



THE FOLLOWING BENEFITS HAVE BEEN PAID	FROM	THROUGH	WEEKS	RATE	*TOTAL
<input type="checkbox"/> Temporary Total Disability or					
<input type="checkbox"/> Permanent Total Disability					
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
<input type="checkbox"/> Benefit Addendum Attached					
Temporary Partial Disability					
Retraining Benefits					
Permanent Partial Disability _____%					
<input type="checkbox"/> Injuries on or after 10/01/95					
<input type="checkbox"/> Impairment Compensation (injuries 01/01/1984 - 09/30/1995)					
<input type="checkbox"/> Economic Recovery Compensation (injuries 01/01/1984 - 09/30/1995)					
<input type="checkbox"/> _____ [part of body] (injuries before 01/01/1984)					
Attorney Fees/Expenses		Benefit Totals			
M.S. 176.081, subd. 1 & 3 Paid			*Lump sum Payment Under Award or Order		
M.S. 176.081, subd. 1 & 3 Still Withheld			Attorney Fees Reimbursed to Employee (M.S. 176.081, subd. 7)		
Heaton Fees Paid			Interest Paid		
Roraff Fees Paid			<b>*TOTAL COMPENSATION PAID</b>		
M.S. 176.191 Paid			*Total Supplementary Benefits		
Other Fees Paid			<b>Total Medical Expenses Paid to Date</b>		
Costs & Disbursements Paid					
INSURER/SELF-INSURER/TPA		CLAIM REPRESENTATIVE NAME			
ADDRESS		PHONE NUMBER (include area code)		EXTENSION	
CITY	STATE	ZIP CODE	DATE SERVED ON EMPLOYEE	DATE SERVED ON ATTORNEY	

\*Include attorney fees in these totals.

***This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.***

**ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.**