

Workers' Compensation Division

PO Box 488, Montpelier, VT 05601-0488

www.labor.vermont.gov

FY-18 Rev 6/17

DOL FORM 28

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: | RE: | | | v. | V. | | | | |
|------|--|------------|--------------------------------------|-----------|------------|--------------------------------------|----|-------|--|
| | (Employee) | | | - | (Employer) | | | | |
| Chec | x type of agreement involved: | | Temporary Total Temporary Partial | | | Permanent Total Permanent Partial | | Fatal | |
| 1. | Write in the employee's compensation rate effective June 30, 2017. (Not including dependent's benefits.) | | | | | | \$ | | |
| 2. | Multiply line 1 by 1.018 and write in the result, but not more than the maximum rate of \$1,281 or less than the minimum of \$427. (see REMINDER below) ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM ON JUNE 30, 2017, 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 ar | nd 3. This | s is the new compensation | ı rate fo | or the y | ear beginning July 1, 2017. | \$ | | |

<u>REMINDER</u>:

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 \$1,281 and the minimum rate is \$427 (not including dependent's benefits) for the year beginning July 1, 2017.

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

Insurance Company or Self-Insured

Claims Adjuster's Signature

Commissioner of Labor & Industry/Designee

Instructions to insurance company or self-insurer: Complete above. Increase the weekly compensation rate beginning July 1, 2017. File with the Department of Labor before July 15, 2017. After the change has been approved please provide a copy to the claimant.

Date

Title

Date