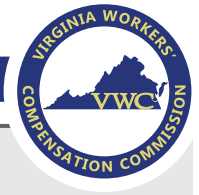


Award Agreement

Access your claim online: webfile.workcomp.virginia.gov

Virginia Workers' Compensation Commission



Jurisdiction Claim Number (JCN)

Claim Administrator Number

| Claimant Information | | Employer Information | | | |
|--------------------------------|---------------------------|----------------------|--|-------|----------|
| Name | | Employer Name | | | |
| Address | | Address | | | |
| City | State | Zip Code | City | State | Zip Code |
| Primary Phone | Date of injury or disease | | Employer's Phone | | |
| Pre-Injury Average Weekly Wage | | | Please list first 7 days of total or partial disability (waiting period) | | |

Body Parts/Injuries Accepted

Payment of compensation (check all that apply)

An award for reasonable, necessary, authorized, and causally related medical treatment to the listed body parts will accompany any award for wage compensation.

- A. Temporary Total Disability (TTD)** is awarded at the rate of \$ _____ per week beginning _____ through _____ or is continuing.
 Did the employer pay full wages in lieu of compensation? If so, wages were paid from _____ are continuing. An award for temporary total disability will be entered for this period.
- B. Temporary Partial Disability (TPD)** is awarded at the rate of \$ _____ from _____ through _____ or is continuing based on the post-injury AWW of \$ _____.
From _____ through _____ per week as TPD is based on a post-injury AWW of \$ _____.
From _____ through _____ per week as TPD is based on a post-injury AWW of \$ _____.
From _____ through _____ per week as TPD is based on a post-injury AWW of \$ _____.
- C. Permanent Partial Disability (PPD)** is awarded at the rate of \$ _____ per week beginning _____ for _____% loss of use, loss, or disfigurement of the _____.
Note: Medical report(s) or amputation chart must be attached.
Do the parties agree to have this award paid in a lump sum with the 4% discount deducted? Yes No
- D. Medical Only.** The parties agree the claimant sustained a compensable injury or occupational disease, and the employer/insurer will accept responsibility only for the reasonable, necessary, authorized and causally related treatment incurred as a result of that work related injury or occupational disease.

SUBJECT TO ADJUSTMENT AND APPROVAL BY THE COMMISSION PURSUANT TO THE VIRGINIA WORKERS' COMPENSATION ACT

Signature

By signing below, we certify that the facts relating to this accident are correct on this form and agree that the claimant shall receive benefits indicated until suspended in accordance with the provisions of the Virginia Workers' Compensation Act.

SIGNATURE OF CLAIMANT/ ATTORNEY

PRINT

DATE

SIGNATURE OF CARRIER/EMPLOYER

PRINT

DATE

Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds at 833-448-1681, or email ombuds@workcomp.virginia.gov. We cannot give legal advice. All conversations will be kept confidential.

Award Agreement



Instructions

This form is to be completed whenever a claim has been accepted as compensable, and the claimant is entitled to an award. This Award Agreement provides the basis for the award of compensation and contains sufficient information to establish the essential elements of a compensable claim. The form may be Webfiled, faxed to 804-823-6956, hand delivered or mailed to 333 E. Franklin Street, Richmond, VA 23219.

Benefits under the Virginia Workers' Compensation Act



Calculators

The Commission provides a reference tool to aid in the calculation of various types of wage benefits. For accuracy, the Commission encourages its use in all wage calculations. **The calculator will AUTOMATICALLY ADJUST for the MINIMUM AND MAXIMUM RATES according to the date of the original injury.**

calculators.workcomp.virginia.gov

- **Temporary Total Disability (TTD)** – Claimant is totally disabled from work and is entitled to receive compensation for a period of total wage loss based upon 66 2/3% (.66667) of the pre-injury average weekly wage. Compensation rate is subject to yearly maximum and minimum allowances.
- **Temporary Partial Disability (TPD)** – Claimant is partially disabled from work and is entitled to receive compensation for a period of partial wage loss based upon 66 2/3% of the difference between the pre-injury average weekly wage and the post-injury average weekly wage. All wage information and compensation rate(s) should be calculated pursuant to Va. Code § 65.2-502. The Commission is unable to enter awards that do not contain specific dollar amounts. Forms containing words such as “various” cannot be accepted.

PLEASE USE THE CALCULATOR FOR ACCURACY.

Calculation of Temporary Partial Disability Rate:

| | EXAMPLE | |
|--|-----------------|-----------|
| Pre-injury average weekly wage | \$600 | \$ |
| - Post-injury wage | - \$200 | \$ |
| Difference | \$400 | \$ |
| x .66667 | x .66667 | .66667 |
| Temporary Partial Disability Rate | \$266.67 | \$ |

- **Permanent Partial Disability (PPD)** – Claimant is entitled to receive compensation based on the loss of use or the loss of a ratable body part, based upon 66 2/3% (.66667) of the pre-injury average weekly wage for a specified number of weeks, pursuant to Va. Code § 65.2-503. Please attach a copy of the medical report or amputation chart that supports the permanency rating. If PPD is for disfigurement, the Commission will determine the rating based on submission of agreed photographs or at hearing.
- **Permanent Total Disability (PTD)** – Claimant is permanently and totally disabled from work and is entitled to receive compensation for the remainder of the claimant’s life based on 66 2/3% (.66667) of the pre-injury average weekly wage.
- **Average Weekly Wage (AWW)** – Amount the claimant earned in employment at the time of the injury during the period of 52 weeks prior to the date of accident, divided by 52. *See Va. Code § 65.2-101 for full definition.
- **Medical Only** – The parties agree the claimant sustained a compensable injury or occupational disease, and the employer/insurer will accept responsibility only for the reasonable, necessary, authorized and causally related treatment incurred as a result of that work related injury or occupational disease. This does not preclude the employer/insurer from challenging responsibility for medical treatment in the future.