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STATE OF VERMONT
DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION
PO Box 488, Montpelier, VT 05601-0488

DOL FORM 28A FY-10 Rev 9/09
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, 2009. (Not including dependent's benefits.) \$ \_\_\_\_\_
2. Multiply line 1 by 1.037 and write in the result, but not more than the maximum rate of \$728 or less than the Minimum of \$364. \$ \_\_\_\_\_
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, 2009. \$ \_\_\_\_\_

Maximum rate is \$728 and the minimum rate is \$364 (not including dependent's benefits) for the year beginning July 1, 2009.

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, 2009. File three (3) copies with the Department of Labor before July 15, 2009. After the change has been approved, provide copies 2 and 3 to the carrier and the claimant.