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DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION

DOL FORM 28A FY-06 Rev 10/09
State File No.**
Ins. Co. File No.
Date of Injury
Fed. ID No.

NOTICE OF CHANGE IN COMPENSATION RATE
(for INJURIES BEFORE JULY 1, 1986)

RE: _____ v. _____
(Employee) (Employer)

Check type of agreement involved: [] Temporary Total [] Permanent Total [] Fatal
[] Temporary Partial [] Permanent Partial

- 1. Write in the employee's compensation rate effective June 30, 2005. (Not including dependent's benefits.) \$ _____
2. Multiply line 1 by 1.038 and write in the result, but not more than the maximum rate of \$633 or less than the Minimum of \$317. \$ _____
3. For Temporary Total Disability cases ONLY, multiply the number of dependents under the age of 21 by \$10 and write in the result. \$ _____
4. Write in the TOTAL of lines 2 and 3. This is the new compensation rate for the year beginning July 1, 2005. \$ _____

Maximum rate is \$633 and the minimum rate is \$317 (not including dependent's benefits) for the year beginning July 1, 2005.

This is an amendment to the original Temporary Total, Temporary Partial, Permanent Partial, Permanent Total, or Fatal agreement.

Insurance Company or Self-Insured

Date

Claims Adjuster's Signature

Title

Commissioner of Labor/Designee

Date

Instructions to insurance company or self-insurer: Complete above. Increase the weekly compensation rate beginning July 1, 2005. File three (3) copies with the Department of Labor before July 15, 2005. After the change has been approved, provide copies 2 and 3 to the carrier and the claimant.

**If you do not have the state file number please contact the Department of Labor at (802) 828-2286.