

**PERMANENT PARTIAL DISABILITY AWARD CALCULATION WORK SHEET
FOR DISABILITY OVER 30% BODY BASIS**

see NRS 616C.495(1)(c)

Injured Employee: _____ DOB: _____ Sex: _____
 SS #: _____ DOI: _____ Claim #: _____
 *Average Monthly Wage: _____ *State Average Wage: _____ Date of Rating: _____
 Date Award Offered: _____ Date Evaluation Report Received: _____

Body Basis - Verification

Description: _____ % Total _____ % BB
 _____ % -30% Lump Sum
 Balance for installment calculation: _____ %

Installment Calculation

* A. _____ x	** .005						
Monthly Wage	** .006	_____ % BB	= \$ _____	Year of Birth	***	Last TTD,	
B. _____ x 12	** .0054		Monthly Rate	_____	+	TPD, or DOI	
Monthly Rate			= \$ _____	Annual Rate		+ 5 Yr.	
C. _____ / 365.25			Daily Rate				
Annual Rate							

Transfer (1) through (3) from Form D-9a to (1) through (3) on Form D-9b

(1) Last Date TTD or TPD Paid: _____ First Payment Date: _____
 (2) Time Covered by First Payment: (a) _____ through (b) *****
 *****DOI/date of claim reopening or day after last TTD/TPD
 (3) First Payment: \$ _____ + \$ _____ + \$ _____ = \$ _____
 () Day(s) () Month(s) () Year(s) (from Form D-9a)
 (4) Time Covered by Annual Payments: _____ through _____ = \$ _____
 ***** () Years
 (5) Time Covered by Final Payment: _____ through _____
 (6) Final Payment: \$ _____ + \$ _____ = \$ _____
 () Month(s) () Day(s)
 ***** Monthly [] Annual [] Total of Installment Payments: \$ _____
 (4) through (6)

Minimum Lump Sum Calculation

(Payable only if greater than total of installment on Form D-9a)

.5 X _____ % BB X _____ Monthly Wage from (A) above: \$ _____
 (Use Total Percent of Disability) Minimum Lump Sum Amount

D. _____ X ** X 30%BB = \$ _____
 Average Monthly Wage Monthly Rate
 (from A above)

(7) Effective Date of Award (year, month following 2 b)
 Per NAC 616C.502 _____
 (8) Date of Birth (year, month) _____
 (9) Injured Employee's Age at Award Effective Date
 = (7) minus (8) (years, months) _____
 (10) Monthly Rate from D \$ _____
 (11) Factor from Table for Present Value X _____ = \$ _____
 (12) Insert sum of (3) + \$ _____
 (13) Subtotal of (11) plus (12): \$ _____
 (14) Minus any applicable award payments previously paid: \$ _____
 (15) Net Amount Payable: \$ _____

* Use the Average Monthly Wage or the State Average Wage, whichever is lower. If the average monthly wage (AMW) for TTD on this claim is subject to the frozen 1993 rate, recalculate the AMW for PPD purposes.

** Use .005 for injuries sustained before 07/01/81. Use .006 for injuries sustained after 07/01/81, through 06/17/93. Use .0054 for injuries sustained on or after 06/18/93. Use .006 for injuries sustained on or after 1/1/00.

*** Per NRS 616C.490(7), age at which entitlement ceases.

**** This must reflect the end of the month prior to election of the award. Recalculation may be required to bring the award to present day value. If (2)(b) is December date, use caution on line (4) to assure correct number of years. (If subtracting dates, add one year)

***** Must pay monthly installments if monthly entitlement is \$100 or more. May pay annual installments if monthly entitlement is less than \$100.

***** Use date of claim reopening if TTD/TPD benefits were not paid after the claim was reopened. (2)(a).

PREPARED BY: _____ DATE: _____

CHECKED BY: _____ DATE: _____