THIRD PARTY PROCEEDS DISTRIBUTION AGREEMENT

WKC-170 (R. 06/2017)

Department of Workforce Development Worker's Compensation Division 201 E. Washington Ave., Rm. C100

P.O. Box 7901 Madison, WI 53707

Telephone: (608) 266-1340 Fax: (608) 267-0394

http://www.dwd.wisconsin.gov/wc e-mail: DWDDWC@dwd.wisconsin.gov

*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]

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|---|---|---|--|
| WC Claim Number | Employee Name | | |
| Social Security Number* | Employee Mailing Ac | ddress (number, street, city, state, zip code) | |
| Injury Date | Employer Name | | |
| Insurance Claim Number | Employer Mailing Ad | Employer Mailing Address (number, street, city, state, zip code) | |
| Worker's Compensation Insuran | ce Carrier | | |
| Submitted By | Mailing Address (nur | mber, 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 pa | otal amount of third party settlement | |
| 2. \$ | to employee's attorney | mployee's attorney as cost of collection (fee & costs) | |
| 3. \$ | one-third of balance to | e-third of balance to employee | |
| 4. \$ | to worker's compensation insurance carrier or self-insured employer as reimbursement for payment of | | |
| \$ | in compensation, and | npensation, and | |
| \$ | in medical expense | dical expense | |
| 5. \$ | | ce to employee which shall constitute a cushion or credit st any additional claim under worker's compensation | |
| PLEASE NOTE: | | Employee Signature | |
| APPROVAL VOID IF PROCEEDS RESULT FROM UNINSURED MOTORIST PROVISION | | Attorney Signature | |
| Agreement Date | | Worker's Compensation Insurance Carrier or Self-Insured Employer Signature | |
| SETTLEMENT AND DI | STRIBUTION OF PROC | EEDS AS STATED ABOVE ARE APPROVED. | |
| Date Signed | | Administrative Law Judge, Worker's Compensation Division | |