

WORKSHEET FOR SETTLEMENTS: DEATH CASE

K-WC 13 (Rev. 5-14)

Docket No.: _____ Heard by: _____

Claimant(s): _____

Respondent: _____ Insurance Carrier: _____

Date of hearing: _____ Place of hearing: _____

Appearances:

Claimant(s) appeared by: _____

Respondent (and insurance company) appeared by: _____

Workers' Compensation Fund appeared by: _____

Date of accident: _____ Date of death: _____

Place of accident: _____

Average weekly wage: \$ _____ Compensation paid: \$ _____

Medical evidence to be admitted: _____

Medical and hospital expenses: _____

Exhibits: Death Certificate: attached Marriage Certificates: attached not applicable

 Birth Certificates: attached not applicable Letters of Conservatorship: attached not applicable

Funeral expenses: _____

Basis of Settlement:

1. Compromise

\$ _____ on a strict compromise of the following issues:

2. \$ _____ per week to surviving spouse and

\$ _____ per week to each of _____ dependents

Not to exceed \$ _____