18. Petitioner waives any and all private causes of action against Respondent under the Medicare Secondary Payer Act, including pursuant to 42 U.S.C. 1395y(b)(3)(a).


Frank Navarrete

4-17-2020
Date

Petitioner


Candice E. Drew

4-21-2020
Date

Attorney for Respondent

APPROVED BY AUTHORITY OF THE
ILLINOIS WORKERS' COMPENSATION COMMISSION
pursuant to the provisions of the
Workers' Compensation and Workers'
Occupational Disease Acts

APR 22 2020


By: Charles M. Watts, Arbitrator



February 14, 2020

EXAMWORKS CLINICAL SOLUTIONS
2397 HUNTCREST WAY
SUITE 200
LAWRENCEVILLE, GA 30043

RE: Workers' Compensation Medicare Set-Aside Arrangement

Claimant: FRANK NAVARRETE

Medicare ID/SSN: 1WC3PR1AK78

Date of Injury: 10/22/2018

CMS Case Control Number(CCN): WC2002402316154

Dear Sir or Madam,

This letter is in response to your submission of a proposed Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) amount related to the above-named claimant's workers' compensation claim and received on 01/24/2020.

You proposed a WCMSA amount of \$8,126.00 to pay for future medical items and services that are covered and otherwise reimbursable by Medicare ("Medicare covered") and are related to the claimant's workers' compensation claim.

We have evaluated your proposed WCMSA amount, and have determined that \$8,126.00 adequately considers Medicare's interests with respect to Medicare-covered future medical items and services, including prescription drugs.

The current treatment records **do not indicate** that the claimant has been prescribed drugs, nor do they indicate that he or she will need prescription drug treatment related to the workers' compensation claim in the future. As a result, Medicare's interests have been adequately protected with regard to the future prescription drug treatment that would be Medicare covered. Therefore, our approved WCMSA amount does not include any costs associated with prescription drugs.

In order to comply with Section 1862(b)(2) of the Social Security Act, Medicare is not permitted to pay for medical items or services, including prescription drug expenses, related to the workers' compensation claim until the approved WCMSA amount is appropriately exhausted ("properly spent") on related medical care. Where a workers' compensation settlement, judgment, award, or other payment is less than the approved WCMSA amount, Medicare is not permitted to pay for related medical care until the whole settlement, judgment, award, or other payment is properly spent on related medical care. The WCMSA funds must be placed in an

interest-bearing account. Funds in the account should not be used for any purpose other than payment of future medical care that is covered by Medicare and is related to the workers' compensation claim. The WCMSA must be funded with an initial deposit of \$1,250.00 and subsequent equal payments of \$573.00 over 12 year(s).

When a WCMSA is funded as a structured settlement (settlement monies paid out in yearly installments over a number of years), any WCMSA funds that are not used in a given year must remain in the account to pay for related medical care during following years. If available WCMSA funds for a particular year (including the current year's full structured payment plus any prior year's remaining funds plus interest) have been properly spent, Medicare will pay for covered items and services that are related to the workers' compensation claim for the remainder of that year until the scheduled date for the next year's deposit into the WCMSA account. Bills should be paid in the order they are received to help the Benefits Coordination & Recovery Contractor (BCRC) confirm that the funds have been temporarily exhausted (properly spent for that year).

Approval of this WCMSA amount is not effective until the Centers for Medicare & Medicaid Services (CMS) receive a copy of the final executed workers' compensation settlement agreement, which must include this approved WCMSA amount. Please include the CMS Case Control Number listed at the top of this letter in any correspondence. Submit your settlement agreement via the Portal if your original submission was via the Portal. If you originally submitted outside of the Portal, submit the settlement agreement to the following address:

WCMSA Proposal/Final Settlement
P.O. Box 138899
Oklahoma City, OK 73113-8899

If your settlement agreement is 10 pages or less, you may also fax it to (405) 869-3306. **Note:** This number is not for initial submissions, only for additional documentation under 10 pages.

The proposed WCMSA amount was calculated based on the workers' compensation fee schedule for the State of ILLINOIS.

Funds in a WCMSA may not be used to purchase a Medicare supplemental insurance policy or a Medigap policy for a beneficiary, or to pay for the premiums for such policies.

Once the funds in the WCMSA account have been properly spent on Medicare-covered items and services related to the claimant's workers' compensation claim and Medicare has been given proof that the account has been properly spent, Medicare will begin paying for the claimant's Medicare-covered items and services that are related to the workers' compensation claim.

Medicare will pay for Medicare-covered items and services that are unrelated to the workers' compensation claim according to Medicare's payment rules.

We understand that the claimant will act as administrator of the WCMSA funds. We have enclosed instructions, titled "Administering Your Workers' Compensation Medicare Set-Aside Arrangement (WCMSA)." The WCMSA Self-Administration Toolkit is another resource, available on the CMS website at <http://go.cms.gov/WCMSASelfAdm>. The claimant must send a signed attestation letter to the Benefits Coordination & Recovery Center at the address below every year, no later than 30 days after the end of each reporting period (beginning one year from the date of establishment of the WCMSA account). Annual attestations should continue through final exhaustion of the account.

NGHP
PO BOX 138832
OKLAHOMA CITY, OK 73113

Please note that this decision regarding future medical treatment is independent of any determination regarding Medicare Secondary Payer recovery rights for conditional payments

Medicare made for related items and services furnished before the date of the settlement, judgment, award, or other payment. Medicare has the right to recover (or take back) Medicare payments related to any workers' compensation settlement, judgment, award, or other payment. Any payments Medicare may have made that should have been paid from the workers' compensation settlement, judgment, award, or other payment must be repaid to Medicare.

If you have any questions concerning this letter, please call CUSTOMER SERVICE at (312) 353-1801.

Sincerely,



Sherri McQueen
Director, Financial Services Group
Office of Financial Management

Enclosure

CC: FRANK NAVARRETE
NGHP

ADMINISTERING YOUR WORKERS' COMPENSATION MEDICARE SET-ASIDE ARRANGEMENT (WCMSA)

You have chosen to personally administer the WCMSA account established as part of a Workers' Compensation settlement, judgment, award, or other payment. It is important that you understand the Centers for Medicare & Medicaid Services' (CMS) policies regarding WCMSA accounts.

In order to comply with section 1862(b)(2) of Social Security Act, Medicare is not permitted to pay for medical items or services, including prescription drug expenses, related to the workers' compensation claim until the approved WCMSA amount is appropriately exhausted ("properly spent") on related medical care that is covered and otherwise reimbursable by Medicare ("Medicare covered"). Where a workers' compensation settlement, judgment, award, or other payment is less than the approved WCMSA amount. Medicare is not permitted to pay for related medical care until the whole settlement, judgment, award, or other payment is properly spent on related medical care. The WCMSA funds must be placed in the an interest-bearing account. Funds in the account may not be used for any purpose other than payment of future medical care that is Medicare covered and related to the workers' compensation claim, or for certain allowable expenses. For details on using the account, see WCMSA Reference Guide and the Self-Administration Toolkit at <http://go.cms.gov/wcmsa> on the CMS website.

Funds in a WCMSA account may not be used to purchase a Medicare supplemental insurance policy or Medigap policy, or to pay for premiums for such policies.

When a WCMSA is funded as structured settlement (settlement monies paid out in yearly installments over a number years), any WCMSA funds that are not used in a given year must remain in the account to pay for related medical care during later years. If available WCMSA funds for a particular year (the current year's full structured payment plus any prior year's remaining funds plus interest) have been properly spent, Medicare will pay for covered items and services that are related to workers' compensation claim for the remainder of that year until the scheduled date for the next deposit into the WCMSA account. Bills should be paid in the order they are received to help the Benefits Coordination & Recovery Center (BCRC) confirm that the funds have been properly spent for that year. Medicare will pay for items and services covered by Medicare that are unrelated to the workers' compensation claim according to Medicare's payment rules.

Basic instructions for establishing and administering a WCMSA account are listed below; more thorough instructions can be found in the Self-Administration Toolkit mentioned above (<http://go.cms.gov/wcmsa>). If you have any further questions regarding these requirements, please contact the Medicare Regional Office (RO) assigned to you. You can find a list of ROs at <http://cms.gov/regionaloffices/> on the CMS website; scroll to the Downloads section near the bottom of the page. For questions about annual attestation or annual accountings, contact the BCRC:

NGHP
PO BOX 138832
OKLAHOMA CITY, OK 73113

Establishing and Using your Medicare Set-Aside Account

- WCMSA funds must be placed in an interest-bearing account, separate from your personal savings or checking account.
- WCMSA funds may only be used to pay for medical items and services and prescription drug expenses related to your workers' compensation claim that would **normally be paid by Medicare, or for certain allowable expenses.**

- Examples of some items that Medicare does not pay for are: acupuncture, routine dental care, eyeglasses or hearing aids and therefore, these items can not be paid from the WCMSA account. You may obtain a copy of the booklet "Medicare & You" from your Social Security office for a more extensive list of services not covered by Medicare.
- If you have a question regarding Medicare's coverage of a specific item, service or prescription drug, please call 1-800-MEDICARE (1-800-633-4227) or visit CMS' website at <http://www.medicare.gov/> where you can search for the item, service, or drug to see if it's covered.

Note: If funds from the WCMSA account are used to pay for services other than Medicare-allowable medical expenses related to workers' compensation claim, Medicare will not pay injury-related claims until these funds are restored to the WCMSA account and then properly spent.

Record Keeping

- You may use the WCMSA account to pay for the following costs that are directly related to the account:
 - Document copying charges
 - Mailing fees or postage
 - Any banking fees related to the account
 - Income Tax on interest income from the account
- As administration of the account, you will be responsible for keeping accurate records of payments made from the account. These records may be requested by CMS' lead Medicare contractor as proof of appropriate payments from the WCMSA account.
- Annually, you must sign and forward a copy of the attached form providing self-attestation that payment from the WCMSA account was made appropriately for work-related injuries that would otherwise be reimbursable by Medicare.
- You may optionally submit your annual attestation electronically using WCMSA Portal. An attestation submitted on the WCMSA Portal will be immediately processed. For more information on using the WCMSA Portal, see the resources list at <http://go.cms.gov/wcmsa>.
- The annual attestation must be submitted online in the WCMSA Portal or by mail to the BCRC at address listed on the first page of these instructions no later than 30 days after the end of each reporting year, which starts with the date the account is established and ends on that date in the following year.
- Funds remaining in the account at the end of a reporting year must remain in the account for the next year, along with any accrued interest.
- If your WCMSA funds are completely spent but you expect another annual deposit, send the attestation to inform Medicare that the account is temporarily exhausted. Medicare will pay for workers' compensation claim-related medical expenses until the next annual deposit.
- The annual attestation should continue through depletion of the WCMSA account.
- In the event that you die before the funds in the WCMSA account are depleted, the account will continue to exist for payment of any outstanding bills for work-related injury medical expenses and prescription drug expenses that would otherwise be covered by Medicare. For instructions related to the disbursement of remaining funds, please follow the instructions under section 19.2 in the most recent version of the WCMSA Reference Guide at <http://go.cms.gov/wcmsa>.

DO NOT SEND YOUR ANNUAL ATTESTATION DIRECTLY TO CMS. Please send your annual attestation to the BCRC or submit electronically on the WCMSA Portal.

**Workers' Compensation Medicare Set-Aside Arrangements (WCMSA) -
Account Expenditures**

Date: _____

FRANK NAVARRETE
1WC3PRIAK78

Medicare beneficiaries that have a CMS approved WCMSA as part of a workers' compensation settlement agreement, may only use the funds in the WCMSA account to pay for medical services that are related to the workers' compensation injury and that would otherwise be paid by Medicare.

I, the undersigned, attest that I have appropriately used the monies in the WCMSA account to pay for medical services as described above for the period from _____ to _____.

I further acknowledge and understand that failure to adhere to any of the Medicare requirements for the use of this money will be regarded as a failure to reasonably recognize Medicare's interests and that Medicare will deny coverage for all medical treatments due to work-related injuries up to the total workers' compensation settlement amount.

Signature**Date**

Witness**Date**

CMS reserves the right to audit the above-mentioned expenditures. For this purpose, CMS recommends that you retain evidence of your expenditures for a period of seven (7) years.

WORKERS' COMPENSATION MEDICARE SET-ASIDE ARRANGEMENT (WCMSA) REVIEW**Case Control #:** WC2002402316154 **Medicare ID/SSN:** 1WC3PR1AK78**Claimant's Name:** FRANK NAVARRETE**Date of Injury:** 10/22/2018**Diagnosis Code:**

Dx Code	Dx Ind.	Dx Description
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M75101	ICD-10	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
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Proposed Settlement Date (PSD): 05/23/2020**Date of Birth:** 03/08/1948**Age at PSD:** 72**Rated Age at PSD:** 74**Life Expectancy:** 13 yrs.**Submitter:**

(678) 722-8087

EXAMWORKS CLINICAL SOLUTIONS

2397 HUNTCREST WAY

SUITE 200

LAWRENCEVILLE, GA 30043

Claimant:

FRANK NAVARRETE

14631 GOLF RD

ORLAND PARK, IL 60462-7433

WCMSA Administrator:

FRANK NAVARRETE

14631 GOLF RD

ORLAND PARK, IL 60462-7433

☐ SSA's record shows Representative Payee**Proposed Future Medical WCMSA Amount:** \$8,126.00**Proposed Future Rx WCMSA Amount:** \$0.00**Total Proposed WCMSA:** \$8,126.00

Proposed Initial Deposit: \$1,250.00

Total Settlement Amount: \$30,126.00**Recommended WCMSA:** \$8,126.00 **Pricing Method:** Fee **WC State:** ILLINOIS**Recommended WCMSA Lump Sum** ☐ or**Recommended WCMSA Structured Payments:** ☒

Recommended Initial Deposit: \$1,250.00

Annual Amount: \$573.00 x 12 yrs.

Anniversary Date: 05/23/2021

Type of Recommendation: Approved**If not eligible for WCMSA, reason:****Current Treatment Status for WC Injury or Disease (including past medical treatment):**

CLAIMANT SUSTAINED AN INDUSTRIAL INJURY ON 10/22/2018 WHICH RESULTED IN PAIN IN RIGHT SHOULDER.TREATMENT INCLUDED STEROID INJECTIONS,PHYSICAL

PHYSICAL THERAPY, PHYSICIAN VISITS AND DIAGNOSTIC EVALUATION. CLAIMANT UNDERWENT RIGHT SHOULDER SURGERY ON 02/26/2019. CLAIMANT REQUIRES PHYSICAL THERAPY, PHYSICIAN VISITS FOR SYMPTOM MANAGEMENT AND DIAGNOSTIC EVALUATION.

Past Medical Treatment Unrelated to WC Injury or Its Co-Morbid Conditions:

HYPERTENSION, HYPERLIPIDEMIA, BENIGN PROSTATIC HYPERTROPHY (BPH), HISTORY OF KNEE SURGERY, CONTRACTURE ACHILLES TENDON.

Future Treatment (for Medicare-covered items and reimbursable services for the WC injury only):

THE FOLLOWING SERVICES ARE INDICATED FOR THE INDUSTRIAL INJURY.

The following chart summarizes the future medical treatment costs (exclusive of pharmacy items) that adequately protect Medicare's interests:

Service	Freq	Every X Yrs	# of Years	Price Per Service	Total
ORTHOPEDIC PHYSICIAN	1.00	1.00	13.0	\$127.17	\$1,653.21
PHYSICAL THERAPY	24.00	13.00	13.0	\$150.96	\$3,623.04
X-RAYS, RIGHT SHOULDER	4.00	13.00	13.0	\$116.45	\$465.80
MRI, RIGHT SHOULDER	2.00	13.00	13.0	\$1,263.37	\$2,526.74
Total:					\$8,268.79

Prescription Drugs (for Medicare-covered and reimbursable drugs for the WC injury only):

NO MEDICATIONS ARE INDICATED FOR THE INDUSTRIAL INJURY.

According to available documentation, this claimant is currently receiving the following drugs:

The following chart summarizes the future prescription drug costs that adequately protect Medicare's interests:

Rationale for Decision:

THE SUBMITTER'S PROPOSED SET-ASIDE AMOUNT IS ADEQUATE TO PROTECT MEDICARE'S INTEREST. REVIEWED ON 02/14/2020. THE SUBMITTER'S PROPOSED INITIAL DEPOSIT OF \$1,250.00 WILL ADEQUATELY PROTECT MEDICARE'S INTEREST. 8,126 RECOMMENDED MSA, MINUS 0 A. COST OF 1ST SURG PROC (INCL PREP) 0 B. COST OF 1ST REPLACEMENT 0 C. RX INITIAL DEPOSIT 8,126 EQUALS REMAINING LIFE NEEDS 13 LIFE EXPECTANCY 625 REMAINING NEEDS/LE= ANNUAL NEEDS 2 TIMES TWO YEARS 1,250 D. EQUALS TWO YRS OF REMAINING NEEDS 1,250 CALCULATED INITIAL DEPOSIT = A+B+C+D

The following chart summarizes the services and costs that adequately protect Medicare's interests:

Subtotal Future Treatment: \$8,269.00
 Subtotal Prescription Drugs: \$0.00
 Grand Total: \$8,269.00

STATE OF ILLINOIS
COUNTY OF CHICAGO

} SS

BEFORE THE ILLINOIS WORKERS' COMPENSATION COMMISSION

Frank Navarrete,

Plaintiff,

vs.

Village of Orland Park,

Respondent.

} Case No.

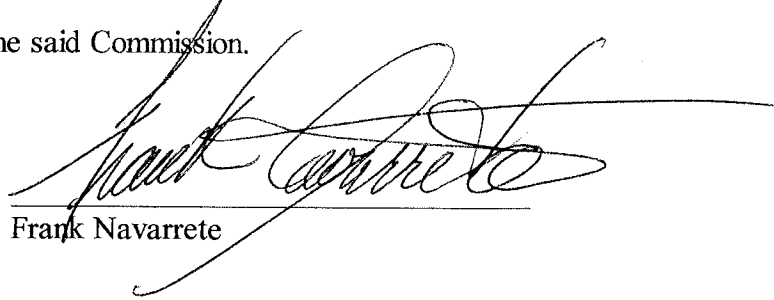
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ABSENTEE AFFIDAVIT

NOW COMES the Petitioner, Frank Navarrete, and states as follows:

1. That on 10/22/18, I sustained injuries arising out of and in the course of my employment with the Respondent, Village of Orland Park.
2. That all bills for medical, hospital and surgical services, stemming from the aforementioned injury, have been paid by the Respondent.
3. That I have agreed to accept \$25,000.00 plus a WCMSA of \$8,126.00 in full, final and complete settlement of any and all claims arising as a result of the previously described accident representing .
4. That I have not returned to work and continue to receive maintenance benefits from Respondent.
5. That I understand that by accepting the aforesaid consideration, I am closing out my rights to additional temporary total disability/maintenance benefits and medical benefits that I may otherwise be entitled to in the future, resulting from this accident.
6. That it would create a hardship on me to appear at the Illinois Workers' Compensation Commission to have this settlement approved.
7. That I prefer to have this contract approved with an absentee affidavit due to the risks presented by Covid-19.

WHEREFORE, the Petitioner, Frank Navarrete, respectfully requests that the Honorable Illinois Workers' Compensation Commission approve the attached lump sum settlement contracts without requiring my presence before the said Commission.


Frank Navarrete

SUBSCRIBED AND SWORN TO before me

this 17 day of April, 2020.


NOTARY PUBLIC

APPROVED BY AUTHORITY OF THE
ILLINOIS WORKERS' COMPENSATION COMMISSION
pursuant to the provisions of the
Workers' Compensation and Workers'
Occupational Diseases Act

APR 22 2020


By: Charles M. Watts, Arbitrator

