

STATE OF NEW MEXICO

WORKERS' COMPENSATION ADMINISTRATION

Worker, WCA No.:
v.
Employer/Insurer.

JOINT PETITION FOR LUMP SUM PAYMENT (SECTION 52-5-12 (D))

This form should be used to request a lump sum settlement pursuant to §52-5-12 (D). In order to use this form, the parties must agree to the settlement, explain the terms of the settlement below and sign this joint petition. By filing this joint petition the parties submit to the jurisdiction of the Workers' Compensation Administration. This form should not be used for petitions based on Return-to-Work or Partial Lump Sum for Debt. The parties should NOTE that this settlement may be affected by federal Medicare regulations if it contemplates closing future medical care.

- 1. Type of injury: Accidental Work Injury Occupational Disease [check one]
2. Worker's Full Name: Mailing Address: City/State/Zip: Telephone No.:
3. Worker's date of birth: Age: Sex: M F [check one]
4. Worker's Social Security Number:
5. Full Name of Employer: Employer's Address: City/State/Zip: Telephone No.:
6. Insurance Carrier: Address: City/State/Zip: Telephone No.:
7. Date of Accident:
a. City and County of accident:
b. Worker's job at time of accident:
c. Worker's average weekly wage:
d. Weekly compensation rate:
e. How did the accident occur:
f. Nature of the injury:
g. Part(s) of the body injured:
h. Name and address of treating Doctor(s):
i. First date Worker was unable to perform job duties:
j. Date of maximum medical improvement:
k. Impairment rating: Date assessed: Doctor's Name:
l. Has Worker been released to work by a Doctor? Yes No [check one]
If yes, please indicate the date Worker was released to work:
m. Has Worker returned to work since the accident? Yes No [check one]
If yes, please indicate the date Worker returned to work:
n. Name and address of current Employer:
o. Highest level of school completed by Worker:
8. Undisputed total/partial lump sum settlement.
a. Is the proposed settlement Total or Partial? [check one]
b. Is the proposed settlement by agreement of the parties? Yes No [check one]

c. Describe the nature of the proposed settlement, why there is a need to settle the proceeding under the agreed terms, and how the proposed settlement provides substantial justice for the parties:

REQUEST FOR RELIEF

9. A request is made for approval of a lump-sum settlement as follows:

a. **Indemnity.** The parties agree that if this proposed settlement is approved by the WCA Judge the Employer/Insurer will make a lump sum payment to Worker of \$ _____ in lieu of weekly compensation benefits. This lump sum payment is for [check one]:

- 1. ___ all weekly payments, both any unpaid past and future benefits (total lump sum), or
- 2. ___ a portion of remaining weekly payments (partial lump sum).

If a partial lump sum is approved, Worker will have ___ [# of weeks] of future weekly compensation benefits remaining after approval.

b. **Medical benefits** will [check one]:

- 1. ___ remain open under Section 52-1-49, NMSA (Rep.Pamp.2003),
- 2. ___ remain open for this term of years: ___ [number of years/months], or
- 3. ___ be closed.

If medical benefits will remain open for a term of years, future medical benefits will remain open for ___ years from the date of final approval of the settlement. If future medical benefits will be closed, Worker shall receive \$ _____ in lieu of future medical benefits.

c. Payment request does ___ or does not ___ [check one] include a lump sum for mental impairment, if any. *Copies of medical records may be attached to the petition as may be relevant to medical care, impairment, or other issues, if applicable.*

d. The parties seek award or approval of a Worker's attorney fees in the amount of \$ _____, including gross receipts tax, if Worker is represented by counsel. Worker's attorney's tax ID #: _____.

e. Other: _____

10. Is an interpreter needed for the hearings on this complaint? ___ Yes ___ No. [check one]

If yes, what language? _____ If an interpreter is needed, Employer/Insurer must furnish.

If you have questions, please call the Ombudsman Hotline at 505-841-6894 or 1-866-967-5667.

IF THE PETITION IS NOT SIGNED BY THE WORKER AND THE EMPLOYER/INSURER, THE PETITION WILL NOT BE ACCEPTED FOR FILING BY THE WCA CLERK OF THE COURT.

VERIFICATION OF THE WORKER

I, _____, Worker, verify I have read this petition for lump sum settlement approval. In accordance with NMRA 1-011(B), I swear and affirm under penalty of perjury under the laws of the State of New Mexico that representations I make in this petition are true and correct, and that I understand the terms and conditions of the proposed lump sum settlement agreement. I understand that approval of this agreement will affect my future entitlement to workers' compensation benefits.

Date

Worker's signature

Signature of Worker's Attorney (if any)

Name

Address

City, State, Zip code

Telephone & Fax Number

E-mail address (optional)

APPROVAL OF THE EMPLOYER/INSURER/OTHER

I, _____, Employer/Insurer/Attorney, state that I have read this petition for lump sum settlement approval, that I sign this Joint Petition with full authority to do so. I also confirm that I understand the terms and conditions of the lump sum settlement agreement and I understand that approval of this agreement will affect my company's/client's obligation to pay under this settlement, and its future obligation to pay workers' compensation.

Date

Signature

Name

Address

City, State, Zip

Telephone & Fax Number

E-mail address (optional)