

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

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

