ILLINOIS WORKERS' COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER

ATTENTION. Answer all questions. Attach a recent medical report. Internal# S0097949

Workers' Compensation Act **Yes** Occupational Diseases Act **No** Fatal case? **No** Date of death

17WC024752
21WC027478
21WC027483
21WC027484
Case# **21WC027486**

ALAN MEYER
Employee/Petitioner

v.

CITY OF CHAMPAIGN FIRE DEPT
Setting **Urbana**

Employer/Respondent

To resolve this dispute regarding the benefits due the petitioner under the Illinois Workers' Compensation or Occupational Diseases Act, we offer the following statements. We understand these statements are not binding if this contract is not approved.

Alan Meyer

Employee/Petitioner	**3558 E. Pells St.** Street address	**Paxton, IL 60957** City, State, Zip code

CITY OF CHAMPAIGN FIRE DEPT

Employer/Respondent	**307 S RANDOLPH** Street address	**CHAMPAIGN, IL 61820** City, State, Zip code

State employee? **No** Gender: **Male**
Marital status: **Married**
Dependents under age 18: **0**
Birthdate: **9/7/1967**
Average weekly wage: **$1,957.23**
Date of accident: **7/26/2017** 5/19/21; 5/24/21; 6/8/21; 7/2/21
How did the accident occur? **INJURED DURING COURSE OF EMPLOYMENT**
What part of the body was affected? **WHOLE BODY**
What is the nature of the injury? **PTSD**
The employer was notified of the accident **in writing.** Return-to-work date: **None**
Location of accident: **Champaign** Did the employee return to his or her regular job? **No**
If not, explain below and describe the type of work the employee is doing, the wage earned, and the current employer's name and address.
Petitioner was granted a line-of-duty disability pension by the Fire Pension Board.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for **71 5/7** weeks at the rate of **$0.00** /week.
The employee was temporarily totally disabled during the following period(s):

From	Through
7/9/21	**11/22/2022**

Notes regarding temporary total disability benefits:
Petitioner was paid full rate as provided in the Illinois Public Employee Disability Act.

MEDICAL EXPENSES: The employer **has** paid all medical bills. List unpaid bills in the space below.

PREVIOUS AGREEMENTS: Before the petitioner signed an Attorney Representation Agreement, the respondent or its agent offered in writing to pay the petitioner $ **N/A** as compensation for the permanent disability caused by this injury.
An arbitrator or commissioner of the Commission previously made an award on this case on **N/A** regarding
TTD $ **N/A** Permanent disability $ **N/A** Medical expenses $ **N/A** Other $ **N/A**

TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee.
This is a compromise settlement. Nature and extent is the only issue. Respondent has offered and Petitioner has accepted $196,139.25 representing 45% loss of use of a person as a whole, pursuant to Section 8(d)2 and for all issues pursuant to the Workers' Compensation Act in full, final and complete settlement of any and all claims under the Act or the Occupational Disease Act due to accidents on or about 7/26/17, 5/19/21, 5/24/21, 6/8/21, and 7/2/21, and all known and unknown injuries which resulted from them. Respondent retains all rights pursuant to Section 5(b). Petitioner acknowledges the terms of Section 21 of the Act and agrees that no assignment of benefits associated with this claim has taken or will take place. Petitioner is not currently receiving Medicare benefits, is not reasonably expected to be eligible for Medicare benefits within the next 30 months, and no future Medicare benefits are expected to be paid by Medicare. The Petitioner expressly waives Sections 8(a) & 19(h).

Total amount of settlement	**$196,139.25**	
Deduction: Attorney's fees	**$39,227.85**	
Deduction: Petitioner's costs	**$60.00**	**medical records**
Deduction: Other (explain)	**$0.00**	
Amount employee will receive	**$156,851.40**	

PETITIONER'S SIGNATURE. *Attention, petitioner. Do not sign this contract unless you understand all of the following statements.*
I have read this document, understand its terms, and sign this contract voluntarily. I believe it is in my best interests for the Commission to approve this contract. I understand that I can present this settlement contract to the Commission in person. I understand that by signing this contract, I am giving up the following rights unless expressly reserved or left open for a specified period of time in the terms of settlement:

1. My right to a trial before an arbitrator;
2. My right to appeal the arbitrator's decision to the Commission;
3. My right to any further medical treatment, at the employer's expense, except as otherwise provided herein, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

/s/ Alan Meyer	**Alan Meyer**	**(217) 840-7745**	**2/17/2023**
Signature of petitioner	Name of petitioner	Telephone number	Date

PETITIONER'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. Based on the information reasonably available to me, I recommend this settlement contract be approved.

/s/ Stephen Kelly
Signature of attorney

2/17/2023
Date

Stephen Kelly
Attorney's name

05354
IWCC Code #

STEPHEN P. KELLY
2710 N. KNOXVILLE

PEORIA, IL 61604
Firm name and address

(309) 681-1900
Telephone number

skelly@stephenkellylaw.com
E-mail address

RESPONDENT'S ATTORNEY. The respondent agrees to this settlement and will pay the benefits to the petitioner or the petitioner's attorney, according to the terms of this contract, promptly after receiving a copy of the approved contract.

/s/ Kenneth Reifsteck
Signature of attorney

2/17/2023
Date

Kenneth Reifsteck
Attorney's name

00522
IWCC Code #

THOMAS MAMER LLP
30 E MAIN
SUITE 500
CHAMPAIGN, IL 61820
Firm name and address

(217) 351-1500
Telephone number

KDR@thomasmamer.com
E-mail address

CCMSI
Name of respondent's insurance or service company

ORDER OF ARBITRATOR OR COMMISSIONER:
Having carefully reviewed the terms of this contract, in accordance with Section 9 of the Act, by my stamp I hereby approve this contract, order the respondent to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.

APPROVED BY AUTHORITY OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION
pursuant to the provisions of the Workers' Compensation and Workers' Occupational Diseases Acts
2/18/2023
By: /s/ Dennis OBrien **Arbitrator**