



**AGREEMENT TO REIMBURSE WISCONSIN LABORERS' HEALTH FUND
FOR BENEFITS ADVANCED IN AN INDUSTRIAL INJURY CASE**

WHEREAS, I sustained injuries or developed sickness on or about _____ (date) while employed by _____ (employer) under circumstances which may entitle me to worker's compensation insurance benefits, and at the time of said injuries or sickness, worker's compensation liability of said employers was insured by _____ (worker's compensation insurance carrier);

WHEREAS, the aforesaid worker's compensation insurance carrier has refused to pay benefits to me;

WHEREAS, the Wisconsin Laborers' Health Fund provides health and welfare benefits only in non-industrial cases;

WHEREAS, I have requested Wisconsin Laborers' Health Fund to advance health and welfare benefits pending final disposition of the worker's compensation matter; and

WHEREAS, as a condition to the receipt of health and welfare benefits, I agree to pursue a worker's compensation case against the aforesaid worker's compensation insurance carrier.

NOW, THEREFORE, in consideration of the advancement of the health and welfare benefits, I hereby agree as follows:

1. To pursue a worker's compensation claim against the aforesaid worker's compensation insurance carrier. My attorney if any is:

_____ (attorney)

_____ (firm name)

_____ (address)



WISCONSIN LABORERS' HEALTH FUND

4633 LIUNA WAY, SUITE 201
DEFOREST, WI 53532-2510
TELEPHONE: 608-846-1742
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2. To repay and reimburse the Wisconsin Laborers' Health Fund for all sums advanced for health and welfare benefits out of the proceeds of any settlement stipulation or compromise of my worker's compensation claim or out of the proceeds of any amount which may be ordered paid or approved by the appropriate agency of the State of Wisconsin.

3. No settlement or compromise of my worker's compensation claim will be made by myself or my attorney without the express written consent of the Wisconsin Laborers' Health Fund unless said settlement or compromise provides for the repayment of the health and welfare benefits advance pursuant to this agreement. A copy of this agreement shall be forwarded to the aforesaid worker's compensation insurance carrier and the Wisconsin Department of Industry and Human Relations.

Dated at _____, Wisconsin, this _____ day of _____, _____.

Fund Member



ATTORNEY'S AGREEMENT
(to be completed if applicable)

I hereby agree that I will not settle or compromise the worker's compensation claim of _____ (Fund member) without making provision for repayment of all health and welfare benefits advanced pursuant to the foregoing agreement, or without the express written consent of the Wisconsin Laborers' Health Fund.

I hereby certify that on _____ (date), an Application for Hearing was filed on behalf of _____ (Fund member).

Dated at _____, Wisconsin, this _____ day of _____, _____.

Attorney for Fund Member