Department of Labor and Industry
Workers' Compensation Division
443 Lafayette Road N.
St. Paul, MN 55155

Initial Report of Permanent Total Disability (PTD) Benefits for dates of injury from Oct. 1, 1995, through Aug. 12, 2014 Minnesota Statutes § 176.1292

Enter dates in MM/DD/YYYY format.

☐ **Request for preliminary review** ☐ **Amended**

WID number or SSN	Date of injury
Employee (last, first, middle initial)	
Employer	
Insurer/self-insurer/third-party administrator	
Insurer claim number	

Do not use this space

File this form to report permanent total disability (PTD) benefits paid according to Minnesota Statutes § 176.1292, subdivision 2, for dates of injury from Oct. 1, 1995, through Aug. 12, 2014.

Part 1. Underpaid or corrected PTD benefits (check the appropriate box or boxes)

☐ Weekly PTD benefits are currently being paid.

☐ Corrected current weekly PTD benefit payments were started on or before Oct. 27, 2017.

☐ Past underpaid PTD benefit amounts were paid on or before Dec. 26, 2017.

☐ Weekly PTD benefits ended _____ (date). Past underpaid PTD benefits were paid to the employee on or before Dec. 26, 2017.

☐ *The injured worker died _____ (date). Past underpaid PTD benefits were paid on or before Feb. 24, 2018, to the employee's dependents; or if there are none, to the employee's legal heirs.

***If this box is checked, attach supporting documentation.**

Part 2. Employee and PTD information

Employee's date of birth	Date employee reached age 67	Average weekly wage
PTD determination was by: ☐ Award on stipulation, dated _____ ☐ Findings and order, dated _____ ☐ Agreement of the parties, dated _____ ☐ Other (specify) _____	First date of PTD	Date $25,000 in PTD benefits reached Date non-Social Security disability benefits ended

Part 3. Offset information (supporting documentation required)

Type	Date began	Initial monthly/ weekly rate		Current monthly/ weekly rate		Date of most recent change	Reason for most recent change
(a) SS disability insurance							
(b) SS retirement							
(c) Other govt. disability (identify)							
(d) Other govt. retirement (identify)							
Total offset amount (add a through d)							

Part 4. Tables of PTD benefits owed and paid

Note: Instead of completing Tables A and B below, you may complete and attach the Department of Labor and Industry (DLI) PTD calculator spreadsheet (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.

A) PTD benefits owed to date. Use a calendar-year format. Show every period where the benefit amounts change. Use the PTD Benefit Addendum form if more space is needed.

From	Through	(1) Number of weeks	(2) Weekly comp rate	(3) Weekly Social Security	(4) Weekly other disability*	(5) Subtotal (3 plus 4)	(6) PTD rate (2 minus 5)	(7) Total (1 x 6)
							Table A total	

*Attach evidence of offset changes.

☐ PTD Benefit Addendum form is attached (if additional space is needed).

B) PTD benefits paid. Use a calendar-year format. Show every period where the benefit amounts change. Identify all offsets. Note: Payment ledgers will not be accepted. Use the PTD Benefit Addendum form if more space is needed.

From	Through	(1) Number of weeks	(2) Weekly C/R	(3) Weekly Social Security	(4) Weekly other disability*	(5) Weekly other govt. retirement	(6) Subtotal (3 + 4 + 5)	(7) PTD rate (2 - 6)	(8) Total (1 x 7)

*Attach evidence of offset changes.

☐ PTD Benefit Addendum form is attached (if additional space is needed).

C) Difference between Table A and Table B totals.

Subtract the Table B total from the Table A total.

Table A total _____ minus Table B total _____ = _____ (amount of underpayment).

Note: If the DLI spreadsheet (described in Part 4) is used instead of Tables A and B, state the amount of the PTD underpayment from cell N (3) (column N, row 3) of Tab A.

D) Date the underpayment in Item C was paid to the employee, dependent or legal heir(s) _____.

When payment is made, serve the *Initial Report of Permanent Total Disability Benefits* form on the persons paid (employee, dependents or legal heirs) and any attorney representing the person(s) paid.

Insurer/self-insurer/third-party administrator		Claim representative name
Address		Phone number (include area code)
City	State	ZIP code
This form was served on the following persons when payment was made according to (C) and (D) above		
☐ Employee		
☐ Dependents (provide names)		
☐ Legal heirs (provide names)		
☐ Attorneys (provide names)		

For DLI use only: Compliance, Records and Training payment amount verification

☐ Additional information needed ☐ Denied ☐ Approved

Comments

_____

Compliance officer _____ Date _____

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subdivision 3.

Minnesota Department of Labor and Industry
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443 Lafayette Road N., St. Paul, MN 55155

PTD Benefit Addendum for dates of injury Oct. 1, 1995, and after

Enter dates in MM/DD/YYYY format.

WID number or SSN	Date of injury
Employee	Insurer claim number

Do not use this space

This addendum must be attached to the Initial Report of Permanent Total Disability (PTD) Benefits form. Use this **only** if you have paid more benefits than recorded on the benefit report.

This is an addendum to the initial report of PTD benefits form, part 4 (check one): ☐ A) PTD benefits owed to date; or ☐ B) PTD benefits paid.

From	Through	(1) Number of weeks	(2) Weekly comp rate	(3) Weekly Social Security	(4) Weekly other disability* ☐ MSRS ☐ PERA ☐ Other	(5) Weekly other gov't. retirement **(use only with "B) PTD benefits paid")** ☐ MSRS ☐ PERA ☐ Other	(6) Offset subtotal (3 + 4 + 5)	(7) PTD rate (2 -6)	(8) Total (1 x 7)
								Total	

*Attach evidence of benefit offset changes.

The Department of Labor and Industry's approval is for purposes of the Special Compensation Fund relief in Minnesota Statutes § 176.1292 only.