



Workers' Compensation Division
PO Box 488, Montpelier, VT 05601-0488
www.labor.vermont.gov

DOL FORM 28 FY-25 Rev 5/24
State File No.
Ins. Co. File No.
Date of Injury
Fed. ID No.

NOTICE OF CHANGE IN COMPENSATION RATE
(for INJURIES AFTER 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, 2024.
(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 \$1,763 or less than
the minimum of \$588. (see REMINDER below)
ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MINIMUM OR MAXIMUM ON JUNE 30,
2024, THE NEW MINIMUM OR MAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S \$
AVERAGE WEEKLY WAGE. _____

3. For Temporary Total Disability and Temporary Partial cases ONLY, multiply the number of dependents
under the age of 21 by \$20 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, 2024. \$ _____

REMINDER:

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 \$1,763 and the minimum rate is \$588 (not including dependent's benefits) for the year beginning July 1, 2024.

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, 2024. File with the Department of
Labor before July 15, 2024. After the change has been approved please provide a copy to the claimant.