

DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation
7 CCR 1101-3
WORKERS' COMPENSATION RULES OF PROCEDURE

Rule 7 Closure of Claims, Approval of Settlement Agreements and Petitions to Reopen

7-1 CLOSURE OF CLAIMS

- (A) A claim may be closed by order, final admission, or pursuant to paragraph (C) of this section.
- (B) A Final Admission of Liability may be filed based on abandonment of the claim if the claimant:
 - (1) Is not receiving temporary disability benefits; and
 - (2) has not attended two or more consecutive scheduled medical appointments; and
 - (3) has failed to respond within 30 days to a letter from the insurer or the insured asking if the claimant requires additional medical treatment or is claiming permanent impairment. The letter shall be sent after the second missed medical appointment to the claimant and the claimant's attorney if the claimant is represented. The letter must advise the claimant in bold type and capital letters that failure to respond to the letter within 30 days will result in a final admission being filed. If the claimant timely responds to the letter and objects to closure the insurer may not file a Final Admission of Liability pursuant to this rule.
- A If a claim is abandoned and a Final Admission of Liability is filed pursuant to this rule date of maximum medical improvement should not be included.
- B. A copy of the letter sent to the claimant as well as documentation of the missed appointments must be attached to the final admission of liability.
- C. If the claimant timely objects to a final admission of liability filed pursuant to this rule the insurer must withdraw the final admission and provide an opportunity for the claimant to attend a medical appointment(s).
- (C) When no activity in furtherance of prosecution has occurred in a claim for a period of at least 6 months, a party may request the claim be closed.
 - (1) The request to close the claim shall include a separate, properly captioned proposed order to show cause and prepared certificate of mailing, along with addressed, stamped envelopes for the claimant, insurer and each attorney of record who has entered an appearance in the case.
 - (2) Following receipt of a request to close a claim, the Director may issue the order to show cause why the claim should not be closed. If no response is mailed or delivered within 30 days of the date the order was mailed, the claim shall be closed automatically, subject to the reopening provisions of [§ 8- 43-303, C.R.S.](#) If

a response is timely received, the Director may determine whether the claim should remain open. An application for hearing or for a division independent medical examination without further action (i.e., setting and attending a hearing or a division independent medical examination) does not automatically constitute prosecution.

- (3) the director may issue an extension of time to show cause to allow a party an opportunity to prosecute the claim. Any such extension of time to show cause shall not be reconsidered.
- (D) Closure of a claim pursuant to 7-1(c) does not terminate entitlement to any of the following:
- (1) maintenance medical benefits previously admitted and/or ordered.
 - (2) permanent medical impairment benefits previously admitted and/or ordered which have not yet been paid.
- (E) A final admission of liability may be filed based on the claimant's voluntary abandonment upon written notice that the claimant no longer wishes to pursue the claim if the claimant:
- (1) is no longer receiving temporary disability benefits; and
 - (2) acknowledges in the written notice upon a form prescribed by the division that the claimant is abandoning current and future medical care related to the claim; and
 - (3) receives written notification of the reopening provisions of §8-43-303, c.r.s.
- (F) The claimant may object to a final admission of liability filed pursuant to 7-1(e).

7-2 CONTENT AND APPROVAL OF SETTLEMENT AGREEMENTS

- (A) When the parties enter into a full and final settlement of a claim, they shall use the appropriate form settlement agreement prescribed by the Division of Workers' Compensation. The parties shall not alter the prescribed form, except as set out in subparagraphs (1) and (2) below. Parties who are settling a claim for a fatality are not required to use the Division's prescribed form settlement agreement.
- (1) When the claimant is represented by counsel the parties shall use the "Workers' Compensation Claim(s) Settlement Agreement: Represented Claimant." The parties may include terms in Paragraph 9(A) that are both specific to that agreement and involve an issue or matter that falls within the Workers' Compensation Act. The parties may attach other written agreements to the prescribed form and may refer to these agreements in Paragraph 9(B) of the settlement agreement. These other written agreements may include a Workers' Compensation Medicare Set-Aside Arrangement (WCMSA), an agreement involving employment, or a waiver of bad faith. These other written agreements attached to a settlement agreement shall not be reviewed and approval of the

settlement agreement does not constitute approval of any written agreement attached to the settlement agreement. If a represented claimant does not wish to waive the right to an appearance before the Director to review the terms of the agreement, a settlement proceeding shall be scheduled with the Division's Pre-Hearing Unit.

- (2) When the claimant is unrepresented the parties shall use the "Pro Se (Unrepresented) Workers' Compensation Claim(s) Settlement Agreement." The parties may include terms in Paragraph 9(A) that are both specific to that agreement and involve an issue or matter that falls within the Workers' Compensation Act. The parties may attach a Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) to the prescribed form and may refer to the WCMSA in Paragraph 9(B) of the settlement agreement. The parties shall not attach any other written agreement to the settlement agreement. A settlement proceeding shall be scheduled with the Division's Pre-Hearing Unit to consider approval of this agreement.
- (B) The parties shall file the settlement agreement and a completed settlement routing sheet with a proposed order in the form prescribed by the division. The settlement agreement must be signed by all parties with the claimant's signature verified by a Notary Public consistent with the Notaries Public Act. The filed copy of the agreement will be retained by the division. The parties will be responsible for retaining a copy for their records. The completed order will be distributed in accordance with the attached certificate of service. If the parties request the order be returned via mail, self addressed stamped envelopes must be supplied.
- (C) Parties requesting approval of a stipulation resolving one or more issues in dispute shall submit a motion for approval of joint stipulation to the Director or an ALJ and should not use the Division's prescribed form settlement agreement.

7-3 PETITIONS TO REOPEN

- (A) A claimant or insurer may request to reopen a claim, pursuant to §8-43-303, C.R.S. by submitting a request to reopen on the Division prescribed form. The request must be provided to the other party and all attorneys of record. The request shall state the basis for reopening, and supporting documentation must accompany the request.
 - (1) If the other party agrees to reopen the claim the Division shall be notified by the insurer by the filing of an admission.
 - (2) The requesting party may file an Application for Hearing on the issue of reopening with the Office of Administrative Courts pursuant to §8-43-303, c.r.s.
 - (3) If the claim is reopened pursuant to an order, the insurer shall file an admission consistent with the order within 30 days of the order becoming final.
- (B) For those injuries arising after July 2, 1987 at 4:16 p.m. and prior to July 1, 1991, a Petition to Reopen shall be filed when a claimant is requesting a redetermination of the original permanent partial disability award pursuant to Section §8-42-110(3), C.R.S., (repealed 7/1/91). The petition shall be filed with a statement outlining the circumstances of termination from employment.

7-4 SINGLE LIFE EXPECTANCY TABLE

<u>Age</u>	<u>Life Expectancy</u>	<u>Age</u>	<u>Life Expectancy</u>
0	82.4	39	44.6
1	81.6	40	43.6
2	80.6	41	42.7
3	79.7	42	41.7
4	78.7	43	40.7
5	77.7	44	39.8
6	76.7	45	38.8
7	75.8	46	37.9
8	74.8	47	37.0
9	73.8	48	36.0
10	72.8	49	35.1
11	71.8	50	34.2
12	70.8	51	33.3
13	69.9	52	32.3
14	68.9	53	31.4
15	67.9	54	30.5
16	66.9	55	29.6
17	66.0	56	28.7
18	65.0	57	27.9
19	64.0	58	27.0
20	63.0	59	26.1
21	62.1	60	25.2
22	61.1	61	24.4
23	60.1	62	23.5
24	59.1	63	22.7
25	58.2	64	21.8
26	57.2	65	21.0
27	56.2	66	20.2
28	55.3	67	19.4
29	54.3	68	18.6
30	53.3	69	17.8
31	52.4	70	17.0
32	51.4	71	16.3
33	50.4	72	15.5
34	49.4	73	14.8
35	48.5	74	14.1
36	47.5	75	13.4
37	46.5	76	12.7
38	45.6	77	12.1

<u>Age</u>	<u>Life Expectancy</u>	<u>Age</u>	<u>Life Expectancy</u>
78	11.4	98	3.4
79	10.8	99	3.1
80	10.2	100	2.9
81	9.7	101	2.7
82	9.1	102	2.5
83	8.6	103	2.3
84	8.1	104	2.1
85	7.6	105	1.9
86	7.1	106	1.7
87	6.7	107	1.5
88	6.3	108	1.4
89	5.9	109	1.2
90	5.5	110	1.1
91	5.2	111	1.0
92	4.9		
93	4.6		
94	4.3		
95	4.1		
96	3.8		
97	3.6		