VERMONT

STATE OF VERMONT
DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION

www.labor.vermont.gov

DOL FORM 28A FY-07 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, 2006.
(Not including dependent's benefits.) $ _____

2. Multiply line 1 by 1.025 and write in the result, but not more than the maximum rate of $649 or less than the Minimum of $325. $ _____

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, 2006. $ _____

Maximum rate is $649 and the minimum rate is $325 (not including dependent's benefits) for the year beginning July 1, 2006.

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 & Industry/Designee Date

Instructions to insurance company or self-insurer: Complete above. Increase the weekly compensation rate beginning July 1, 2006. File **three (3) copies** with the Department of Labor before July 15, 2006. 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.