

# Elements for Section 8(i) Applications

- \_\_\_\_\_ Complete Form LS-8 Settlement Approval Request
- \_\_\_\_\_ Self-sufficient
- \_\_\_\_\_ Signed by all parties
- \_\_\_\_\_ Contains a brief summary of the facts including:
  - date of injury
  - name and address of claimant, all employers, insurance carriers and third party administrators
  - description of the incident
  - description of the nature of the injury
  - degree of impairment
  - degree of disability
  - availability of the type of work claimant can perform
- \_\_\_\_\_ Claimant's:
  - date of birth
  - In death claims, date of death and list of dependents with their dates of birth
  - work status and ability to work
  - educational level, work history, other factors that could effect future employability
- \_\_\_\_\_ Benefits:
  - summary of compensation paid
  - average weekly wage
  - compensation rate
  - a full description of the terms of the settlement
  - settlement amount for compensation
  - settlement amount for survivor's benefits
  - amount for attorney's fees itemized in accordance with Section 702.132 (if claimant was represented by more than one attorney, each attorney should itemize fees)
- \_\_\_\_\_ Contains the reason for the settlement and any issues still in dispute

- \_\_\_\_\_ Current medical report containing:
  - description of injuries relating to impairment
  - description of any other unrelated conditions
  - date of maximum medical improvement
  - anticipated future disability and needed medical treatment
- \_\_\_\_\_ Statement of why settlement is adequate
- \_\_\_\_\_ Statement that the settlement was not procured under duress
- \_\_\_\_\_ If medical benefits are covered in settlement:
  - an itemized list of amounts paid for medical treatment during the three previous years
  - settlement amount for medical treatment
  - an estimate of claimant's need for future medical treatment and the cost of the treatment which should indicate the inflation factor and/or the discount rate
  - information on any collateral sources available to pay for future medical expenses
  - a statement that the parties have considered Medicare requirements
- \_\_\_\_\_ If mental disability or incompetence alleged:
  - is there medical opinion/report as to claimant's capacity to understand the consequences of entering into a settlement
  - is there an indication that the claimant can administer a lump sum settlement
  - if the answer to the above is no, is there a court appointed guardian or personal representative, separate and distinct from the claimant's legal counsel



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- **An Order or Notice of Deficiency will be issued by the Department of Labor within 30 days.**
  - **You must pay the settlement within 10 days from the date of the Order and you must file Form LS-208 with the Department of Labor within 16 days from the date of the last payment. Failure to do so will result in penalties.**

**Upload directly to file online:**

**[https://seaportal.dol-esa.gov/portal/?program\\_name=LS](https://seaportal.dol-esa.gov/portal/?program_name=LS)**

**Mailing address:**

**U.S. Department of Labor  
Office of Workers' Compensation Programs  
Longshore and Harbor Workers' Compensation  
400 West Bay Street  
Room 63A, Box 28  
Jacksonville, FL 32202**

**Website:**

**<https://www.dol.gov/owcp/dlhwc/>**

# **A guide to preparing a complete Section 8(i) settlement**

