Workers' Compensation Division
Department of Consumer and Business Services

Claim Reserve Worksheet

Self-insured employer: _____

Worker's name: _____ Sex: M/F _____

Date of injury: _____ Date of birth: _____ Claim number: _____

Average weekly wage at D/I: _____

Valuation date: Jan. 1, _____

SI employer notes:

	Total paid	Outstanding reserves
Indemnity		
TTD/TPD paid:	_____	
Future TTD/TPD _____ (# weeks) **X** _____ (TTD rate):		**$** _____
PPD awarded — paid _____ (percent scheduled/unscheduled):	_____	
PPD awarded — unpaid		_____
Estimated future PPD _____ (percent scheduled/unscheduled):		_____
Medical		
Medical paid:	_____	
Future medical: (show burial allowance on reverse side only):		_____
If applicable, life expectancy _____ (yrs.) **X** $ _____ :		**$** _____
Vocational assistance		
Vocational assistance paid:	_____	
Future vocational assistance:		
TTD while in ATP (weeks) **X** _____ (TTD rate): $ _____		**$** _____
Other vocational assistance costs		_____
Other		
Litigation — potential liability:	_____	_____
PTD/fatal benefits (see reverse side for calculation of outstanding reserves)	_____	**$** _____
Totals		
SIR $ _____ **Subtotals:**	**$**	**$**
WDP _____ %	**$** _____	**$** _____
Total paid, outstanding reserves	**$** _____	_____
Total incurred losses: Total paid + outstanding reserves =		**$** _____

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PTD/Fatal Reserving Worksheet

(complete both sides)

PTD Benefits — Complete PTD and Dependents sections

PTD effective date: _____

Future anticipated PTD benefits

D.O.B.		Remaining years		Months		Monthly statutory rate	Outstanding reserves
_____	Worker	_____	X	12	X	_____	$ _____
_____	Spouse	_____	X	12	X	_____	$ _____
_____	Surviving spouse	_____	X	12	X	_____	$ _____

Social Security offset effective date: _____

# Months to worker's full retirement age		Monthly offset amount up to max. of stat. rate		
_____	X	_____	=	$ _____

Burial allowance (in accordance with law in effect at date of injury) _____

Fatal benefits — Complete Fatal and Dependents sections

Fatal benefits effective date: _____

Future anticipated fatal benefits

D.O.B.		Remaining years		Months		Monthly statutory rate	
_____	Surviving spouse	_____	X	12	X	_____	$ _____

Dependents — PTD or fatal

D.O.B.		Remaining months		Monthly statutory rate	
_____	Child #1	_____	X	_____	$ _____
_____	Child #2	_____	X	_____	$ _____
_____	Child #3	_____	X	_____	$ _____
_____	Child #4	_____	X	_____	$ _____

Total (carry forward to front of worksheet, "Other" section) $ _____