

Annual Report of Permanent Total Disability (PTD) Benefits
For dates of injury prior to October 1, 1995

Minn. Stat. § 176.1292

Enter dates in MM/DD/YYYY format

☐ **Amended**

WID or SSN	Date of injury
Employee (last, first, mi)	
Employer	
Insurer/Self-insurer/TPA	
Insurer claim number	

DO NOT USE THIS SPACE

When to file this form

- File this *Annual Report of PTD Benefits* form annually by April 1 to report PTD benefits paid in the preceding calendar year pursuant to Minn. Stat. § 176.1292, for dates of injury prior to October 1, 1995.
- Do not file this form to report either:
 - PTD benefits that were reported on the *Initial Report of Permanent Total Disability Benefits* form; or
 - PTD benefits for any year that supplementary benefits were paid. If supplementary benefits were paid during the calendar year, file the Annual Claim for Reimbursement of Supplementary Benefits instead of this form.

How to complete Tables A and B

- Report the PTD benefits *without* reduction for overpayments, withheld attorney fees, or child support.
- Specify the calendar year (Jan 1. through Dec. 31) for the PTD benefits described.
- Record the beginning and ending dates for each period and benefit amount changes. (The benefit rates will change based on the anniversary date of the injury, when the Social Security amount changes and when the other government disability or retirement benefits change.)
- Complete Table A using only the Social Security (either disability or retirement) and other government *disability* benefits as offsets.
- Complete Table B using the Social Security and other *disability or retirement* benefits as offsets. Your total in Table B must be less than the total in Table A in order for the assessment adjustment to be considered.
- Instead of completing Tables A and B, you may complete and attach the Department of Labor and Industry's PTD Calculator Spreadsheet at [PTD Calculator](#) . The instructions for the spreadsheet are at [ptd calculator instructions](#). Check the box below if you are attaching the spreadsheet.

☐ The information in Tables A and B is provided in the attached DLI PTD Calculator Spreadsheet.

Year benefits paid _____

A) PTD benefits paid. Show every period where the benefit amounts change. Identify all offsets.

From	Through	(1) # of weeks	(2) Weekly C/R	(3) Weekly Social Security	(4) Weekly other disability	(5) Subtotal (#3 plus #4)	(6) PTD rate (#2 minus #5)	(7) Total #1 x #6
Jan. 1								
	Dec. 31							
Table A total								

B) PTD benefits if they could be offset by non- Social Security government retirement benefits. Identify all offsets.

Show every period where the benefit amounts change.

From	Through	(1) # of weeks	(2) Weekly C/R	(3) Weekly Social Security	(4) Weekly other disability	(5) Weekly Other Govt. retirement	(6) Subtotal (#3 plus #4 plus #5)	(7) PTD rate (#2 minus #6)	(8) Total #1 x #7
Jan. 1									
	Dec. 31								
Table B total									

C) Difference between Table A and Table B totals.

Subtract the Table B total from the Table A total. The remainder is the amount that will reduce the indemnity benefits reported for assessment purposes as provided in Minn. Stat. § 176.1292.

Table A total _____ minus Table B total _____ = _____

Note: If the DLI spreadsheet described is used instead of Tables A and B, state the amount from cell N (3) (column N, row 3) of Tab A at [PTD Calculator](#).

Insurer/self-insurer/TPA		Claim representative name
Address		Phone number (include area code)
City	State	ZIP code

For DLI use only: payment amount verification

☐ Additional information needed

☐ Denied

☐ Approved

Comments:

Compliance Officer: _____

Date: _____

The Department's approval is for purposes of the Special Compensation Fund relief in Minn. Stat. sec. 176.1292 only.