

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

DOL FORM 28	FY-13 Rev 6/12
State File No.	
Ins. Co. File No.	
Date of Injury	
Fed. ID No.	

www.labor.vermont.gov

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

Check type of agreement involved:	RE:				v.				
Temporary Partial Permanent Partial 1. Write in the employee's compensation rate effective June 30, 2012. (Not including dependent's benefits.) \$ 2. Multiply line 1 by 1.020 and write in the result, but not more than the maximum rate of \$1,145 or less than the minimum of \$382. (see REMINDER below) ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM ON JUNE 30, 2012, THE NEW MAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S AVERAGE WEEKLY WAGE. \$ 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, 2012. \$ REMINDERS: FOR INJURIES BETWEEN JULY 1, 1994 AND MAY 25, 2004 THE COMPENSATION RATE CANNOT EXCEED THE WEEKLY NET INCOME, FOR INJURIES AFTER MAY 25, 2004 THE COMPENSATION RATE CANNOT EXCEED 90% OF THE AVERAGE WEEKLY WAGE TEMPORARY TOTAL OR TEMPORARY PARTIAL COMPENSATION SHALL FIRST BE ADJUSTED ON THE FIRST JULY 1 FOLLOWING THE RECEIPT OF 26 WEEKS OF BENEFITS. Maximum rate is \$1,145 and the minimum rate is \$382 (not including dependent's benefits) for the year beginning July 1, 2012. This is an amendment to the original Temporary Total, Temporary Partial, Permanent Partial, Permanent Total, or Fatal agreement.		(Employee)				(Employer)			
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Claims Adjuster's Signature Title		Insurance Company or S	Self-Insured			1	Date		
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<u>Instructions to insurance company or self-insurer</u>: Complete above. Increase the weekly compensation rate beginning July 1, 2012. File **three (3) copies** with the Department of Labor before July 15, 2012. After the change has been approved please provide a copy to the claimant.

Date

Commissioner of Labor & Industry/Designee