Instructions for Completing Settlement Application

Name of claimant
Address of claimant
County in which claimant resides
Telephone number of claimant
Counsel of claimant (if applicable)

Name of employer where claimant was injured
Address of employer where injured
County where injury occurred
Social security number of claimant

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1. Claim number in which you are applying for the settlement
2. Date of Injury, Date of Last Exposure in the claim you are requesting settlement
3. Reason you are requesting settlement
4. Amount of settlement you are requesting
5. Describe any current treatment you may be receiving
6. Indicate if you have participated in any vocational rehabilitation plan with American Mining Claims Service
7. Describe any prior non work-related injuries or illnesses
8. Describe any other work-related injuries or illnesses that occurred outside of West Virginia
9. All current and / or arrearage child or spousal support will be deducted from the settlement you may receive
10. All overpayments you may have with American Mining Claims Service will be deducted from your settlement
11. Indicate if you are currently receiving Social Security, Medicaid or Medicare benefits
12. Indicate if you are eligible or will be eligible for Social Security, Medicaid or Medicare benefits within the next 30 months
13. Indicate if you are currently receiving a disability or retirement benefit, other than Social Security, from your place of employment
14. If you have any pending litigation issues with American Mining Claims Service, please provide claim number, date of injury / date of last exposure, date of ruling and issue in litigation

Signature of party requesting settlement

Date completing and signing application

§23-5-7 Compromise and Settlement

With the exception of medical benefits for nonorthopedic occupational disease claims, the Claimant, the Employer and American Mining Claims Service may negotiate a final settlement of any and all issues in a claim wherever the claim is in the administrative or appellate processes.

§85-12-6 Issues Subject to Settlement

If the claim is in the review or appellate process, all claim issues, including medical, may be settled, even though the issues may not be currently contested. These issues include, but are not limited to, temporary total disability, temporary partial disability, permanent partial disability, permanent total disability, vocational rehabilitation and any other issues within the jurisdiction of American Mining Claims Service.

AMCS
American Mining Claims Service
WEST VIRGINIA UNIT

Settlement Application

Return completed form to:

American Mining Claims Service
P.O. Box 660988
Birmingham, AL 35266-0988

CLAIMANT	EMPLOYER
Name (First and Last)	Name
Street Address	Street Address
City, State, Zip	City, State, Zip
County	County
Telephone Number (include area code)	Telephone Number (include area code)
Social Security Number	Does the claimant have counsel? ☐ Yes ☐ No (If yes, please provide name and contact information.)

1. Claim number in which you are requesting settlement:
2. Date of Injury / Date of Last Exposure (month / day / year):
3. Why do you want to settle this claim?
4. What amount are you requesting for settlement?
5. Please describe any type of treatment you are currently receiving:
6. Have you ever participated in vocational rehabilitation with American Mining Claims Service? ☐ Yes ☐ No
7. Please indicate any prior non work-related injuries or illnesses:
8. Do you have any other work-related injuries or illnesses that occurred outside of West Virginia? ☐ Yes ☐ No
   If yes, please provide details:
9. Do you understand and agree that any current and / or arrearage child or spousal support orders will be deducted from the settlement you may receive from American Mining Claims Service? (AMCS is required to deduct any current child or spousal support): ☐ Yes ☐ No
10. Do you understand and agree that any overpayments you may have on any American Mining Claims Service claim will be deducted from your settlement? (AMCS can and will deduct any overpayment from any settlement you may be granted): ☐ Yes ☐ No
11. Are you receiving Social Security, Medicaid or Medicare benefits? ☐ Yes ☐ No
    If yes, please provide the following information:

☐ Social Security	Monthly Amount:	Begin Date:
☐ Medicare	Date Benefit Began:	
☐ Medicaid	Date Benefit Began:	

12. If you are not receiving any of the above benefits, are you now eligible or will you be eligible within the next 30 months? ☐ Yes ☐ No
13. If you are receiving a disability or retirement benefit, other than Social Security, from your place of employment, please provide the following information:

Type of Benefit:	Monthly Amount:	Date Benefit Began:
Type of Benefit:	Monthly Amount:	Date Benefit Began:
Type of Benefit:	Monthly Amount:	Date Benefit Began:

14. Do you have any pending litigation issues with American MIning Claims Service? ☐ Yes ☐ No
    If yes, please provide claim number, date of injury / date of last exposure, date of ruling and issue in litigation:

Signature of Party Requesting Settlement	Date