

THIRD PARTY PROCEEDS DISTRIBUTION AGREEMENT

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

WC Claim Number	Employee Name
Social Security Number*	Employee Mailing Address (number, street, city, state, zip code)
Injury Date	Employer Name
Insurance Claim Number	Employer Mailing Address (number, street, city, state, zip code)
Worker's Compensation Insurance Carrier	
Submitted By	Mailing Address (number, street, city, state, zip code)

_____, insurer of
 _____ third party, and the above parties have
 agreed to settle the liability of the tort-feasor for injury sustained on _____

The proceeds will be distributed according to the provisions of 102.29, Wisconsin Statutes, as follows:

1. \$ _____ total amount of third party settlement
2. \$ _____ to employee's attorney as cost of collection (fee & costs)
3. \$ _____ one-third of balance to employee
4. \$ _____ to worker's compensation insurance carrier or self-insured employer as reimbursement for payment of
 \$ _____ in compensation, and
 \$ _____ in medical expense
5. \$ _____ balance to employee which shall constitute a cushion or credit against any additional claim under worker's compensation

PLEASE NOTE: APPROVAL VOID IF PROCEEDS RESULT FROM UNINSURED MOTORIST PROVISION	Employee Signature
	Attorney Signature
Agreement Date	Worker's Compensation Insurance Carrier or Self-Insured Employer Signature

SETTLEMENT AND DISTRIBUTION OF PROCEEDS AS STATED ABOVE ARE APPROVED.

 Date Signed

 Administrative Law Judge, Worker's Compensation Division