

Injured Employee: \_\_\_\_\_  
Claim No: \_\_\_\_\_  
Employer: \_\_\_\_\_

Date: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
Insurer: \_\_\_\_\_

**ELECTION OF LUMP SUM PAYMENT OF COMPENSATION  
FOR DISABILITY GREATER THAN 30%  
Pursuant to NRS 616C.495(1)(f), (2) and (3)**

**When should this form be completed?**

This form allows the injured worker to elect a lump sum payment of the permanent partial disability award. This form should only be completed when permanent partial disability has been determined to be greater than 30 percent. This form can be completed at any time after a permanent partial disability award has been determined. This form will be used in conjunction with form D-9(b).

**When should this form not be completed?**

This form does not need to be completed in cases where NRS 616C.490(11) applies: "In the event of a dispute over an award of compensation for permanent partial disability, an insurer shall commence making installment payments to the injured employee for that portion of the award that is not in dispute."

**INSTALLMENT PAYMENTS**

If I 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 of \$ \_\_\_\_\_ (calculated from line (6a) on the D-9(b) form) in installment payments.

**LUMP SUM PAYMENT**

If I elect to receive my entitlement of 30% on a lump sum basis, I will receive approximately \$ \*\* \_\_\_\_\_ in a lump sum payment, as the insurer is required to calculate the lump sum payment by using the annuity factor pursuant to NRS 616C.495(6) that is in effect on the date I sign this election of lump sum payment of compensation. According to NRS 616C.495(1)(f), 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. The installment payments will begin on \_\_\_\_\_ and terminate on \_\_\_\_\_ and will be paid at the \*monthly/annual rate of \$ \_\_\_\_\_, in # \_\_\_\_\_ of installment payments, for a total of \$ \_\_\_\_\_ in installment payments. The total amount of the lump sum payment and all installment payments shall be \$ \_\_\_\_\_.

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:

- (1) Reopen my claim in accordance with the provisions of NRS 616C.390; or
- (2) Have my claim considered by his or her insurer pursuant to NRS 616C.392;

(b) Any counseling, training or other rehabilitative services provided by the insurer;

(c) My right to receive a benefit penalty in accordance with NRS 616D.120; and

(d) My right to conclude or resolve any contested matter which is pending at the time that I execute this election to receive my payment for a permanent partial disability in a lump sum. The provisions of this paragraph (d) do not apply to contested matters regarding:

- (1) The scope of my claim;
- (2) Whether I am stable and ratable; and
- (3) My average monthly wage.

**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 before payment may be made and my election becomes final. I also realize that I will not be paid a lump sum until I have reaffirmed this election in writing.**

Continued on next page.

Injured Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Claim No: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurer: \_\_\_\_\_

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Having read and understood the above, I, \_\_\_\_\_, \_\_\_\_\_  
(Printed Name) (Social Security Number)

hereby elect to receive my permanent partial disability compensation on a lump sum basis of 30%, plus installment payments on the balance of \_\_\_\_\_% of my percentage of disability.

DATE: \_\_\_\_\_

INJURED EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

\* Insurer: Designate whether monthly or annual rate.

\*\* Amount depends on actual effective date (date elected).

D-10b (rev. 2/23)