

# COMMUTATION REQUEST

Revised August 2011

Directions: Fill in the section under All Cases as completely as possible. Remaining sections only need to be filled in if you are requesting a commutation of those benefits.

## All cases:

IW: \_\_\_\_\_  
EAMS Case#: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Contact number: \_\_\_\_\_  
FAX Number \_\_\_\_\_  
Request Date: \_\_\_\_\_

DOI: \_\_\_\_\_  
P&S date: \_\_\_\_\_

If DOI is o/a 1/1/03, then any LP or PTD benefits would be subject to annual SAWW-based increases.

Attorney fee% (if applicable): \_\_\_\_\_  
Annual SAWW increase (if appl.): \_\_\_\_\_

Will use 4.6% unless otherwise specified. (4.6% is based on a 50 year average)

## Permanent Disability:

PD Rating: \_\_\_\_\_  
PD duration (in weeks): \_\_\_\_\_  
Initial PD weekly rate: \_\_\_\_\_

If DOI is o/a 1/1/05, then PD may be subject to adjustment under LC 4658(d). If applicable, enter the effective date of adjustment and rate after adjustment in Additional Comments section below.

Is PD subject to +15% adjustment under LC 4658(d)? (Y/N) \_\_\_\_\_  
Is PD subject to -15% adjustment under LC 4658(d)? (Y/N) \_\_\_\_\_

## Life Pension:

Date of birth: \_\_\_\_\_  
PD start date ( typically the \_\_\_\_\_ day after TD ends or P&S date)  
PD duration (in weeks): \_\_\_\_\_  
Initial rate of LP benefits: \_\_\_\_\_  
Gender: \_\_\_\_\_

## Death Benefit:

Average Weekly Earnings: \_\_\_\_\_  
Start date of benefits: \_\_\_\_\_  
Initial benefit rate: \_\_\_\_\_  
Death benefit am't (LC 4702): \_\_\_\_\_  
DOB of youngest child: \_\_\_\_\_

## 100% Permanent Total Disability:

Date of birth: \_\_\_\_\_  
PTD start date (typically the \_\_\_\_\_ day after TD ends or P&S date):  
Initial rate of PTD benefits: \_\_\_\_\_  
Gender: \_\_\_\_\_

All commutations will follow Baker vs. WCAB in determining effective date of first SAWW increase.

## Additional Comments:

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