

# Statement of Compensation

Applicant's Name \_\_\_\_\_ DOI \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City/State, Zip \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_

**Insurance Carrier/Adjusting Service Address** \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Adjuster Name \_\_\_\_\_ Adjuster Email \_\_\_\_\_

**Temporary Total Disability (TTD) Total Paid:**\_\_\_\_\_.

\_\_\_\_\_ **No Lost Time. (If no lost time, please attach verification of salary at the time of injury.)**

**Total Number of Lost Work Days:**\_\_\_\_\_.

**Temporary Partial Disability (TPD) paid** \_\_\_\_\_ **for a total of** \_\_\_\_\_ **of which** \_\_\_\_\_ **has been paid.**

**Total Medicals Paid to Date**\_\_\_\_\_.

Pursuant to the attached medical report and the applicable law, the applicant is entitled to **Permanent Partial Disability Compensation (PPD)** at the rate of \$ \_\_\_\_\_ per week, commencing \_\_\_\_\_ for \_\_\_\_\_ weeks, totaling \$ \_\_\_\_\_, for a \_\_\_\_\_ % impairment of the \_\_\_\_\_ due to his/her industrial injuries, (of which \$ \_\_\_\_\_ has been advanced).

The Labor Commission shall retain continuing jurisdiction to modify awards as provided by law. Medical expenses incurred as a result of the industrial injury are the continuing obligation of the employer/carrier. Medical care becomes a lifetime benefit so long as the insurance carrier/employer is billed within one year from the date of each medical service (§34A-2-417). Accrued amounts of compensation will be paid in a lump sum. The remaining amount will be paid as due.

**NOTE: Compensation is tax exempt for Federal and State Income Tax purposes.**

**ADJUSTOR NOTE: Forms 122, 123, 141 and the PPI rating are to be maintained by carriers and self-insured employers indefinitely and are to be made available to the Labor Commission upon request.**

**\*\*Per R612-200-3, the completed form and supporting documents shall be sent to the claimant or dependents but do not need to be filed with the Division unless requested.**

