Reset

Complete this form for each claimant with dates of injury on or after Oct. 1, 1995, whose permanent total disability (PTD) benefits were offset by a government benefit(s), other than government disability or Social Security benefits, at any time after PTD status was determined. Within 45 days of receipt of this request, complete, print and send the form and any attachments to Ralph Hapness, Minnesota Department of Labor and Industry, P.O. Box 64221, St. Paul, MN 55164-0221. Correspondence should be marked "Personal and confidential." If you have questions about the form, call Ralph Hapness, compliance supervisor, at (651) 284-5226.

Enter dates in MM/DD/YYYY format

1. Company of submitter (if a TPA, include both the TPA and insurer/self-insured employer's names): Company/TPA: Employer:	2. Person completing form Name: Phone number:	3. Claims adjuster Name: Phone number:	4. Date form completed:
5. Name of employee:	6. Date of injury:	7. WID number/SSN:	8. If PTD is no longer payable, the reason is:
9. Dates PTD owed: From: Through:	10. List every type of government benefit offsetting PTD (such as retirement or annuity under PERA, TRA, VA, MSRS):[1]		
11. Date the employee started receiving the government benefit(s) listed in Box 10:	12. Statutory citation(s) (as provided by the government benefit administrator) governing the benefit(s) listed in Box 10 (such as Minn. Stat. § 353.656, subd. 6 (1981)):		
13. What fund or plan governs the benefits described in Box 10 (such as PERA Basic, PERA Coordinated, PERA Police and Fire)?			
14. List any documents filed with the Department of Labor and Industry (DLI) establishing the employee's permanent total disability and/or the offset amount or type to be taken. Name of document: Date filed:	**15. Have or will benefits be adjusted as a result of *Ekdahl/Hartwig?*** (Select Yes or No and fill in the corresponding section.) ☐ Yes Benefits were or will be adjusted for PTD benefits Paid from Through An underpayment in the amount of : $ was or will be paid to the employee on: ☐ A payment form [2] reflecting the payment was filed with DLI on ☐ A payment form [3] will be filed with DLI reflecting the payment.	☐ No The adjustment will not be made due to an Order or Agreement on file with DLI. Name of document: Date filed: If there is another reason the adjustment will not be made, describe the factual and legal basis and attach any supporting documentation:	
Attach other relevant documents not on file with DLI.[3]			

9/1/2015

[1] Do not list Social Security retirement benefits, Social Security disability benefits, or other government disability benefits.
[2] For example, an Interim Status Report (ISR), Notice of Benefit Payment (NOBP) or Notice of Benefit Reinstatement (NOBR) form.
[3] Based on the responses to this form, DLI may request additional information, including documentation of payment dates and rates for each year the employee received PTD benefits.