Weekly Time loss and Supplemental Disability Calculation Examples

Job 'A' = Primary Employer (injury employer). Job 'B' = Secondary Employer (Supplemental Disability).

Disability with no Post Injury Wages

Wages at Job 'A'		$500.00	x 0.6667	$333.35
Wages at Job 'B'		$200.00		
Job 'A' + 'B'		$700.00		
x .6667		**$466.69**	up to $857.85 Max	
Post Wages at Job 'A'				
Post Wages at Job 'B'				
Post Wages 'A' + 'B'		$0.00		
Wages at Injury		$700.00		
Post Wages	-	$0.00		
Difference	=	$700.00		
Wages at Injury	÷	$700.00		
		100.00%		
Combined Rate	x	$466.69		
Total Amount Due Worker		**$466.69**		

WBF Reimbursement/Payment

Wages at Job 'A'		$500.00
Post Wages at Job 'A'	-	$0.00
Difference	=	$500.00
Wages at Job 'A'	÷	$500.00
		100.00%
TD Rate for Job 'A'	x	$333.35
TPD for Job 'A'		$333.35
Total amount due worker		$466.69
Insurer responsibility	-	$333.35
Reimbursed/Paid from WBF		**$133.34**

Disability with Post Injury Wages

Wages at Job 'A'		$500.00	x 0.6667	$333.35
Wages at Job 'B'		$200.00		
Job 'A' + 'B'		$700.00		
x .6667		**$466.69**	up to $857.85 Max	
Post Wages at Job 'A'		$250.00		
Post Wages at Job 'B'		$125.00		
Post Wages 'A' + 'B'		$375.00		
Wages at Injury		$700.00		
Post Wages	-	$375.00		
Difference	=	$325.00		
Wages at Injury	÷	$700.00		
		46.43%		
Combined Rate	x	$466.69		
Total Amount Due Worker		**$216.68**		

WBF Reimbursement/Payment

Wages at Job 'A'		$500.00
Post Wages at Job 'A'	-	$250.00
Difference	=	$250.00
Wages at Job 'A'	÷	$500.00
		50.00%
TD Rate for Job 'A'	x	$333.35
TPD for Job 'A'		$166.68
Total amount due worker		$216.68
Insurer responsibility	-	$166.68
Reimbursed/Paid from WBF		**$50.00**