

## 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>	<b>Accepted conditions</b> <i>WAC 263-12-052(6)</i>
<b>Life expectancy of IW</b> <i>WAC 263-12-052(6)</i>	<b>Rejected/denied/segregated conditions</b> <i>WAC 263-12-052(6)</i>
<b>Marital status IW</b> <i>WAC 263-12-052(9)</i>	<b>Nature/extent of injuries/disabilities</b> <i>WAC 263-12-052(6)</i>
<b>IW dependents</b> <i>WAC 263-12-052(10)</i>	<b>WC benefits IW receiving/entitled to</b> <i>WAC 263-12-052(8)</i>
	<b>CRSA impact on other benefits:</b> <i>WAC 263-12-052(8)</i>

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

WAC 263-12-052(3)	WAC 263-12-052(3)
<input type="checkbox"/> 180 days since claim received RCW 51.04.063(2)(a)	<input type="checkbox"/> 180 days since claim received RCW 51.04.063(2)(a)
Order allowing claim date: RCW 51.04.063(2)(a) Allowance inferred per WAC 296-15-450 SIE closing action	Order allowing claim date: RCW 51.04.063(2)(a) Allowance inferred per WAC 296-15-450 SIE closing action
Date allowance order final: RCW 51.04.063(2)(a), WAC 263-12-052(4)	Date allowance order final: RCW 51.04.063(2)(a), WAC 263-12-052(4)
<input type="checkbox"/> Order allowing claim is final and binding RCW 51.04.063(2)(a)	<input type="checkbox"/> Order allowing claim is final and binding RCW 51.04.063(2)(a)

Payment(s)	
<input type="checkbox"/> Provision for single lump sum payment RCW 51.04.063(2)(c)(ii) Effective 4/16/21	<input type="checkbox"/> Provision for periodic (structured) payments <b>7/1/2023 AMW = \$7,013.92</b> RCW 51.04.063(2)(c)(ii)
	Initial payment <b>7/1/2023 AMW x 6 = \$42,083.52</b> RCW 51.04.063(2)(c)(ii)
	Periodic payment range/frequency [by month per Dawson, 14S0096] 25% AMW < x < 150% AMW <b>7/1/2023 - \$1,753.48 &lt; X &lt; \$10,520.88</b> RCW 51.04.063(2)(c)(ii)
	<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	

Treatment / Claim Closure	Reopening
<input type="checkbox"/> Yes <input type="checkbox"/> No Will claim remain open for treatment ( <i>reasonable expectation tx necessary</i> ). RCW 51.04.063(2)(f)	<input type="checkbox"/> Yes <input type="checkbox"/> No Does RCW 51.32.160 apply to application to reopen [obj. worsening, where applicable]. RCW 51.04.063(2)(f)
<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? Identify legal defect.

Statements/Representations	Contract Relief
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<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 <ul style="list-style-type: none"> <li><input type="checkbox"/> Material misrepresentation of <u>law</u> present  Social security offset likelihood <input type="checkbox"/> NA</li> <li><input type="checkbox"/> Material misrepresentation of <u>fact</u> present</li> </ul>
<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>