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

ATTENTION. Please type or prin	nt. File four copies of this fo	rm. Attach a recent n	nedical report. Answer	er all question	ns.		
Workers' Compensation Act X Oce	cupational Diseases Act	_ Fatal case? No	X_ Yes Date o	f death	-		
SPENCER STIGALLEmployee/Petitioner	Case # 14 WC 040-194						
v.							
M.J. ELECTRIC, I.L.C. Employer/Respondent	Setting Bloomington						
To resolve this dispute regarding the be Act, we offer the following statements.	enefits due the petitioner und We understand these statem	der the Illinois Worke ents are not binding if	ers' Compensation or this contract is not ap	Occupation oproved.	al Diseases		
Emanage StignII	627 Broadway		Havana	11	62644		
Spencer Stigall Employee's name	Street address		City	State	Zip code		
M.J. Electric, I I.C	1190 Erie Ct		Crown Point	IN	16307 Zip gode		
Employer's name	Street address		City	State	Zip code		
State Employee? Yes No X  # Dependents under age 18 0  Date of accident 11-9-14	Male <u>X</u> Birthdate <u>03/28/1967</u>	Female	Marrie Average weekly	ed X S wage \$2,639			
How did the accident occur? Petitioner What part of the body was affected? Ri What is the nature of the injury? Le osteoarthroris and derangement with a issues. low back strain, and left should any and all.	ight leg, right foot, left leg, by it knee internal derangemen multiple surgeries including	ack, left shoulder, ma it with multiple surge midfoot fusion and	n as a whole, any and eries including knee on-going necrotic tis	replacement sue and wo	and closure		
The employer was notified of the accide	ent orally $\underline{X}$ in writing $\underline{\ }$ .	Retu	irn to work date Non-	e			
Location of accident Waynesville, II, If not, explain below and describe the typ Disputes exist as to, inter alia, Petitione	Did the employe e of work the employee is doin r's present work capabilities.	ng, the wage earned, ar	nd the current employe	r's name and	address.		
TEMPORARY TOTAL DISABILITY BENT The employee was temporarily totally of			e rate of \$1,336.91/we brough date of settlen		t ap <u>proval</u> ,		
MEDICAL EXPENSES: The employer has Respondent agrees to resolve the followed Medical Center (10/24/2017 - \$1,564.00) Orthopedic Center of Illinois (\$2,724 (\$345.00); and Springfield Clinic (5/2/2018)	owing medical bills pursuant 00); Orthopedic Surgery Cen 6); Associates of Anesthes	t to the fee schedule hter (11/16/2017 - \$19 ia Sprinfield (2/18/2	99.00); SIU Medicine 019 - \$960.00); Me	(2/18/2019 morial Hor	- \$595.95); ne Services		
PREVIOUS AGREEMENTS: Before the	petitioner signed an Attorne	y Representation Agr	eement, the responder	nt or its agei	nt offered in		
writing to pay the petitioner \$N/A as co	Townson City Control of the Control						
An arbitrator or commissioner of the C							
	disability None			er None			

IC5 12/04 100 W. Randolph Street #8-200 Chicago, IL 60601 312/814-6611 Toll free 866/352-3033 Web site: www.iwcc.il.gov Downstate offices: Collinsville 618/346-3450 Peoria 309/671-3019 Rockford 815/987-7292 Springfield 217/785-7084 "This form is a true and exact copy of the current IWCC form IC5, as revised 12/04."

TERMS OF SETTLEMENT: Attach a recent medical report signed by the physician who examined or treated the employee.

## SEE ATTACHED RIDERS

Total amount of settlement	\$-100,000 plus				
CMS approved MSA funding of \$170					
basis and \$40,694 15 for non-medicare covered expenses.					
Deduction: Attorney's fees	\$ 80,000.00				
Deduction: Medical reports, X-rays	\$ <u>2,033.0</u> 5				
Deduction: Other (explain)	\$				
Amount employee will receive	\$ 317,966.95				

Spencer Stigg11

Peoria, II. 61604

309-681-1900 Telephone number

«Endif»«EndAccess»

City

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:

1. My right to a trial before an arbitrator;

Spencer Stigall

State

skelly@stephenkellylaw.com

Zip code

E-mail address

- 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, for the results of this injury;

6/8/20

State

jdesaid rusinlaw.com

Zip code

E-mail address

4. My right to any additional benefits if my condition worsens as a result of this injury.

City

312-454-5110

Telephone number

Helmsman Management Services

Signature of petitioner	Name of petitioner (pleas	re print) Telepho	ne number	Dat	
PETITIONER'S ATTORNEY. I attest that file with the IWCC have been resolved information reasonably available to me settlement contract be approved.	. Based on the	RESPONDENT'S ATTORNEY. It is with the IWCC have be agrees to this settlement and petitioner or the petitioner's a of this contract, promptly a approved contract.	en-resolved. The r will pay the benef ttorney, according to	esponder its to th the term	
Signature of attorney	Date	Signature of allowley	-1100	Dat	
Stephen Kelly Name of attorney and IC code # (please pri	nt)	ligar Desai  Name of attorney and IC code # or	agent (please print)	#50	
Stephen Kelly Law Pirm name	FEIN	Rusin & Maciorowski, Ltd. Firm name			
2710 Knoxville Ave Street address		10 South Riverside Plaza, Suite 1925 Street address			
		Chionero	- 11	(1111.1)	

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.

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APPROVED BY AUTHORITY OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION DURS UNIT OF THE Workers' Compensation and Workers' Occupational Diseases Acts

Name of respondent's insurance or service company (please print)

JUN 12 2020

By: Melinda M. Rowe-Sullivan, Arthretor