

Injured Employee: _____

Date: _____

Claim No: _____

Date of Injury: _____

Employer: _____

Insurer: _____

**ELECTION OF METHOD OF PAYMENT OF COMPENSATION
FOR DISABILITY GREATER THAN 30%
(Pursuant to NRS 616C.495(1)(c))**

I, _____ (Name) _____ (Social Security Number)

have been advised that I may elect to receive my permanent partial disability compensation on an installment basis or; on a lump sum basis of 30%, plus installment payments on the balance of _____% of my percentage of disability.

Should I elect to receive my compensation on an installment basis, payments will begin on _____ and terminate on _____ and will be paid at the *monthly/annual rate of \$ _____ for a total installment payment of \$ _____.

If I elect to receive my entitlement of 30% on a lump sum basis, I will receive approximately \$ _____. This will vary depending on the date I elect to receive my lump sum payment. According to NRS 616C.495(1)(c), if I elect to receive my payment for permanent partial disability in a lump sum, the balance of _____% will be paid on an installment basis. Payments will begin on _____ and terminate on _____ and will be paid at the *monthly/annual rate of \$ _____, for a total of installment payments of \$ _____ plus lump-sum payment of \$ _____, for a total of \$ _____.

My acceptance of the lump sum payment constitutes a final settlement of all factual and legal issues regarding this claim. By so accepting, I waive all of my rights regarding the claim, including the right to appeal from the closure of the case or the percentage of my disability, except:

- (a) My right to request reopening in accordance with the provisions of NRS 616C.390; and
- (b) Any services for counseling, training or other rehabilitation services provided by the insurer.

Further, I realize that I have twenty (20) days after the mailing or personal delivery of this notice within which to retract or reaffirm my request for a lump sum. I also realize that I will not be paid a lump sum until I have reaffirmed this election in writing.

Check one to indicate method of payment desired and sign below.

1. On an installment basis as provided by NRS 616C.490.
2. A lump sum of approximately \$ **, _____, with the remaining installment balance of \$ _____ as calculated pursuant to NRS 616C.495.

DATE: _____

INJURED EMPLOYEE: _____

DATE: _____

WITNESS: _____

* Insurer: Designate whether monthly or annual rate.
** Amount depends on actual effective date (date elected).