

FILED

APR 19 2018

OFFICE OF
WORKER'S COMPENSATION JUDGE
HELENA, MONTANA

April __, 2018

[Claimant Name and Address]

Re: *Flynn and Miller v. Montana State Fund and Liberty Northwest Ins. Corp.*
WCC Nos. 2000-0222 and 2003-0771

Dear _____:

As a result of the Montana Supreme Court decision in *Flynn v. State Comp. Ins. Fund*, 2002 MT 279, 312 Mont. 410, 60 P.3d 397, you **may** be entitled to receive additional workers' compensation benefits if you paid fees or costs in obtaining social security disability benefits and your workers' compensation benefits were reduced on account of your social security benefits. You are qualified to receive additional benefits if:

1. You received temporary total disability or permanent total disability workers' compensation benefits at any time between July 1, 1974, and December 5, 2002; and
2. Your workers' compensation benefits were reduced on account of receiving social security disability benefits; and
3. You paid an attorney or other representative and/or incurred other costs in connection with the proceedings to obtain your social security disability benefits; and
4. You have not settled your workers' compensation claim before December 5, 2002, or the insurer has stopped paying any type of benefits to you before December 5, 2002, and has not paid you any benefits, including medical or vocational benefits since that time.

Please note that if an eligible worker has died from any cause, these benefits are payable to the heirs of the injured worker. Likewise, any eligible worker who settled after December 2, 2002 or who received any type of payment or benefit including medical or vocational benefits after December 5, 2002, is eligible for these benefits.

In order to determine eligibility for further benefits or credits, you must submit verification of eligibility by completing and mailing the enclosed questionnaire and verification to the Montana Workers' Compensation Court, P.O. Box 537, Helena, MT 59624-0537.

Sincerely,

David M. Sandler
Judge

DOCKET ITEM NO. 751

**If the Injured worker is still alive complete this side of this form.
If not, see other side.**

**MONTANA WORKERS' COMPENSATION COURT
REQUEST FOR CONSIDERATION FOR *FLYNN* BENEFITS**

Your Name: _____ SSN#: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

1. Did you hire an attorney or other representative to assist you to obtain your social security disability benefits?

YES NO (circle one)

2. If so, please provide the name and address of your attorney or representative:

3. Please enclose a copy of the Social Security Administration notice concerning your attorney's or representative's fee.

- I have a copy of the notice and it is enclosed.
- I do not have a copy of the notice.

4. If you incurred costs other than, or in addition to, a fee to an attorney or a representative to obtain your social security disability benefits:

a. What was the amount of your costs? \$ _____

b. **Attach copies of cancelled checks and receipts showing your costs.**

5. Mr. Rex Palmer, the attorney who prosecuted the legal action which established your possible entitlement to further benefits, has been asked by the Court to review your eligibility for benefits. The Court will authorize him to review your workers' compensation and social security files and records, including medical information, to the extent necessary to determine your eligibility for further benefits. He will do so under a confidentiality order prohibiting him from disclosing information concerning your claim to any other persons.

Date: _____ Signature: _____

NOTICE: You must complete and mail this questionnaire and verification to:

Workers' Compensation Court
P.O. Box 537
Helena, MT 59624-0537

DO NOT CONTACT THE INSURER.

If the injured worker has died from any cause, complete this side of the form.

**MONTANA WORKERS' COMPENSATION COURT
REQUEST FOR CONSIDERATION FOR FLYNN BENEFITS**

Name of Deceased Claimant: _____ SSN: _____

Name of heir of Deceased Claimant: _____ Phone #: _____

Address of heir: _____

Name of Personal Representative: _____ Phone #: _____

Address of Personal Representative: _____

1. Please attach documentation verifying your status as the Personal Representative of the deceased claimant's estate.
2. Did the deceased claimant hire an attorney or other representative to assist him or her in obtaining social security disability benefits?
YES NO (circle one)
3. If so, please provide the name and address of the attorney or representative:

4. Please enclose a copy of the Social Security Administration notice concerning the fee of the deceased claimant's attorney or representative.
 I have a copy of the notice and it is enclosed.
 I do not have a copy of the notice.
5. If the deceased incurred costs other than a fee to a representative to obtain his or her social security disability benefits:
 - a. What was the amount of your costs? \$ _____
 - b. **Attach copies of cancelled checks and receipts showing your costs.**
6. Mr. Rex Palmer, the attorney who prosecuted the legal action which established the deceased claimant's possible entitlement to further benefits, has been asked by the Court to review the deceased claimant's eligibility for benefits. The Court will authorize him to review the deceased claimant's workers' compensation and social security files and records, including medical information, to the extent necessary to determine your eligibility for further benefits. He will do so under a confidentiality order prohibiting him from disclosing information concerning the deceased claimant's claim to any other persons.

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