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

ATTENTION. Answer all questions. Attach a recent medical report. Internal# S0082384

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

Jeremy Baumgardner Case# **21WC018963**
Employee/Petitioner

v.

Ameren Setting **Peoria**
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.

Jeremy Baumgardner	**4830 S. Martin Weber Rd.**	**Glasford, IL 61533**
Employee/Petitioner	Street address	City, State, Zip code
Ameren	**6 Executive Drive**	**Collinsville, IL 62234**
Employer/Respondent	Street address	City, State, Zip code

State employee? **No** Gender: **Male**
Marital status: **Married**
Dependents under age 18: **3**
Birthdate: **3/22/1990**
Average weekly wage: **$1,818.40**
Date of accident: **6/18/2021**
How did the accident occur? **While working, heavy lifting, twisting and turning**
What part of the body was affected? **Back**
What is the nature of the injury? **Cervical Disc Replacement, left C6-7**
The employer was notified of the accident **orally and in writing.** Return-to-work date: **March 6, 2022**
Location of accident: **Peoria** Did the employee return to his or her regular job? **Yes**
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.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for **11 and 2/7** weeks at the rate of **$1,212.15** /week.
The employee was temporarily totally disabled during the following period(s):

From	Through
11/22/2021	**1/21/2022**
2/16/2022	**3/6/2022**

Notes regarding temporary total disability benefits:

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.
The Petitioner accepts and the Respondent shall pay a lump sum of one hundred eleven thousand two hundred thirty-three dollars and forty-four cents ($111,233.44) representing 25% loss to man as a whole and $2,267.19 in additional TTD benefits in full and final settlement of all claims for benefits under the Illinois Workers' Compensation Act and the Occupational Disease Act for all injuries, whether known or unknown, related to or aggravated by this accident. Respondent has paid all causally related, reasonable, and necessary medical expenses. Respondent agrees to hold Petitioner harmless for any causally and reasonable medical expenses paid by Petitioner's group health insurance carrier. Respondent assumes liability for all reasonable and necessary medical bills causally related to the accident up until the date of approval of this settlement contract limited to the Illinois Medical Fee Schedule. The Petitioner waives Sections 8(a) and 19(h) of the Act. The employer/Respondent specifically reserves all of its rights and remedies under Section 5 of the Illinois Workers' Compensation Act and, without limitation, specifically reserves any workers' compensation lien it may have presently or in the future as contemplated under Section 5. Respondent expressly reserves its rights to assert its subrogation lien against any pending or prospective third-party action arising out of an accident that is the subject of this claim. The Petitioner affirms that he is not currently receiving and has not received since the date of the accident Social Security Disability and/or Medicare benefits. The Petitioner affirms further that as of the date of execution of this contract he has not applied for Social Security Disability benefits.

Total amount of settlement	**$111,233.44**
Deduction: Attorney's fees	**$21,233.44**
Deduction: Medical reports, X-rays	**$0.00**
Deduction: Other (explain)	**$0.00**
Amount employee will receive	**$90,000.00**

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, for the results of this injury;
4. My right to any additional benefits if my condition worsens as a result of this injury.

/s/ Jeremy Baumgardner

Jeremy Baumgardner **(309) 657-3963** **9/27/2022**

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

9/27/2022
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/ Ian White
Signature of attorney

9/27/2022
Date

Ian White
Attorney's name

00102
IWCC Code #

CASSIDY & MUELLER, P.C.
416 Main Street
Suite 323
PEORIA, IL 61602
Firm name and address

(309) 676-0591
Telephone number

iwhite@cassidymueller.com
E-mail address

BRENTWOOD SERVICES
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
9/28/2022
By: /s/ Kurt Carlson **Arbitrator**