

**RESOLUTION 2020-028**

**PASSED: MARCH 23, 2020**

**AUTHORIZING THE EXECUTION OF A WORKERS' COMPENSATION LUMP SUM PETITION AND ORDER IN THE AMOUNT OF \$59,354.59 (ERIC BLANKEN).**

**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:**

**SECTION 1:** 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 Eric Blanken, contemplating the payment of all outstanding medical bills associated with his compensable injury, including Fifty-Six Dollars and Fifty-Nine Cents (\$56.59) in out of pocket medical expenses, and also contemplating the payment of a permanent partial disability lump sum payment in the amount of Fifty-Nine Thousand Two Hundred and Ninety-Eight Dollars and Zero Cents (\$59,298.00), subject to approval by the Illinois Workers' Compensation Commission (IWCC), to thereafter seek such IWCC approval and to thereafter comply with such settlement.

**SECTION 2:** That the City Clerk and/or the Executive Assistant of the City of DeKalb, Illinois be authorized and directed to attest the Mayor's signature and shall be effective thereupon.

**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 March 2020 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Morris, Finucane, Smith, Perkins, McAdams, Verbic, Faivre, Mayor Smith. Nay: None.

**ATTEST:**



**RUTH A. SCOTT**, Executive Assistant



**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 \_\_\_\_\_

**Eric Blanken**  
Employee/Petitioner

Case # **18 WC 31944**

v.

**City of DeKalb Fire Department**  
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.

**Eric Blanken**  
Employee's name

Street address City, State, Zip code

**City of DeKalb Fire Department**  
Employer's name

**200 S. Fourth Street - DeKalb, Illinois 60115**

Street address City, State, Zip code

State Employee? Yes ☐ No ☒

Date of accident **01/24/2018**

How did the accident occur? **the Petitioner injured while transporting a patient**

What part of the body was affected?

What is the nature of the injury?

The employer was notified of the accident orally ☒ in writing ☒ Return-to-work date **6/29/18**

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 **10-2/7** weeks at the rate of \$ **1,124.56/week**.

The employee was temporarily totally disabled from **April 18, 2018** through **June 28, 2018**.

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

**The Respondent has paid for all reasonable, necessary and causally connected medical bills that have been previously submitted, any and all other medical bills are expressly 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**

**RECEIVED**

APR 15 2020

Turner & Sackett LLC

**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: 15% of a person which amounts to \$59,298.00, plus a hold harmless for \$104.35 paid by Respondent's group carrier and an additional \$56.59 in out of pocket medical expenses paid by the Petitioner.

(Settlement terms continued on separate page)

Total amount of settlement	\$ <u>59,354.59</u>
Deduction: Attorney's fees	\$ <u>10,387.05</u>
Deduction: Medical reports, X-rays	\$ <u>49.93</u>
Deduction: Other (explain)	\$ <u>0.00</u>
Amount employee will receive	\$ <u>48,917.61</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.

Done/signed by:

Eric Blanken

Signature of petitioner

Eric Blanken

Name of petitioner (please print)

(815) 761-2671

Telephone number

4/8/2020

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.

Done/signed by:

Alice L. Sackett

Signature of attorney

4/7/2020

Date

Alice L. Sackett #657

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

Turner & Sackett, LLC

Firm name

107 W. Exchange Street

Street address

Sycamore, Illinois 60178

City, State, Zip code

815-895-2131

Telephone number

asackett@turnersackett.com

E-mail address

FEIN #: 81-2699994

**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.

Done/signed by:

Robert B. Ulrich

Signature of attorney or agent

4/7/2020

Date

Robert B. Ulrich

Attorney's name and IC code # or agent (please print)

Rusin & Maciorowski, Ltd

Firm name

10 S. Riverside Plaza - Suite 1925

Street address

Chicago, Illinois 60606

City, State, Zip code

312-454-5227

Telephone number

rulrich@rusinlaw.com

E-mail address

CCMSI

Name of respondent's insurance or service compensation (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.

APR 13 2020

By: Frank Sack Arbitrator

Settlement Contract  
Lump Sum  
Petition and Order  
-Cont.

Eric Blanken  
Employee/Petitioner

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Setting Geneva

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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.

Declassified by: Eric Blanken 4/8/2020  
Eric Blanken, Petitioner

Declassified by: Alice L. Sackett 4/7/2020  
Alice Sackett, Esq.  
Attorney for the Petitioner

Declassified by: Robert B. Ulrich 4/7/2020  
Robert B. Ulrich, Esq.  
Attorney for the Respondent

ILLINOIS WORKERS' COMPENSATION ACT  
pursuant to the provisions of the  
Workers' Compensation and Workers'  
Compensation Act

APR 13 2020

754  
By: Frank Soto, Arbitrator