

RESOLUTION 2019-132

PASSED: SEPTEMBER 23, 2019

AUTHORIZING THE EXECUTION OF A WORKERS' COMPENSATION LUMP SUM PETITION AND ORDER IN THE AMOUNT OF \$31,530.44 (JORDAN POULOS).

WHEREAS, the City of DeKalb is a Home-Rule Municipal Corporation governed by the applicable provisions of the Illinois Constitution and Illinois Municipal Code; and,


WHEREAS, the City employs a variety of persons in a range of capacities and, from time to time when any such employee is injured in the line of duty, the City is responsible for certain claims and liabilities, and the City Council wishes to authorize execution of a lump sum petition and order relating to resolution of a Workers' Compensation Claim and further finds that such action is necessary and appropriate, and the conditions attached thereto protect the public, health, safety, welfare and morals;

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS:


The City Manager or designee is authorized and directed to execute a lump sum petition and order contemplating the settlement for a pending Workers' Compensation Claim with Jordan Poulos, contemplating the payment of all outstanding medical bills associated with his compensable injury, and also contemplating the payment of a permanent partial disability lump sum payment in the amount of Thirty-One Thousand, Five Hundred and Thirty Dollars and Forty-Four Cents (\$31,530.44), subject to approval by the Illinois Workers' Compensation Commission (IWCC), to thereafter seek such IWCC approval and to thereafter comply with such settlement.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 23rd day of September 2019 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Morris, Finucane, Fagan, McAdams, Verbic, Faivre, Mayor Smith. Nay: None. Absent: Smith.

ATTEST:


LYNN A. FAZEKAS, City Clerk




JERRY SMITH, Mayor

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

ATTENTION: Please type or print. Answer all questions. File four copies of this form. Attach a recent medical report.

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

Jordan Poulos
Employee/Petitioner

Case # 16 WC 33950

City of DeKalb Police Dept
Employer/Respondent

Setting Geneva

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.

Jordan Poulos
Employee's name

Street address _____ City, State, Zip code _____

City of DeKalb Police Dept
Employer's name

200 S. Fourth Street - DeKalb, Illinois 60115
Street address _____ City, State, Zip code _____

State Employee? Yes No Male Female Married Single

Dependents under age 18 4 Birthdate _____ Average weekly wage _____

Date of accident 04/22/2016

How did the accident occur? During a pursuit, the Petitioner jumped over a 6-foot fence and landed approximately 8 feet down.

What part of the body was affected? Right Ankle and right left lower extremity.

What is the nature of the injury? _____

The employer was notified of the accident orally in writing Return-to-work date 5/22/18

Location of accident DeKalb Did the employee return to his or her regular job? Yes 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.

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for 38-4/7 weeks at the rate of \$ _____ week.

The employee was temporarily totally disabled from 3/3/17 through 6/5/17 and from 11/28/18 through 2/5/18 and from 3/23/18 to 5/21/18. This settlement completely settles and resolves any and all TTD issues.

MEDICAL EXPENSES: The employer has has not paid all medical bills. List unpaid bills in the space below.

Respondent has paid for all reasonable, necessary medical treatment that has been previously submitted, all other medical bills are denied.

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 \$ 0 Permanent disability \$ 0 Medical expenses \$ 0 Other \$ 0

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

The parties hereby compromise and adjust any and all claims for benefits under either the Workers' Compensation Act of the Workers' Occupational Diseases Act, (other than Respondent's lien rights under Section 5) including claims for the cost of all medical, surgical and hospital services and claims for compensation and other benefits on account of any and all injuries, death, disablements and diseases, either known or unknown, arising out of this alleged accident providing however, that it is agreed by the parties that this Settlement Contract shall be null and void if not approved by the Illinois Workers' Compensation Commission. This settlement is mutually agreed to be a purchase of peace and to avoid litigation. The Respondent disclaims any liability under either the Worker's Compensation Act or the Workers' Occupational Diseases Act. Review hereof under Section 19(h), and Section 8(a) of the Workers' Compensation Act is hereby expressly waived. TERMS: \$31,530.44 representing 25% loss of use of the right foot.

(Settlement Terms Continued On Separate Page)

Total amount of settlement	\$ <u>31,530.44</u>
Deduction: Attorney's fees	\$ <u>6,306.09</u>
Deduction: Medical reports, X-rays	\$ _____
Deduction: Other (explain)	\$ _____
Amount employee will receive	\$ <u>25,224.35</u>

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;
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.

Jordan Poulos
Signature of petitioner

Jordan Poulos
Name of petitioner (please print)

Telephone number

10/03/19
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.

Alan L. Garrow
Signature of attorney

10/3/19
Date

Alan L. Garrow
Attorney's name and IC code # (please print)

Nealis & Garrow
Firm name

510 S. Batavia Ave 2s889 Red Oak Drive
Street address

Batavia, Illinois 60510 Elburn, IL 60119
City, State, Zip code

630-879-1213 agarrow@nealisgarrow.com
Telephone number E-mail address

RESPONDENT'S ATTORNEY. I attest that any fee petitions on file with the IWCC have been resolved. 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.

Robert B. Ulrich
Signature of attorney or agent 9-24-2019
Date

Robert B. Ulrich
Attorney's name and IC code # or agent (please print)

Maciorowski, Sackmann & Ulrich, LLP
Firm name

105 W. Adams Street - Suite 2200
Street address

Chicago, Illinois 60603
City, State, Zip code

312-627-0600 urlich@msulaw.com
Telephone number E-mail address

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

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 on the provisions of the Workers' Compensation and Workers' Occupational Diseases Act

OCT 08 2019

By: Stephen J. Friedman, Arbitrator

Settlement Contract
Lump Sum
Petition and Order
-Cont.

Jordan Poulos
Employee/Petitioner

Case # 16 WC 33950

v.
City of DeKalb Police Dept
Employer/Respondent

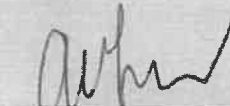
Setting Geneva


Page 1

Terms of Settlement

The Petitioner also affirmatively represents that he does not reasonably expect to apply or become eligible for benefits from either SSDI or Medicare within the next thirty (30) months as a result of injuries reasonably related to this accident. This acknowledgement and representation are material and are being relied on by the Employer, the employer's attorneys and the employer's insurance company in agreeing to the terms of settlement as set forth in this Agreement. Those representations are important because it is not the purpose of this settlement agreement to shift responsibility of medical care in this matter to the Medicare program. Instead, this settlement is intended to resolve a dispute between the Petitioner and Respondent. Because the Petitioner is not a Medicare recipient, no conditional payments have been made by Medicare. The Petitioner in this case has not applied for Social Security Disability Insurance ("SSDI") and is not classified by Medicare as having a "reasonable expectation of Medicare enrollment within 30 months." As such, this claim does not meet Medicare's current review thresholds as described in the July 11, 2005 and April 24, 2006 Medicare Policy Memoranda. Because the Petitioner has not applied and has no plans to apply for SSDI, it is not anticipated or foreseeable that the Petitioner will become eligible for Medicare in the near future. Therefore, no funds are being set aside for the Petitioner's future Medicare-covered treatment.


Jordan Poulos, Petitioner


Alan A. Garrow, Esq.
Attorney for the Petitioner

 9-24-2019
Robert B. Ulrich, Esq.
Attorney for the Respondent

APPROVED BY AUTHORITY OF THE
ILLINOIS WORKERS' COMPENSATION COMMISSION
pursuant to the provisions of the
Workers' Compensation and Workers'
Occupational Diseases Acts

OCT 08 2019


By: Stephen J. Friedman, Arbitrator

3/3