PERMANENT PARTIAL DISABILITY AWARD CALCULATION WORK SHEET

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

Installment Calculation

**.005
**.006

* A. _____ x **.0054 x _____ % BB = $ _____   Year of Birth   Last TTD, TPD, or DOI
   Monthly Wage   Monthly Rate   ***

 B. _____ x 12   = $ _____   + _____   + 5 Yr.
   Monthly Rate   Annual Rate

 C. _____ /365.25   = $ _____
   Annual Rate   Daily Rate

Installment Calculation

(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)

(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: $ _____

Minimum Lump Sum Calculation

.5 X _____ % BB X _____ Monthly Wage from (A) above: $ _____
                                                          Minimum Lump Sum Amount

Lump Sum Calculation of Disability Up To and Including 30%
(Use form D-9b for disability greater 30%)

(7) Effective Date of Award (year, month following 2 b) Per NAC 616C.502   _____ _____

(8) Date of Birth (year, month)   _____ _____

(9) Injured Employee Age at Award Effective Date = (7) minus (8) (years, months)   _____ _____

(10) Monthly Rate from (B) $ _____

(11) Factor from Table for Present Value   X _____ = $ _____

(12) Insert sum of (3). Add to sum of (11) only.   + $ _____

(13) Subtotal of (11) plus (12): $ _____

(14) Greater of (13) Full Lump Sum or Minimum Lump Sum: $ _____

(15) Minus any applicable award payments previously paid: - $ _____

(16) 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: _____   D-9a (rev.12/16)