



## SD2 Instructions

The SD2 is required for all injuries on after July 1, 2014 **every time** a settlement is presented. Multiple SD2s will be filed for one claim if there are multiple settlement hearings. For example: for the payment of an original award at the first settlement hearing, the payment of increased benefits at a second settlement hearing, and a closure of medical benefits at a third settlement hearing.

SD2 forms reflect only the benefits being paid for the **present** settlement agreement. They do not reflect the cumulative total of amounts paid in earlier settlements.

Submit separate orders, agreements and SD2 forms when settling multiple claims for the same injured worker at the same hearing. Each claim has a separate State File Number, and each requires its own set of documents. A filing fee is due for each individual claim.

The latest versions of the Order and Agreement templates are [here](#). The SD2 is [here](#).

We prefer that the SD-2 be typewritten. If handwriting is required, clearly print in black or blue ink.

Fully complete the form, enter a response on every field, or mark Yes, No, or N/A. Complete dates in the format mm/dd/yyyy.

A C20 First Report of Injury must be filed electronically before the settlement hearing. It is not necessary to include a copy of the C20 with the settlement documents, but the date of injury and social security number should match on both the C20 and the settlement documents. If this information does not match, the insurance carrier or third-party administrator must either file a corrected C20 (SROI) to match the settlement documents or the attorney must amend the settlement documents to match the C20.

## **Frequent Field Questions**

**Docket Number:** Enter the Docket Number assigned by the Court of Workers' Compensation Claims.

**State File Number:** Enter the State File Number assigned to the C20.

**Date of Injury:** Use mm/dd/yyyy. Match the DOI on the C20, Court Order, and SD2.

**SSN:** Prefer use of the full SSN, may submit last 4 digits.

**Date of Birth:** Use mm/dd/yyyy for the injured worker.

**Date of Hire:** Use mm/dd/yyyy for the injured worker. This is often on the C20 or the employer will know this date.

**Education Level:** Use employment application, resume, or contact the injured worker to obtain this information.

**Employer/Insurance/TPA:** Match the name submitted on the C20.

**Injury occurred in TN:** Mark yes or no.

**County of injury:** See C20 or ask the injured worker to obtain this information. Enter the Tennessee County or "Out of State" if it occurred outside of Tennessee.

**First Date out of work:** Use mm/dd/yyyy. Use the single date the injured worker first missed work. Use N/A if injured worker did not miss work.

**Date of return to work:** Use mm/dd/yyyy representing the single, most recent date of the injured worker's final return to any work (light duty if applicable) with the pre-injury employer. Use "did not return to work" if PTD or if injured worker chose not to return to work, if applicable or N/A if the injured worker did not miss work. Match the SD2 and the settlement agreement.

**Total # days lost:** Enter the total number missed workdays between the DOI and MMI, whether compensated or not.

**Date of MMI:** List the final MMI date. Use N/A if MMI has not been reached.

**ATP % Impairment rating:** List the combined whole person rating assigned by the authorized treating physician. Use N/A if no rating is assigned.

**Average weekly wage, Comp rate:** Enter the average weekly wage used to determine the injured workers' compensation rate. Use the permanent disability rate. A benefit rate chart is available [here](#).

**Was claim denied, if so basis of denial:** Match the SD2 with the C23 Notice of Denial filed with the Bureau.

**Nature of Primary Injury/Body Part Injured:** [Check these lists](#) and choose the one that most closely represents the injury and body part for the claim. Enter the number and the description. (Injured workers won't understand the number alone.)

**Was Bureau mediation conducted:** Mark yes if a PBD was previously filed for temporary disability, medical or permanent disability benefits disputes

**Did employee return to work for any employer:** Mark yes if the injured worker is working for the pre-injury employer or if he/she is working for a different employer at the time of the workers' compensation settlement hearing.

Indicate if the injured worker's current wages are the same, higher, or less when compared to their average weekly wage.

**Was claim settled pursuant to TCA 50-6-240(e):** Mark yes if the claim settled on a doubtful/disputed basis.

### Monetary Amounts Paid

The SD2 dollar amounts must match the subject settlement agreement.

**TTD:** Enter the number of weeks and/or days and dollar amount paid using the appropriate temporary disability calculations. Match the subject settlement agreement. Use N/A if injured worker did not receive TTD benefits.

**TPD:** Enter the number of weeks and/or full days represented by the dollar amount paid using the appropriate temporary disability calculations. Match the subject settlement agreement. Use N/A if injured worker did not receive TPD benefits.

**PPD:** Enter the disability percentage, number of weeks and/or days and the dollar amount paid representing the original award. (Impairment x comp rate x 450). Match the subject settlement agreement. Use N/A if injured worker did not receive PPD benefits.

**PTD:** Enter the number of weeks and the dollar amount paid using the appropriate permanent disability calculations. Use the dollar amount paid and the disability percentage represented by that dollar amount. Match the settlement agreement. Use N/A if injured worker did not receive PTD benefits.

**Increased Perm. Partial Benefits:** This field represents the resulting award and additional factors. It equals the total payment less the original award.

Mark the fields titled "PBD Increased Benefits Awarded" and indicate which factors applied on the 1<sup>st</sup> page of the SD2. Use N/A if injured worker did not receive increased benefits.

**Death Benefits:** Include lump sum, accrued benefits and estimate the total sum to be paid based upon the agreement, expected eligibility termination dates, if applicable, or assume the dependent(s) will qualify until the benefit is exhausted. Use N/A if injured worker did not receive death benefits.

**Burial Benefits:** Enter the dollar amount paid for funeral expense and burial. Use N/A if injured worker did not receive burial benefits.

**Medical Benefits:** Enter the dollar amount paid for all medical expenses up to the point of original settlement. No need to add anticipated medical expenses on settlements that may be paid after the original settlement. The adjusters report the additional medical expenses paid in a yearly filing to the Bureau.

**Future Medical Expense Closure; Date Closed:** Enter the date of the settlement if the future medical expenses are being closed with current settlement. Include the money paid specifically to close medicals, including on doubtful and disputed settlements. Use format mm/dd/yyyy for the date medical benefits are closed.

**After prior settlement:** Mark yes if the medicals were left open in a prior settlement and are now being closed in a subsequent settlement. Otherwise mark no.

**Lump Sum per TCA 50-6-240 (e):** Enter the dollar amounts paid in a doubtful/disputed settlement.

**Amount of settlement paid in lump sum:** Enter the dollar amount paid in lump sum for the current settlement. Match the lump sum figure in the agreement.

**Date lump sum paid:** Use the actual date mm/dd/yyyy the employee receives the payment.

Sometimes the SD2 is filed before the employee receives the payment. In this event, use the language stated in the settlement agreement specifying when the employee will receive the payment. This is commonly the 14<sup>th</sup> calendar day from the date of the settlement hearing.

**Employee attorney fee:** Enter the dollar amount and percentage of the settlement paid to the employee attorney for the current settlement.

**Was fee approved by Court:** This is pertaining to the employee's attorney fee. Yes should be marked if the fees are in the agreement and the presiding Judge signed the order. Match the SD2 with the settlement documents.

**Employer's attorney fee range:** Mark the category that best fits the fee.

### **Certification and Signatures**

Clearly print or type the name of each party. The signatures of all attorneys and the injured worker, the date each signed, and BPR numbers are required. Include the adjuster's name, even if he or she does not sign the form.

## Injury Codes Page 1 of 2

### NATURE OF INJURY/ILLNESS

NO PHYSICAL  
1 INJURY  
2 AMPUTATION  
3 ANGINA PECTORIS  
4 BURN  
7 CONCUSSION  
10 CONTUSION  
13 CRUSHING  
16 DISLOCATION  
19 ELECTRIC SHOCK  
22 ENUCLEATION  
25 FOREIGN BODY  
28 FRACTURE  
30 FREEZING  
31 HEARING LOSS OR IMPAIRMENT  
32 HEAT PROSTRATION  
34 HERNIA  
36 INFECTION  
37 INFLAMMATION  
40 LACERATION  
41 MYOCARDIAL INFARCTION  
42 POISONING - GENERAL  
43 PUNCTURE  
46 RUPTURE (TEAR)  
47 SEVERANCE  
49 SPRAIN  
52 STRAIN  
53 SYNCOPE  
54 ASPHYXIATION  
55 VASCULAR  
58 VISION LOSS

### LIST OF BODY PART

10 MULTIPLE INJURIES TO HEAD  
11 SKULL  
12 BRAIN  
13 EAR(S)  
14 EYE(S)  
15 NOSE  
16 TEETH  
17 MOUTH  
18 HEAD - SOFT TISSUE  
19 FACIAL BONES  
20 MULTIPLE NECK INJURY  
21 VERTEBRAE  
22 DISC-NECK  
23 SPINAL CORD - NECK  
24 LARYNX  
25 NECK - SOFT TISSUE  
26 TRACHEA  
30 MULTIPLE UPPER EXTREMITIES  
31 UPPER ARM  
32 ELBOW  
33 LOWER ARM  
34 WRIST  
35 HAND  
36 FINGER(S)  
37 THUMB  
38 SHOULDER(S)  
39 WRIST(S) & HAND(S)  
40 MULTIPLE TRUNK  
41 UPPER BACK AREA  
42 LOWER BACK AREA (MUSCLES)

## Injury Codes Page 2 of 2

	ALL OTHER SPECIFIC INJURIES		
59	NOC	43	DISC-TRUNK
60	DUST DISEASE, NOC	44	CHEST
61	ASBESTOSIS	45	SACRUM AND COCCYX
62	BLACK LUNG	46	PELVIS
63	BYSSINOSIS	47	SPINAL CORD - TRUNK
64	SILICOSIS	48	INTERNAL ORGANS
65	RESPIRATORY DISORDERS POISONING - CHEMICAL,(OTHER	49	HEART
66	THAN METALS)	50	MULTIPLE LOWER EXTREMITIES
67	POISONING - METAL	51	HIP
68	DERMATITIS	52	UPPER LEG
69	MENTAL DISORDER	53	KNEE
70	RADIATION	54	LOWER LEG
	ALL OTHER OCCUPATIONAL		
71	DISEASE INJURY, NOC	55	ANKLE
72	LOSS OF HEARING	56	FOOT
73	CONTAGIOUS DISEASE	57	TOE(S)
74	CANCER	58	GREAT TOE
75	AIDS	60	LUNGS
76	VDT - RELATED DISEASES	61	ABDOMEN INCLUDING GROIN
77	MENTAL STRESS	62	BUTTOCKS
78	CARPAL TUNNEL SYNDROME	63	LUMBAR / SACRAL VERTEBRAE
79	HEPATITIS C	64	ARTIFICIAL APPLIANCE
	ALL OTHER CUMULATIVE INJURY,		
80	NOC	65	INSUFF. INFO TO PRO. IDEN. UNCL
83	COVID-19	66	NO PHYSICAL INJURY
	MULTIPLE PHYSICAL INJURIES		
90	ONLY	90	MULTIPLE BODY PARTS
	MULTIPLE INJURIES (PHYSICAL		
91	AND PSYCHOLOGICAL)	91	BODY SYS. & MULT. BODY SYS.
		99	BODY AS A WHOLE

