

# Stipulation Request



## Starting a Request

The Stipulation of Parties form has been completely revamped, the request form contains intuitive controls and allows two (2) methods of submission: have CompHub distribute the document for signatures to the parties' inbox or generate the Stipulation document and upload the signed copy. Find this process by navigating to **Start New Action>Claims>Stipulation Request**.

1 Select the appropriate parties using the check boxes.

If there are multiple attorneys in the Claim, select the Attorney using the dropdown.

2 Enter all pertinent information, at this time you may request to amend the Average Weekly Wage and Date of Accident as well.

If you select 'Yes' regarding Fees and Costs, CompHub displays the Consent to Pay Fees and Costs Form.

3 Generate the document and select whether you are obtaining signatures manually or through CompHub. If you are getting physical signatures, SAVE DON'T SUBMIT.

**You have 30 days to submit the stipulation request. If you fail to complete the submission within 30 days, you will need to restart the process.**

Stipulation of Parties

Claim Number: W301433 Claimant Name: Carlos Medina

Employer & Insurer

Employer	Insurer
AMGEN INC	ACE AMERICAN INSURANCE COMPANY
AMGEN INC	A M C O INSURANCE COMPANY

Select Parties

Select	Party	Participant Name
<input checked="" type="checkbox"/>	Claimant	Carlos Medina
<input checked="" type="checkbox"/>	Employer	AMGEN INC
<input checked="" type="checkbox"/>	Insurer	ACE AMERICAN INSURANCE COMPANY
<input type="checkbox"/>	Insurer	A M C O INSURANCE COMPANY

It is STIPULATED on 01/03/2023 by and between the above-named parties, that an Award of Compensation is necessary and appropriate in the above titled claim on the following information:

Date of Accident: 11/20/2022 Amend:  Yes  No Amended Date of Accident: 01/03/2023

Claimant's Average Weekly Wage Amend:  Yes  No Amended Average Weekly Wage: \$7,500.00

Temporary Total / Temporary Partial

Test TTD

The Parties agree to a permanent partial disability of:

Test PPD

at the rate of \$15.00, payable weekly, beginning 01/09/2023 for 20 weeks.

IN WITNESS WHEREOF, the undersigned Parties have agreed to the aforementioned stipulation on the day and year as stated above.

Supporting Documents

Are there fees and costs associated with this Stipulation?  Yes  No

Attached hereto are the medical evaluation report(s) of:

Medical Evaluation Details

Name of the Claimant/Insurer Doctor	Details
Test INS Doc	Insurer Doctor
Test CLM Doc	Claimant Doctor

Medical Evaluation Comments

Test Medical Evaluation

Medical Evaluation Reports: No files uploaded

Medical Fees: No files uploaded

Copies of medical bills with CPT codes MUST be attached for consideration.

Please click + icon below to add new supporting document(s)

All attachments should be converted to PDF format before uploading

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

Attachments

No records

Review and Sign

Before you begin: You must first generate the stipulation form by selecting the "Generate Document" button below.

Generate Document

Stipulation of Parties: Stipulation of Parties.pdf

You will then have two options to obtain the necessary signature(s) for the Stipulation & Consent.

(1) You may complete the Stipulation form online, save it, print the form, and then email, fax or deliver in person to the other parties for signature(s). Once the document(s) is signed, you should review it to ensure that it is signed properly. Any incomplete or improperly signed document(s) may delay the processing of the Stipulation of Parties. Upon receipt of all necessary signature(s), please select the option below to activate the upload document(s) feature. Do not select this option until you have all signatures. By selecting the "Save" button below, you will then be able to return to this step later to complete the process. Select "Save" now.

Print Stipulation and get signature(s) on paper. **Reminder: Do not select this option until you have all signatures. OR**

WCC will electronically send the document(s) for electronic signature(s).

Are there fees and costs associated with this Stipulation? Yes

Consent to Pay Fees and Costs

WORKERS' COMPENSATION COMMISSION

**CLAIMANT'S CONSENT TO PAY FEES AND COSTS**

This form must be submitted to the Workers' Compensation Commission in accordance with COMAR 14.09.04.02 and, regardless of whether the matter is resolved by award, settlement or stipulation, all fees and costs must be itemized on the form below.

If you do not calculate the counsel fee in accordance with COMAR 14.09.04.03, you consent to the Commission determining the fee on your behalf.

WCC Claim Number: W301572

Claimant: Carlos Medina

Employer: 5520 REISTERSTOWN CORP

Insurer: TRAVELERS INDEMNITY CO OF CONNECTICUT

I, the undersigned, hereby certify that my attorney has explained to me the amounts allowable by the Commission as counsel fee under the Maryland Workers' Compensation Commission Schedule of Attorney's Fees, COMAR 14.09.04.03 and, I consent to the award of a fee to my attorney in accordance with the schedule.

I further consent to the allowance of a fee in accordance with the Maryland Workers' Compensation Commission Guide of Medical and Surgical Fees, COMAR 14.09.06 to my physician(s) for services performed at my or my counsel's request.

Attorney Fees: Copies of receipts for advanced expenses MUST be attached. DO NOT attach ledger sheets. Medical Fees: Copies of medical bills with CPT Codes MUST be attached for consideration. DO NOT attach medical reports.

Consent to Pay Fees and Costs: [Claimant's Consent to Pay Fees and Costs.pdf](#)

FEES AND COSTS: In accordance with COMAR 14.09.04.02, "Claimant's Consent to Pay Fees and Costs", MUST be submitted to the Commission.

# Stipulation Request

## Obtaining Signatures

The Stipulation Request gives you the option to manually obtain signatures using the document you just generated and return to the system, or have CompHub handle routing the document for electronic signatures.

### Physical

MARYLAND WORKERS' COMPENSATION COMMISSION  
**STIPULATION OF PARTIES**

WCC Claim Number: W300995

Claimant: Carlos Medina  
Employer: AHOLD DELHAIZE AMERICA HOLDING INC. DELHAIZE US HOLDING INC  
Insurer: INDEMNITY INS CO OF N AMERICA (INA INS) (CT GEN)

It is STIPULATED this 3rd day of January, 2023 by and between the above-named parties, that an Award of Compensation is necessary and appropriate in the above-titled claim on the following information:

(1) Date of Accident: 03/01/2022 Amended: **Yes** Amended DOA: 01/12/2023  
(2) Claimant's Average Weekly Wage: \$850.00 Amended: **Yes** Amended AWW: \$2.00  
(3) Temporary Total/ Temporary Partial:  
The text I added to the form now appears on the PDF.  
(4) Attached hereto are the medical evaluation reports(s) of:

Name of the Claimant/Insurer's Doctor	Details
Dr. Bob Smiff	Claimant Doctor
Dr. Giovanni	Insurer Doctor

(5) The Parties agree to a permanent partial disability of:  
The text I added to the form now appears on the PDF.  
at the rate of \$15.00, payable weekly, beginning 01/12/2023 for 30 weeks.

IN WITNESS WHEREOF, the undersigned Parties have agreed to the aforementioned stipulation on the day and year as stated above.

ATTEST:

Aruna Kamana \_\_\_\_\_  
Signature of Attorney for Claimant      Signature of Claimant

BY: \_\_\_\_\_  
Signature for Employer/Insurer

10 East Baltimore Street- Baltimore Maryland 21202-1641      Page 1 of 2

**1** Print the physical document and obtain the remaining signatures manually.

**2** Return to the Stipulation Request to upload the signed document and certify your submission

Before you begin: You must first generate the stipulation form by selecting the "Generate Document" button below.

**Generate Document**

Stipulation of Parties:  Stipulation of Parties.pdf

You will then have two options to obtain the necessary signature(s) for the Stipulation & Consent.

(1) You may complete the Stipulation form online, save it, print the form, and then email, fax or deliver in person to the other parties for signature(s). Once the document(s) is signed, you should review it to ensure that it is signed properly. Any incomplete or improperly signed document(s) may delay the processing of the Stipulation of Parties. Upon receipt of all necessary signature(s), please select the option below to activate the upload document(s) feature. Do not select this option until you have all signatures. By selecting the "Save" button below, you will then be able to return to this step later to complete the process. Select "Save" now.

Print Stipulation and get signature(s) on paper. **Reminder: Do not select this option until you have all signatures. OR**

Upload Stipulation of Parties:  

(2) Have WCC electronically send the document(s) to the other parties for signature(s). When the others have reviewed and signed the document(s), by selecting the "Submit" button below, the documents will be returned to you for filing with the Commission.

WCC will electronically send the document(s) for electronic signature(s).

**CERTIFICATIONS AND SIGNATURE**

I HEREBY CERTIFY that on January 9, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

### Digital

**Review and Sign**

Before you begin: You must first generate the stipulation form by selecting the "Generate Document" button below.

Stipulation of Parties: Stipulation of Parties.pdf

You will then have two options to obtain the necessary signature(s) for the Stipulation & Consent.

(1) You may complete the Stipulation form online, save it, print the form, and then email, fax or deliver in person to the other parties for signature(s). Once the document(s) is signed, you should review it to ensure that it is signed properly. Any incomplete or improperly signed document(s) may delay the processing of the Stipulation of Parties. Upon receipt of all necessary signature(s), please select the option below to activate the upload document(s) feature. Do not select this option until you have all signatures. By selecting the "Save" button below, you will then be able to return to this step later to complete the process. Select "Save" now.

Print Stipulation and get signature(s) on paper. **Reminder: Do not select this option until you have all signatures. OR**

(2) Have WCC electronically send the document(s) to the other parties for signature(s). When the others have reviewed and signed the document(s), by selecting the "Submit" button below, the documents will be returned to you for filing with the Commission.

WCC will electronically send the document(s) for electronic signature(s).

**Signature Required**

Please click on the document below to view prior to submission. Then submit the form to sign electronically.

Stipulation of Parties: Stipulation of Parties.pdf

**CERTIFICATIONS AND SIGNATURE**

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

CONSENT OF CLAIMANT: The Claimant in this case has read and signed the Stipulation and consents to the fees as set forth in the attached WCC Form H-44.

**Electronically Signed By**

Carlos Medina  
Claimant  
01/09/2023

 CompHub automatically routes the submission for each party to review and sign. Once all parties have signed, the document will be returned to you one final time before being sent to the Commission.

# Stipulation Request

## Submitting the Request

After signatures have been obtained it's time to submit the document to the Commission.



1 Review the Stipulation of Parties document to ensure it is signed and check the "verify completed Stipulation form" checkbox before submitting the request.

You have 30 days to submit the stipulation request. If you fail to complete the submission within 30 days, you will need to restart the process.

Review and Sign

Please review to ensure that all documents have been signed

Stipulation of Parties: [Stipulation of Parties.pdf](#) *If you wish to print, click on the document.*

Verify completed Stipulation form:

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on January 9, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Electronically Signed By

ALICE BAKER  
Claimant Attorney  
01/09/2023

Stipulation of Parties

Claim Number: W301433 Claimant Name: Carlos Medina

Employer & Insurer

Employer	Insurer
AMGEN INC	ACE AMERICAN INSURANCE COMPANY
AMGEN INC	A M C O INSURANCE COMPANY

MARYLAND WORKERS' COMPENSATION COMMISSION

STIPULATION OF PARTIES

WCC Claim Number: W301572

Claimant: Carlos Medina

Employer: 5520 REISTERSTOWN CORP

Insurer: TRAVELERS INDEMNITY CO OF CONNECTICUT

It is STIPULATED this 18th day of January, 2023 by and between the above-named parties, that an Award of Compensation is necessary and appropriate in the above-titled claim on the following information:

(1) Date of Accident: 06/29/2022 Amended: Yes Amended DOA: 01/18/2023

(2) Claimant's Average Weekly Wage: \$900.00 Amended: Yes Amended AWW: \$1,000.00

(3) Temporary Total/ Temporary Partial:  
Test Stipulation TTD in TEST environment.

(4) Attached hereto are the medical evaluation reports(s) of:

Name of the Claimant/Insurer's Doctor	Details
Test Ins Doctor	Insurer Doctor
Test Clm Doctor	Claimant Doctor

(5) The Parties agree to a permanent partial disability of:  
Test Stipulation PPD in TEST environment.

at the rate of \$25.00, payable weekly, beginning 01/18/2023 for 15 weeks.

IN WITNESS WHEREOF, the undersigned Parties have agreed to the aforementioned stipulation on the day and year as stated above.

ATTEST:

Aruna Kamana Carlos Medina  
Signature of Attorney for Claimant Signature of Claimant

BY: ALICE BAKER  
Signature for Employer/Insurer

10 East Baltimore Street- Baltimore Maryland 21202-1641 Page 1 of 2