



OSHR SETTLEMENT RESERVE FUND APPLICATION

VERY IMPORTANT: THIS FORM MUST BE SUBMITTED WITH AN UPDATED "SETTLEMENT EVALUATION" REPORT PREPARED BY CORVEL STAFF NO MORE THAN 30 DAYS PRIOR TO THE DATE APPLICATION IS FILED. ANY REQUESTED FUNDS MUST BE APPLIED FOR AND APPROVED PRIOR TO THE PARTIES' AGREEMENT TO ANY CLAIM SETTLEMENT.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED TO THE AGENCY.

SECTION 1

Employee: _____ Agency: _____ Claim Number: _____

Employee Home Address: _____ Date of Injury: _____

Funding Source for Employee's Salary: State Funds: _____% Federal Funds: _____%

Employer/WCA Contact Name: _____ Phone #: _____ Email: _____

SECTION 2

Work Status: Mark an X in all boxes that apply and provide specific dates where applicable.

Date Last Worked: _____

Resigned Retired Separated from Job Agency unable to accommodate work restrictions

Returned to Work: Full Duty Modified Duty Date Returned: _____

SECTION 3

Disability Status: Mark an X in all boxes that apply and provide specific information.

Short-term Disability: Applied for Receiving Not Eligible to Apply

Long-term Disability: Applied for Receiving Not Eligible to Apply

Social Security Disability: Applied for Receiving Not Eligible to Apply

Medicare: Applied for Receiving Not Eligible

Description of agency's efforts to return employee to work: _____

Other pertinent information: _____

SECTION 4

Settlement Details: Mark an X in all boxes that apply and provide specific dollar amounts.

Medicare Set Aside (MSA) Agreement required for settlement: YES NO Proposed MSA Amount: \$ _____

Total Estimated Settlement Cost (including MSA): \$ _____

Amount Agency is Requesting from Settlement Reserve Fund: \$ _____

Is employee currently separated from job? YES NO

If still employed, will claim settlement include employee's resignation?: YES NO

Signature of Agency Secretary or Designee with Claim Settlement Authority

Date

SEND COMPLETE APPLICATION FORMS TO: WORKERSCOMP@NC.GOV

Questions: Email WORKERSCOMP@NC.GOV or call (919) 807-4858