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 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:

[Signature]

LYNN A. FAZEKAS, City Clerk

[Signature]

JERRY SMITH, Mayor
ILLINOIS WORKERS’ COMPENSATION COMMISSION
SETTLEMENT CONTRACT LUMP SUM PETITION AND ORDER

ATTENTION. Please type or print. Answer all questions. Attach 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

v.

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 Employed? Yes ☐ No ☒ Male ☒ Female ☐ Married ☒ Single ☐

No Dependents under age 18 ☐

Married ☒ Single ☐

Birthdate

Average weekly wage $3,344.40

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? Hand

What is the nature of the injury? [Blank]

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 line of duty disability pension

TEMPORARY TOTAL DISABILITY BENEFITS: Compensation was paid for 91 4/7 weeks at the rate of $696.27/week.

The employee was temporarily totally disabled from 12/8/08 through 2/9/10.

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 x-ray and all prescriptions are all expressly denied as not being related to any work injuries pursuant to the opinions of Dr. Garg from 12/7/2008.

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

TTL See attachment ☐ Permanent disability See attachment ☒ Medical expenses See attachment ☐

[Signature]

Ill. Dep’t of Labor: 140 N. LaSalle Street, Chicago, Ill. 60602 312-897-2111 Toll-free 866/761-2113 Website: www.illinois.gov
Deaf/Handicapped: 612 S. Dearborn St., Chicago, Ill. 60604 312-897-2113 Toll-Free 866/761-2113 Website: www.illinois.gov
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, either (a) by Respondent's lien rights under Section 5) including claims for the cost of all medical, surgical, hospital services and claims for compensation and other benefits, on account of any and all injuries, death, disfigurement and disabilities, either claimed or unknown, arising out of the 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 waives any liability under either the Workers' Compensation Act or the Workers' Occupational Diseases Act. Review hereof under Section 190D, and Section 59 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 10 (b), though 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 $0
Deduction: Other (explain) $0
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 interest for the Commission to approve this contract. I understand that I can appeal 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.

Date 10-25-19

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.

Signature of attorney

Date 10-25-19

Robert H. Ulrich
Attorney's name and IC code # (please print)
Mancinelli, Schwanke & Ulrich, LLP
Firm name
195 W. Adams Street - Suite 2200
Address
Chicago, Illinois 60602
City, State, Zip code
312-627-0600
Telephone number
ruulrich@msnlaw.com
Firm name

ORDER OF ARBITRATOR OR COMMISSIONER:
Having carefully reviewed the terms of this contract, in accordance with Section 5 of the Act, by my signature, I hereby approve this contract, under the respondent to promptly pay in a lump sum the total amount of settlement stated above, and dismiss this case.

By L. Elizabeth Coppola, Commissioner

[Signature]
Dale Diedrich  
Employed/Petitioner  

v.  

City of DeKalb  
Employer/Respondent  

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 upon 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. These 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, 2008 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  

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

CPC 04 2019  

L. Elizabeth Coppolotti, Commissioner