

MONTANA WORKERS' COMPENSATION SUBSEQUENT REPORT

(1) AGENCY CLAIM NUMBER DN5		(2) EMPLOYEE NAME (LAST, DN43 FIRST, DN44 MI, DN45)			(3) SOCIAL SECURITY NUMBER DN42	
(4) DATE OF INJURY DN31	(5) AGREEMENT TO COMPENSATE DN75 (CHOOSE ONE) <input type="checkbox"/> WITHOUT LIABILITY OR PLACE UNDER 39-71-608 <input type="checkbox"/> WITH LIABILITY		(6) DATE DISABILITY BEGAN DN56		(7) PRE-EXISTING DISABILITY DN69 <input type="checkbox"/> YES <input type="checkbox"/> NO	(8) DATE OF REPRESENTATION DN76
(9) RTW QUALIFIER DN71 (CHOOSE ONE) 1 <input type="checkbox"/> ACTUAL RTW WITHOUT PHYSICAL RESTRICTIONS 5 <input type="checkbox"/> RELEASED RTW WITHOUT PHYSICAL RESTRICTIONS 2 <input type="checkbox"/> ACTUAL RTW WITH PHYSICAL RESTRICTIONS 6 <input type="checkbox"/> RELEASED RTW WITH PHYSICAL RESTRICTIONS					(10) DATE OF RETURN OR RELEASE TO WORK DN72	
(11) EMPLOYEE DATE OF DEATH DN57	(12) NUMBER OF DEPENDENTS DN55	(13) DEPENDENT PAYEE RELATIONSHIP DN97 (CHOOSE ALL THAT APPLY)		2 <input type="checkbox"/> WIDOW 3 <input type="checkbox"/> WIDOWER 4 <input type="checkbox"/> SON OR DAUGHTER 5 <input type="checkbox"/> BROTHER OR SISTER		6 <input type="checkbox"/> MOTHER OR FATHER 7 <input type="checkbox"/> DISABLED CHILD OVER 18 9 <input type="checkbox"/> OTHER
(14) DATE OF MMI DN70		(15) PERMANENT IMPAIRMENT BODY PART CODE DN83 99 PERMANENT IMPAIRMENT% DN84 %				
(16) MAINTENANCE TYPE CODE DN2 (CHOOSE ONE) <input type="checkbox"/> SA <input type="checkbox"/> FN <input type="checkbox"/> UR		(17) CLAIM STATUS DN73 (CHOOSE ONE) <input type="checkbox"/> OPEN (O) <input type="checkbox"/> REOPEN (R) <input type="checkbox"/> CLOSED (C) <input type="checkbox"/> REOPEN/CLOSED (X)			(18) CLAIM TYPE DN74 (CHOOSE ONE) <input type="checkbox"/> INJURY (I) <input type="checkbox"/> OCCUPATIONAL DISEASE (Z)	
(19) CLAIM ADMINISTRATOR FEIN DN8		(20) CLAIM ADMINISTRATOR NAME DN9			(21) CLAIM ADMINISTRATOR CLAIM NUMBER DN15	
(22) PRE-INJURY WEEKLY WAGE DN62 \$			(23) TEMPORARY TOTAL DISABILITY RATE \$			

COMPENSATION PAYMENTS (CUMULATIVE)

(24) LATE REASON CODE DN77	(25) PAYMENT CODE DN85	(26) AMOUNT PAID TO DATE DN86	(27) NET WEEKLY AMOUNT DN87	(28) PAYMENT START DATE DN88	(29) PAYMENT END DATE DN89	(30) WEEKS PAID DN90	(31) DAYS PAID DN91
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				

BENEFIT ADJUSTMENTS

(Made to weekly corresponding compensation rate)

(32) PAYMENT CODE DN85	(33) BENEFIT ADJUSTMENT CODE DN92	(34) BENEFIT ADJUSTMENT WEEKLY AMOUNT DN93	(35) START DATE DN94
		\$	
		\$	
		\$	

Weekly Rate - Benefit Adjustment Weekly Amount DN93 = Net Weekly Amount DN87

PAID TO DATE/REDUCED EARNINGS/RECOVERIES (CUMULATIVE)

(36) CODE	(37) AMOUNT DN96	(38) CODE	(39) AMOUNT DN96	(40) CODE	(41) AMOUNT DN96	(42) CODE	(43) AMOUNT DN96
300 DN95	\$	380 DN95	\$	440 DN95	\$	830 DN95	\$
330 DN95	\$	390 DN95	\$	450 DN95	\$	840 DN95	\$
350 DN95	\$	400 DN95	\$	800 DN95	\$	840 DN95	\$
360 DN95	\$	420 DN95	\$	810 DN95	\$	840 DN95	\$
370 DN95	\$	430 DN95	\$	820 DN95	\$	840 DN95	\$

ERD-922 (Rev 02-09-10)



Mandatory – Fully complete