

Department of Labor and Industries
Structured Settlement Unit
PO Box 44251
Olympia WA 98504-4251



Application for Structured Settlement

Phone: 360-902-6101

Injured worker must be at least 50 years or older, at least one hundred eighty (180) days have passed since the claim was received by the Department of Labor and Industries, and the order allowing for claim is final and binding.

Please complete this form and submit it to the address listed above or fax to 360-902-5285.

Injured Worker Information:

Injured Worker's Name *(if different from requestor)*:

Injured Worker's Legal Representative *(if applicable)*:

Employer Information:

Employer's Name *(if different from requestor)*:

Employer's Legal Representative *(if applicable)*:

Third Party Administrator *(if applicable)*:

Requestor Information:

Injured Worker Employer Employer Representative

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Injured Worker Claim Number:

Please explain why a settlement is being requested and include supporting documents not contained within your claim file (attach additional sheets if needed).

Signature:

Date Signed: