

COMMONWEALTH OF VIRGINIA

VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV DRIVE, RICHMOND, VA 23220

VWC Claim No _____

_____ Claimant

vs.

_____ Employer

_____ Insurer

Agreement for the
Settlement of an Award
in a Lump Sum or
Partial Lump Sum.

Carrier No _____

The parties in the above styled case have agreed to settle the existing award of the Worker's Compensation Commission in a lump sum and request the approval of such agreement. For the information and guidance of the Commission the following facts are agreed to:

1. Name and present address of the beneficiary- _____

2. The existing award of the Commission provides for the payment of compensation at the rate of \$ _____ per week for a period of _____ weeks.

3. Compensation on the foregoing award has been paid for _____ weeks to _____ Date

4. The purpose for which the lump sum is requested is: (Here must be given a full and accurate account of the proposed use of the lump sum in order that the Commission may pass upon whether or not it is to the best interest of beneficiary.)

5. The amount of the lump sum requested is \$ _____ Note: A 4% discount, compounded annually, will be calculated by the Commission and deducted from the above amount pursuant to §65.2-522, Code of Virginia.

6. The beneficiary agrees to give any further information or to comply with any reasonable requirements that the Commission may need.

Date at _____ (Employer)

this ____ day of _____ By _____ (Beneficiary)