

## CRSA Provisions Checklist

Party Information		
Claimant		
Claimant Rep.		
Employer		
Employer Rep.		
Dept. Rep.		

Prior CRSA Applications <input type="checkbox"/> N/A	Pending Appeals <input type="checkbox"/> N/A
Docket(s)	Docket(s).
Dates of prior application(s)	Status of appeals(s)
Result (reject/approve) and basis for rejection	Parties' proposed resolution of appeal(s)

Amendment to CRSA Application <input type="checkbox"/> N/A
Date Amendment filed
Describe amendment(s)
Recommendation re adoption of amendments

Parties	State Fund Employer - status
<input type="checkbox"/> Claimant <input type="checkbox"/> Claimant Representative <input type="checkbox"/> Department Representative <input type="checkbox"/> Employer <input type="checkbox"/> Employer Representative <input type="checkbox"/> Additional Employers/Representatives	<input type="checkbox"/> Experience rating no longer impacted <input type="checkbox"/> Cannot be located <input type="checkbox"/> Failed to respond after timely notice <input type="checkbox"/> Declined to participate after timely notice

Eligibility/Demographics	IW self-represented information
IW date of birth: <input type="checkbox"/> Must be 50+ <i>RCW 51.04.063(1)</i>	Accepted conditions <i>WAC 263-12-052(6)</i>
Life expectancy of IW <i>WAC 263-12-052(6)</i>	Rejected/denied/segregated conditions <i>WAC 263-12-052(6)</i>
Marital status IW <i>WAC 263-12-052(9)</i>	Nature/extent of injuries/disabilities <i>WAC 263-12-052(6)</i>
IW dependents <i>WAC 263-12-052(10)</i>	WC benefits IW receiving/entitled to <i>WAC 263-12-052(8)</i>
	CRSA impact on other benefits: <i>WAC 263-12-052(8)</i>

CLAIM INFORMATION [1]	CLAIM INFORMATION [2]
Claim No. Date of II/OD <i>WAC 263-12-052(3)</i>	Claim No. Date of II/OD <i>WAC 263-12-052(3)</i>
Date claim received: <i>WAC 263-12-052(3)</i>	Date claim received: <i>WAC 263-12-052(3)</i>

<input type="checkbox"/> 180 days since claim received <i>RCW 51.04.063(2)(a)</i>	<input type="checkbox"/> 180 days since claim received <i>RCW 51.04.063(2)(a)</i>
Order allowing claim date: <i>RCW 51.04.063(2)(a)</i> <i>Allowance inferred per WAC 296-15-450 SIE closing action</i>	Order allowing claim date: <i>RCW 51.04.063(2)(a)</i> <i>Allowance inferred per WAC 296-15-450 SIE closing action</i>
Date allowance order final: <i>RCW 51.04.063(2)(a), WAC 263-12-052(4)</i>	Date allowance order final: <i>RCW 51.04.063(2)(a), WAC 263-12-052(4)</i>
<input type="checkbox"/> Order allowing claim is final and binding <i>RCW 51.04.063(2)(a)</i>	<input type="checkbox"/> Order allowing claim is final and binding <i>RCW 51.04.063(2)(a)</i>

<b>Payment(s)</b>	
<input type="checkbox"/> Provision for single lump sum payment <i>RCW 51.04.063(2)(c)(ii)</i> <i>Effective 4/16/21</i>	<input type="checkbox"/> Provision for periodic (structured) payments <b>7/1/2021 AMW = \$6,395.08</b> <i>RCW 51.04.063(2)(c)(ii)</i>
	Initial payment <b>7/1/2021 AMW x 6 = \$38,370.48</b> <i>RCW 51.04.063(2)(c)(ii)</i>
	Periodic payment range/frequency [by month per <i>Dawson, 14S0096</i> ] 25% AMW < x < 150% AMW <b>7/1/2021 - \$1,598.77 &lt; X &lt; \$9,592.62</b> <i>RCW 51.04.063(2)(c)(ii)</i>
	<input type="checkbox"/> Total # payments specified
Total \$ value of settlement	
<input type="checkbox"/> Claimant's Attorney fees set and within statutory amount of 15% [RCW 51.52.120]	
<input type="checkbox"/> Overpayment recoupment/waiver. <input type="checkbox"/> N/A Explain how addressed and if within parameters of payment schedule	

<b>Treatment / Claim Closure</b>	<b>Reopening</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No Will claim remain open for treatment ( <i>reasonable expectation tx necessary</i> ). <i>RCW 51.04.063(2)(f)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Does RCW 51.32.160 apply to application to reopen [obj. worsening, where applicable]. <i>RCW 51.04.063(2)(f)</i>
<input type="checkbox"/> PPD pending <input type="checkbox"/> NA Explain how PPD addressed and if within parameters of payment schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No Is reopening statutory and case authority correctly stated?

<b>Statements/Representations</b>	<b>Contract Relief</b>
<input type="checkbox"/> CRSA binds in all aspects of claim except medical benefits. <i>RCW 51.04.063(2)(c)(i)</i>	<input type="checkbox"/> Proof <u>all</u> parties have <b>signed</b> agreement <i>RCW 51.04.063(2)(g)</i>

	<i>Proof resubmitted agreement signatures are current [In re Pinto 16S0076]</i>
<input type="checkbox"/> IW understands RCW 51.04.063 rights <i>WAC 263-12-052(11)(a)</i>	<input type="checkbox"/> All parties <b>understand</b> agreement <i>RCW 51.04.063(2)(g)</i>
<input type="checkbox"/> CRSA not set aside or reverse allowance order. <i>RCW 51.04.063(2)(c)(iii)</i>	<input type="checkbox"/> All parties <b>agree</b> to the terms <i>RCW 51.04.063(2)(g)</i>
<input type="checkbox"/> CRSA not bind non-signatory employer <i>RCW 51.04.063(2)(c)(iv)</i>	<input type="checkbox"/> Statement parties enter into agreement knowingly and willingly <i>RCW 51.04.063(3)(a)</i>
<input type="checkbox"/> If SIE claim, was self-represented worker informed that office of the ombudsman could assist/be present during negotiations? <i>RCW 51.04.063(2)(e)</i>	<input type="checkbox"/> Statement parties divulged facts and law to each other based on the best of their knowledge <input type="checkbox"/> Material misrepresentation of <u>law</u> present Social security offset likelihood <input type="checkbox"/> NA <input type="checkbox"/> Material misrepresentation of <u>fact</u> present
<input type="checkbox"/> CRSA not obligate DLI funds w/o prior approval of Director. <i>RCW 51.04.063(2)(c)(v)</i>	<input type="checkbox"/> Statement parties were not harassed or coerced into reaching agreement <i>RCW 51.04.063(3)(d)</i>
<input type="checkbox"/> Revocation rights - w/i 30 days after agreement approved by the Board. <i>RCW 51.04.063(6)</i>	<input type="checkbox"/> Statement parties believe agreement is reasonable under the circumstances <i>RCW 51.04.063(3)(e)</i>