

**RESOLUTION 2019-136**

**PASSED: SEPTEMBER 23, 2019**

**AUTHORIZING THE EXECUTION OF A WORKERS' COMPENSATION LUMP SUM PETITION AND ORDER IN THE AMOUNT OF \$64,000.00 (DALE DIEDRICH).**

**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;

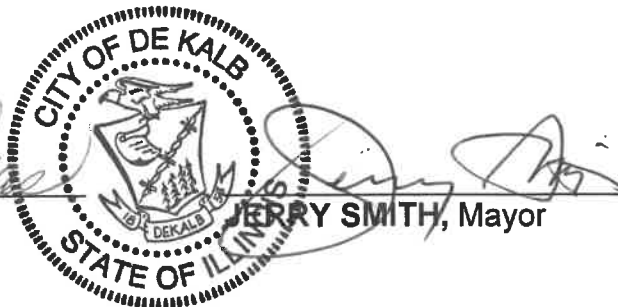
**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS:**

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 Dale Diedrich, contemplating a lump sum payment for the closure of medical rights in the amount of Sixty-Four Thousand and No/100 Dollars (\$64,000.00), 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 23<sup>rd</sup> 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 \_\_\_\_\_

Dale Diedrich  
Employee/Petitioner

Case # 10 WC 782

City of DeKalb  
Employer/Respondent

Setting DeKalb

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.

Dale Diedrich  
Employee's name

Street address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_

City of DeKalb  
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 2 Birthdate \_\_\_\_\_ Average weekly wage \$ 1,344.40

Date of accident: 12/07/2008

How did the accident occur? Engaged in a fight with an assailant.

What part of the body was affected? head

What is the nature of the injury? \_\_\_\_\_

The employer was notified of the accident orally  in writing  Return-to-work date N/A

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.

Receiving a line of duty disability pension

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for 91-4/7 weeks at the rate of \$ 896.27/week.

The employee was temporarily totally disabled from 12/8/08 through 9/9/10.

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

Any and all current medical treatment, including, but not limited to any and all prescriptions are all expressly denied as not being related to any work injuries pursuant to the opinions of Dr. Gary from 12/7/2018.

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 11/15/2010 regarding

TTD See attachment A Permanent disability See attachment A Medical expense See attachment A

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, disabilities 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(b), and Section 8(a) of the Workers' Compensation Act is hereby expressly waived. TERMS: This case was previously settled with the Parties agreeing to keep the Petitioner's medical right open. (See Attachment A). This \$64,000 settlement is to close, settle and terminate all of the Petitioner's remaining rights under the Workers' Compensation Act for this claim, including but not limited to any and all rights under Section 8 (a) and 19 (b), thereby extinguishing the Petitioner's rights to any further medical treatment, at the employer's expense, for the results of this injury.

(Settlement Terms Continued On Separate Page)

Total amount of settlement	\$ 64,000
Deduction: Attorney's fees	\$ 12,800.00
Deduction: Medical reports, X-rays	\$ _____
Deduction: Other (explain)	\$ _____
Amount employee will receive	\$ 51,200.00

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:

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.

Dale Dieck  
Signature of petitioner

Dale Dieck  
Name of petitioner (please print)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

PETITIONER'S ATTORNEY. I attest that my 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.

[Signature]  
Signature of attorney

10-25-19  
Date

Ryan Theriault  
Attorney's name and IC code # (please print)

Meyers & Flowers, LLC  
Firm name

3 N. Second Street - Suite 300  
Street address

St. Charles, Illinois 60174  
City, State, Zip code

630-232-6333  
Telephone number

rpt@meyers-flowers.com  
E-mail address

RESPONDENT'S ATTORNEY. I attest that my 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.

[Signature]  
Signature of attorney or agent

9-24-19  
Date

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

Maciorowski, Saccauann & Ulrich, L.L.P.  
Firm name

105 W. Adams Street - Suite 2200  
Street address

Chicago, Illinois 60603  
City, State, Zip code

312-627-0600  
Telephone number

rulrich@msulaw.com  
E-mail address

A FURTHER AUTHORITY OF THE  
ILLINOIS WORKERS' COMPENSATION COMMISSION

CCMSI

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

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.

DEC 04 2019

L. Elizabeth Coppola  
By: L. Elizabeth Coppola, Commissioner

Dale Diedrich  
Employee/Petitioner

Case # 10 WC 782

v.

City of DeKalb  
Employer/Respondent

Setting DeKalb

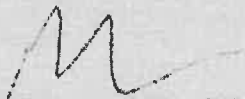
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**Terms of Settlement**

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.

Dale Diedrich

Dale Diedrich, Petitioner



Ryan Theriault, Esq.  
Attorney for the Petitioner



Robert B. Ulrich, Esq.  
Attorney for the Respondent

9-24-19

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

CC 04 2019

L. Elizabeth Coppolitti  
By L. Elizabeth Coppolitti, Commissioner

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