

Instructions for completing the Initial Report of Permanent Total Disability (PTD) Benefits form for dates of injury from Oct. 1, 1995, through Aug. 12, 2014; Minn. Stat. § 176.1292

Enter dates in the MM/DD/YYYY format.

- Only use this form for dates of injury from Oct. 1, 1995, through Aug. 12, 2014.
- This form is not required if one of the exceptions cited in Minnesota Statutes § 176.1292, subdivision 2 (e) is met.

Part 1. Underpaid or corrected permanent total disability (PTD) benefits. Check the appropriate boxes. Note the due date to make the underpayment.

<input type="checkbox"/> Weekly PTD benefits are currently being paid.
<input type="checkbox"/> Corrected current weekly PTD benefit payments were started on or before Oct. 27, 2017.
<input type="checkbox"/> Past underpaid PTD benefit amounts were paid on or before Dec. 26, 2017.
<input type="checkbox"/> Weekly PTD benefits ended _____ (date). Past underpaid PTD benefits were paid to the employee on or before Feb. 26, 2017.
<input type="checkbox"/> *The injured worker died _____ (date). Past underpaid PTD benefits were paid on or before Feb. 24, 2018, to:
<input type="checkbox"/> the employee's dependents; or
<input type="checkbox"/> the employee's legal heirs, if there are no dependents.

Part 2. Employee and PTD information. Complete all areas. The average weekly wage (AWW) is what was used to determine the payments. Note this may be an amount different than what was initially reported to the Department of Labor and Industry (DLI). The "Date non-Social Security disability benefits ended" means, for example, the day before PERA disability was changed to PERA retirement benefits. This date is necessary to determine when the allowable offset for this benefit would stop.

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

Part 3. Offset information (supporting documentation required). This part shows the offset information, starting with the initial offset amounts and the current offset amounts. For each type of offset, provide the date it began, the initial rate (monthly and weekly), the current rate (monthly and weekly), the date the amount changed (such as Social Security changes Dec. 1) and the reason for the change (for example: annual change or additional information received).

- Attach documentation of the change in the amount or type of each offset listed in the table, if applicable. For example: correspondence from PERA or Social Security.
- Attach an additional sheet if needed to:
 - describe additional offset amounts and the corresponding information requested in the table; or
 - provide additional detail about the reason for the change in the offset type or amount.

Type	Date began	Initial monthly/ weekly rate	Current monthly/ weekly rate	Date of most recent change	Reason
(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. Complete every column for every period where the benefits change, beginning with the first date of PTD. Typically, benefits change on the anniversary date of the injury, Dec. 1 when Social Security benefits change and an additional date when the non-Social Security government disability or retirement benefits change.

Notes:

- If more space is needed than is provided in Tables A and B below, attach the PTD Benefit Addendum form.
- Instead of completing Tables A and B, you may complete and attach the DLI PTD Calculator spreadsheet available at [PTD calculator spreadsheet](#). The instructions for the spreadsheet are online at [ptd calculator instructions](#). Check the box on the Initial Report of PTD Benefits form if you are attaching the spreadsheet instead of completing Tables A and B.

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 + 4)	(6) PTD rate (2 - 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).

Example for Table A. The following example is based on the injury date Nov. 11, 2013. The AWW is \$1,250.00. The first date of PTD is Dec. 1, 2013. The Social Security Disability benefit of \$1,000 a month began Dec. 1, 2013. The PERA disability benefit of \$400 a month began Dec. 1, 2013. The PERA disability benefits changed to retirement benefits Dec. 11, 2016.

From	Through	(1) Number of weeks	(2) Weekly C/R	(3) Weekly Social Security	(4) Weekly other disability*	(5) Subtotal (3 + 4)	(6) PTD rate (2 - 5)	(7) Total (1 x 6)
12/1/13	6/29/14	30.0	833.33	\$0.00	\$0.00	\$0.00	\$833.33	\$24,999.90
6/30/14	11/30/14	22.0	833.33	230.77	93.23	\$324.00	\$509.33	\$11,205.26
12/1/14	12/31/14	4.6	833.33	234.69	93.23	\$327.92	\$505.41	\$2,324.89
1/1/15	11/30/15	47.6	833.33	234.69	94.17	\$328.86	\$504.47	\$24,012.77
12/1/15	12/31/15	4.6	833.33	235.40	94.17	\$329.57	\$503.76	\$2,317.30

1/1/16	11/11/16	45.2	833.33	235.40	95.11	\$330.51	\$502.82	\$22,727.46
11/12/16	11/30/16	2.6	858.33	235.40	95.11	\$330.51	\$527.82	\$1,372.33
12/1/16	12/10/16	1.4	858.33	235.40	95.11	\$330.51	\$527.82	\$738.95
12/11/16	12/31/16	3.0	858.33	235.40		\$235.40	\$622.93	\$1,868.79
1/1/17	5/20/17	20.0	858.33	235.40		\$235.40	\$622.93	\$12,458.60
Table A total								\$104,026.25

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)
Table B total									

*Attach evidence of offset changes.

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

Example for Table B

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)
12/1/13	6/29/14	30.0	833.33	\$0.00	\$0.00		\$0.00	\$833.33	\$24,999.90
6/30/14	11/30/14	22.0	833.33	230.77	93.23		\$324.00	\$509.33	\$11,205.26
12/1/14	12/31/14	4.6	833.33	234.69	93.23		\$327.92	\$505.41	\$2,324.89
1/1/15	11/30/15	47.6	833.33	234.69	94.17		\$328.86	\$504.47	\$24,012.77
12/1/15	12/31/15	4.6	833.33	235.40	94.17		\$329.57	\$503.76	\$2,317.30
1/1/16	11/11/16	45.2	833.33	235.40	95.11		\$330.51	\$502.82	\$22,727.46
11/12/16	11/30/16	2.6	858.33	235.40	95.11		\$330.51	\$527.82	\$1,372.33
12/1/16	12/10/16	1.4	858.33	235.40	95.11		\$330.51	\$527.82	\$738.95
12/11/16	12/31/16	3.0	858.33	235.40		95.11	330.51	\$527.82	\$1,583.46

1/1/17	5/20/17	20.0	858.33	235.40		\$95.11	330.51	\$527.82	\$10,556.40
Table B total									\$101,838.72

*Attach evidence of offset changes.

C. Difference between Table A and Table B totals. Subtract the Table B total from the Table A total. The remainder is the amount of the underpayment and the amount that will be used to reduce the indemnity benefits reported for assessment purposes as provided in Minn. Stat. § 176.1292. If the Table B total is larger than the Table A total, there will be no assessment adjustment.

Example continued:

\$ 104,026.25 (amount from Table A total)
- \$ 101,838.72 (amount from Table B total)
\$ 2,187.53 (amount of underpayment)

Note: If the DLI spreadsheet described in Part 4 is used instead of Tables A and B, the amount of the PTD underpayment is located in 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). Enter the date the underpayment was paid (in the example case above, \$2,187.53). When payment is made, serve the *Initial Report of Permanent Total Disability Benefits* form on the persons paid (employees, dependents or legal heirs) and any attorney representing the persons paid.

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