



3. An affidavit from the employer's attorney or a statement from the employer regarding the proposed settlement.
  - a.) Attach a copy of the letter from the attorney and/or insurer advising employer of details of the proposed settlement and their right to be heard.
  - b.) Attach a copy of the letter from the attorney and/or insurer advising the employer of the potential effect of the proposed settlement on their workers' compensation premiums. If the employer is self-insured, an affidavit signed by employer's counsel attesting that the employer has been fully advised of the details of the settlement and has no objection to same.
4. A copy of the most recent court impartial medical examination.
5. A statement from the treating physician.

*If the employee is still treating:*  
The statement must be dated within 30 days of the date of the filing of the petition.

*If the employee has stopped treating:*  
The medical report from the physician with whom the employee last treated together with an affidavit **signed by the employee or her/ his attorney** that she/he is no longer treating.
6. A Life Expectancy Table.
7. An affidavit of the employee regarding CMS: Medicare and Social Security if applicable.
8. A copy of any and all notices of liens.
9. A copy of the Structured Settlement Agreement, if applicable.
10. A copy of the Medicare Set-Aside Agreement, if applicable.

\_\_\_\_\_  
Signature of Employee's Attorney

\_\_\_\_\_  
Address of Employee's Attorney

\_\_\_\_\_  
Phone Number of Employee's Attorney

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Bar Number of Employee's Attorney

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Signature of Employer's Attorney

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Address of Employer's Attorney

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Phone Number of Employer's Attorney

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Bar Number of Employer's Attorney