

Settlement Request - Quickstart Guide



QuickStart Guide

The Settlement process has been complete revamped in CompHub. You have the choice to have system print out the forms for uploading after signatures are received or you can choose to have the documents electronically sent to the parties for signature. The email option is only available to Attorneys; not the proxy since the proxy may not electronically sign on behalf of the Attorney. The Settlement process contains vital documents that may now be generated simply with the selection of the 'Generate' Buttons. Find this Process Under **Start New Action>Claims>Settlement Request.**

Start New Action

1 Search for and select the Claim.

Reset Claim Number: W201468 Advanced Search

Results

Select	Claim Number	Claimant	Accident/OD Date
<input checked="" type="checkbox"/>	W201468	John Doe	05/22/2023

Please wait until claim is loaded.

2 Click Populate Parties

Populate Parties

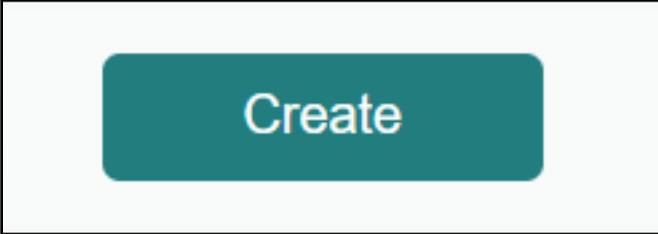
Please select parties who are settling.

Settlement Parties

Select	Party	Name
<input checked="" type="checkbox"/>	Claimant	John Doe
<input checked="" type="checkbox"/>	Employer	CASINO INC
<input checked="" type="checkbox"/>	Insurer	NON-INSURED EMPLOYER
<input checked="" type="checkbox"/>	Insurer	UNINSURED EMPLOYERS FUND

3 Select the parties who are participating in the settlement

4 Click Create



Settlements - Worksheet

QuickStart Guide

The first step in preparing your submission is completing and generating the Settlement Worksheet.

1 Review the Form.

2 Select the Claimant Attorney using the dropdown menu. You can select any attorney entered into the claim.

3 Complete the Settlement Worksheet. Some questions may require further clarification based on the selection of 'Yes' or 'No'.

4 In order to Generate a PDF copy of the Settlement Worksheet you've completed, click Generate Settlement Worksheet. CompHub will display the file in a pop up window when generated and also display a link. Both of these options allow you to view, print, and download the document.

▼ Claim Details

Claimant: John Doe

Claimant Attorney: Attorney-1 Attorney-1

Claimant Age: 37 years, 8 months

Claim Number: W201468

Attorney Telephone: ?

Note: Any new participants must be added through the 'Implead Request' process before submitting 'Settlement' worksheet.

▼ Settlement Parties

Party	Name
Claimant	John Doe
Employer	CASINO INC
Insurer	NON-INSURED EMPLOYER
Insurer	UNINSURED EMPLOYERS FUND

You have 30 days to complete the settlement worksheet and submit the settlement package. If you fail to complete the submission within 30 days, you will need to restart the process.

▼ Settlement Worksheet

1. Has this settlement been previously submitted and previously denied? Yes No
2. Is the claim contested as to compensability and/or causation? Yes No
3. Are further medical treatments recommended for the injury? Yes No
4. Is there any potential SIF liability in the case? Yes No
5. Is the Claimant working? Yes No
6. Does this case involve a third party claim? Yes No
7. Is the claim on appeal? Yes No
8. Is a hearing on the claim pending? Yes No

If yes, when:

▼ Generate Settlement Worksheet

Generate Settlement Worksheet by clicking the button below.

Generate Settlement Worksheet

📄 SettlementsWorksheet.pdf

Settlements - Claimant's Affidavit

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The next section is the Claimant's Affidavit section. In one click, the document specific to your Claim is generated to view, print, and download on demand.

1 Select whether you will be sending the Affidavit or Consent electronically. If this option is selected, the user will receive an email and CompHub task.
NOTE: ATTORNEY PROXIES ARE NOT AUTHORIZED BY THE SYSTEM TO USE THIS FEATURE.

2 Review the Affidavit with information prefilled from the Claim File

3 In order to Generate a PDF copy of the Affidavit, click Generate Claimant Affidavit. CompHub will display the file in a pop up window when generated and also display a link. Both of these options allow you to view, print, and download the document.

▼ Required Documents (All attachments should be converted to PDF format before uploading)

You have an option to either print documents and have it signed by the other parties or you can forward worksheet to the parties to obtain their electronic signatures.

Submit Claimant's Affidavit form electronically: Yes No *Please select No to download copy of Affidavit and Consent forms.*

Submit Consent to pay Fees and Costs electronically: Yes No

▼ Affidavit Form

▼ Claimant's Affidavit

CLAIMANT'S AFFIDAVIT IN SUPPORT OF SETTLEMENT

I, John Doe, am the claimant in claim # W201468.

I ask the Workers' Compensation Commission to approve the settlement of my claim and in support of this request state:

1. I am over eighteen (18) years of age and am competent to testify.
2. I am voluntarily settling my claim.
3. I acknowledge that in settling my claim, I am giving up the following rights:
 - a. the right to hearings before the Workers' Compensation Commission for resolution of any disputes regarding my claim
 - b. the right to vocational rehabilitation services and to payment during my lifetime for any medical treatment related to my claim, except as provided, if at all, in this settlement
 - c. the right, except as provided, if at all, in this settlement, to be compensated, under certain conditions, by the Subsequent Injury Fund for permanent impairments incurred before the accidental injury or occupational disease which gave rise to my claim

▼ Generate Document

Generate Claimant Affidavit by clicking the button below.

Generate Claimant Affidavit

 Claimants Affidavit_WO.pdf

Settlements - Consent to Pay Fees & Costs

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The Consent to Pay Fees and Costs form is built into the submission form. Simply fill in the textbox and generate the document straight from the application. If you need to update the document, simply change the information and click Generate to generate the new copy.

1 Select Yes to display the Claimants Consent Form

2 Use the textbox provided to complete the Consent to Pay Fees and Costs.

3 In order to Generate a PDF copy of the Consent Form. Click Generate Consent to Pay Fees and Costs. CompHub will display the file in a pop up window when generated and also display a link. Both of these options allow you to view, print, and download the document.

Consent Form

Are there fees and costs associated with this settlement? Yes No

Consent to pay Fees and Costs

CLAIMANT'S CONSENT TO PAY FEES AND COSTS

This form must be submitted to the Workers' Compensation Commission in accordance with COMAR 14.09.04.02 and, regardless of whether the matter is resolved by award, settlement or stipulation, all fees and costs must be itemized on the form below.

If you do not calculate the counsel fee in accordance with COMAR 14.09.04.03, you consent to the Commission determining the fee on your behalf.

WCC Claim Number:	W201468
Claimant:	John Doe
Employer:	CASINO INC
Insurer:	NON-INSURED EMPLOYER UNINSURED EMPLOYERS FUND

I, the undersigned, hereby certify that my attorney has explained to me the amounts allowable by the Commission as counsel fee under the Maryland Workers' Compensation Commission Schedule of Attorney's Fees, COMAR 14.09.04.03 and, I consent to the award of a fee to my attorney in accordance with the schedule.

I further consent to the allowance of a fee in accordance with the Maryland Workers' Compensation Commission Guide of Medical and Surgical Fees, COMAR 14.09.08 to my physician(s) for services performed at my or my counsel's request.

****Please attach additional pages as necessary**

Dr. Doolittle \$750
Paws Podiatry \$1297.73
Atty Exp \$120.82

Attorney Fees: Copies of receipts for advanced expenses **MUST** be attached. **DO NOT** attach ledger sheets. Medical Fees: Copies of medical bills with CPT Codes **MUST** be attached for consideration. **DO NOT** attach medical reports.

Generate the Consent to pay Fees and Costs by clicking button below. After generating consent, please print form and get signatures.

Generate Consent to pay Fees and Costs

Claimants Consent to Pay Fees and Costs.pdf

Settlements - Supporting Documents

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If Costs & Expenses and/or Medical Fees are selected, you will be prompted to upload the required documents.

1 If costs and expenses or medical fees are to be reimbursed, additional documentation is required. Check the corresponding checkbox and upload documents by using the document upload icon and repeating for each document.

2 Any other supporting documentation can be attached using "Other Documents" or the attachments table. Additional documents should be uploaded as one single pdf attachment.

If submitting cost and expenses to be reimbursed, please check the box below.

Cost & Expense Supporting Documentation

- * Copies of receipts for advanced expenses **MUST** be attached. Ledger sheets are not accepted.
- * Copies of Canceled Checks
- * Copies of electronic payment – bank transaction receipts
- * Copies of Receipts
- * Copies of Invoices
- * Copies of Invoices stamped "PAID"

No files uploaded



Medical Fees

*Copies of medical bills with CPT codes **MUST** be attached for consideration*

Letters explaining Special written report, or review of special report from medical provider

Other Documents

Other Documents- upload any additional documents and to rename the file use the below box to rename the file. If you wish to delete the documents, use the X icon next to FILE NAME.

No files uploaded



File Name: 

Rename

Settlements - Uploading Documents

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It's time to submit. There are three (3) options: Forward the documents to parties via CompHub (Attorney only), upload the individual signed documents (See Bottom Left Corner) or upload the settlement package as a single PDF file (See Bottom Right Corner).

1 Select how you would like to submit the documents. If "Forward" is chosen, the parties will receive an email and CompHub task

Upload Settlement Documents

Forward settlement documents to the parties

Once all necessary signatures are ready, please use below upload options to upload signed individual documents.

Upload signed individual settlement documents

You have an option to upload Settlement Package as a single document. Please ensure that you have included signed copies of the settlement worksheet, the settlement agreement, the Claimant's Affidavit and the Claimant's Consent in the package. This file will be sent to the Commission as the official copy of the Settlement Package.

Upload consolidated settlement package

2 Don't forget to sign and certify

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on September 17, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Upload signed individual settlement documents

Upload individual documents

Signed Settlement Worksheet:	No files uploaded
Signed Settlement Agreement:	No files uploaded
Signed Claimant's Affidavit Document:	No files uploaded
Signed Consent to pay Fees and Costs:	No files uploaded

Upload Individual Documents

Upload consolidated settlement package

Upload signed settlement package

Upload Settlement Package: No files uploaded

Upload Settlement Package