

<p>Claimant</p> <p>v.</p> <p>Employer</p> <p>and</p> <p>Insurer</p> <p>and</p>	<p>* BEFORE THE</p> <p>* STATE OF MARYLAND</p> <p>* WORKERS' COMPENSATION</p> <p>* COMMISSION</p> <p>* WCC CLAIM NO.:</p> <p>* </p> <p>* </p> <p>* </p>
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SUBSEQUENT INJURY FUND

AGREEMENT OF FINAL COMPROMISE & SETTLEMENT

This Agreement, made this ____ day of _____, 20 ____, by and between

_____ , hereinafter called the Claimant,

_____ , hereinafter called the Employer,

_____ , the insurer of the Employer, hereinafter

called the Insurer, and the Subsequent Injury Fund of the State of Maryland, represented by

the Office of the Attorney General of the State of Maryland,

Witnesseth:

WHEREAS, the Claimant has filed a claim with the Workers' Compensation Commission of the State of Maryland, hereinafter called the Commission, to recover workers' compensation benefits for disability resulting from an accidental personal injury and disablement arising out of and in the course of his/her employment with the Employer, which injury and disablement occurred on the ____ day of _____, 20__ ; and,

WHEREAS, the Claimant has impleaded the Subsequent Injury Fund under the Labor & Employment Article, § 9-801, *et seq.*, alleging that the combined effects of Claimant's permanent impairment as a result of his/her previous condition and his/her subsequent injury on the ____ day of _____, 20 ____, have created a disability substantially greater than that which would have resulted from the subsequent injury alone, and further contends that said combined effects have resulted in a permanent disability exceeding fifty percent (50%) of the body as a whole; and,

WHEREAS, the Employer and Insurer and the Subsequent Injury Fund dispute the extent of the Claimant's disability; and

WHEREAS, the parties hereto desire to finally and forever dispose of the controversy between them to the end and intent that the claim may be finally and forever closed, terminated and extinguished, without any power in the said Claimant, his/her dependents, or in their personal representatives and assigns to re-open the claim for any cause whatsoever, the said Claimant wishes to execute a Final Settlement Agreement in accordance with the rules of the Workers' Compensation Commission, and in consideration of which the Employer and Insurer and the Subsequent Injury Fund agree to pay, and the Claimant agrees to accept, the sum of _____ Dollars (\$_____).

NOW THEREFORE, THIS FINAL RELEASE AND COMPROMISE

SETTLEMENT AGREEMENT WITNESSETH: That in consideration of the payment of _____ Dollars (\$) by _____, _____, Employer, and _____, Insurer, and the sum of _____ Dollars (\$) by the Subsequent Injury Fund, in the manner hereafter provided, the said Claimant does hereby

release, acquit, exonerate and forever discharge _____,
Employer, and _____, Insurer, and the Subsequent Injury Fund
from any and all claims whatsoever, which said Claimant, his/her dependents, or their
personal representatives or assigns might now or hereafter have under the Workers'
Compensation Law of Maryland by reason of said alleged accidental injury as alleged and set
forth in said claim, provided this Final Compromise and Settlement is approved by the
Workers' Compensation Commission, and it is further agreed that when so approved it shall
immediately become effective and binding upon all parties hereto.

In confirmation of this mutual agreement, the parties hereto petition the Workers'
Compensation Commission to approve the aforesaid Final Compromise and Settlement.

As Witness the hand and seal of said Claimant, _____, the
signatures of counsel for the Claimant and counsel for the Employer and Insurer and the
Subsequent Injury Fund the day and month and year first written above:

Claimant

Attorney for Claimant

Attorney for the Subsequent Injury Fund

Attorney for Employer/Insurer

ASSENT, APPROVAL AND ORDER

ORDERED, by the Workers' Compensation Commission of Maryland this ____ day of _____, 20__, that the foregoing Final Compromise and Settlement Agreement is hereby approved, and the Employer and Insurer are directed to pay the sum of _____ Dollars (\$) in addition to compensation paid for temporary total disability, and the Subsequent Injury Fund is directed to pay the sum of _____ Dollars (\$ _____), in the following manner, in full and final settlement of their liability as herein before set forth:

TO: _____ Attorney for the Claimant, a counsel fee of:	\$ _____
TO: Dr. _____	\$ _____
TO: Dr. _____	\$ _____
TO: _____ Claimant, in a lump sum To be paid by Employer and Insurer	\$ _____
TO: _____ Claimant, in a lump sum To be paid by the Subsequent Injury Fund	\$ _____
	\$ _____ Total

COMMISSIONER

COMMISSIONER