SAMPLE FORM INSTRUCTION SHEET

To arrive at the weekly benefit payable in all of the examples, follow the procedures in E and F. The examples include sample WKC-6156's, WKC-6119's, and worksheets (WC-93's) showing total benefits due for each problem.

Example 1 for TTD is the most simple and usual type of computation you will be making. The offsets in Examples 1B and 1D vary in that the WC rate is different making 80 percent ACE the upper limit in one and the WC rate the higher in the other. In 1F there is no offset since the weekly balance to the employe is higher than the WC rate. The 80 percent ACE and WC rate often differ greatly since the 80 percent ACE is based on a history of average earnings while the WC rate is established by the job where the injury occurred.

Example 2 shows the new calculation when the worker from Example 1D has recurring TTD at an escalated rate.

Example 3 gives both the original calculation for TTD and the revised worksheet showing TPD when the injured person returns to work half time. The reverse offset very seldom is applicable to TPD.

Example 4 shows the reverse offset for both TTD and the PPD payable until DIB terminates. In the PPD calculation in Example 4C, the 80 percent ACE has replaced the TTD rate as the higher limit, so the weekly balance to the injured worker is reduced to less than the PPD rate. Note in the worksheet the weekly and daily accrual of the PPD at the offset rate from the return-to-work date to the end of the month when Social Security terminated. The balance of the weeks and days of permanency accrue at the full weekly rate. Variations in PPD computations could be the continuance of DIB through the entire period during which PPD accrues, thereby offsetting all of it or PPD extending for a long enough period so that redetermination occurs, changing or eliminating the offset amount.

Example 5 is a case of PTD where the 80 percent has been redetermined three times since the date of entitlement, once in 1979 before the reverse offset took effect on July 1, 1980, and again in 1982 and 1985. Redetermination will be done every three years until the weekly balance on line 7 exceeds the PTD rate. Then the reverse offset will cease. Example 5F shows the reverse offset incorrectly calculated without the redetermination.

Example 6 is a PTD case that is old enough so that sufficient redeterminations have occurred to cancel the reverse offset. Supplemental benefits of $11 per week became due January 1, 1978. As of July 1, 1980, three redeterminations had been made raising the employe's 80 percent ACE from $109.85 per week to $182.23. The initial MBA of $99 per week left a balance on line 7 of $83.23 for you to pay--$79 of this is the basic compensation and $4.23 a reimbursable

supplemental benefit. The Work Injury Supplemental Benefit Fund saves the $6.77 per week of the reverse offset since the weekly balance is in excess of your payment of primary compensation. The 1982 redetermination raised the weekly balance to $134.20, effective January 1, 1982, and since this exceeds both the basic compensation rate and the supplemental payment, the reverse offset ceases with no further saving.

Example 7 shows the calculation of benefits with attorney fees on payments accruing both before and since November 28, 1981. As you can see from the worksheet, the effect of this is to increase your weekly payment by the amount of the attorney fee. With the January 1, 1987 redetermination, the total payment of the reverse offset benefit and attorney fee would exceed the worker's compensation rate, so the reverse offset stops and payments return to $249 per week.

WCD280

TEMPORARY TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

REQUEST FOR SOCIAL SECURITY INFORMATION
(See reverse side for instructions)

1. Social Security No. ___Example 1A___   Injury Date: ___11/10/85___

2. Claimant's Name: _____

3. Claimant's Address: _____

   _____

Social Security Release Authority: (To be completed by claimant.)

I hereby authorize the Social Security Administration to release the information
requested below to:

4. _____

   _____
   (name and address of worker's compensation insurer or self-insured.)
I understand that the information is for computing the amount of worker's compensation
payments I would be entitled to and that the information below is not to be disclosed to
others or to be used for other purposes without my additional consent.

This authorization shall remain in effect for one year from the date below or until
revoked by me in writing if earlier.

PLEASE SIGN THIS FORM ON THE LINE BELOW. DO NOT PRINT YOUR NAME. USE YOUR OFFICIAL
SIGNATURE. PLEASE ENTER TODAY'S DATE AND INCLUDE YOUR SOCIAL SECURITY NUMBER IF DIFFERENT
FROM THE NUMBER LISTED ABOVE.

5. Dated this _____ day of _____, 19 ____

6. Signature: _____

7. Social Security No.: _____ (If different from above.)

===

Social Security Disability Benefit Information: (Office use only.)

8. What is the status of this disability claim?
   _X_ Approved ____ Denied ____ Pending ____ No claim filed.

9. 80% of Monthly Average Current Earnings (ACE): $ __977.17_____

10. Disability MBA for W/E at initial entitlement: $ __503.06_____

11. Month of entitlement: __05/86_____

12. Month of last disability check if terminated: _____

13. Signature of SSA representative: _____

    Date: _____   Telephone number: _____

WKC-6156 (R.4/84)

TEMPORARY TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____ Example 1B _____   Injury date: _____ 11/10/85 _____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 977.17

2. Index   X _____

3. Redetermined 80% ACE $ 977.17   X 12/52 = $ 225.50

4. Weekly WC before offset $ 206.79

5. Limit (Higher of 3 or 4) $ 225.50

6. Initital MBA   503.06   X 12/52 = $ 116.09

7. Weekly balance to employe $ 109.41

8. Entitlement date   05/86

9. Effective date of computation   05/01/86

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

**State of Wisconsin **   Department of Industry, Labor and Human Relations

Example 1C

201 E. Washington Avenue
P.O. Box 7901
Madison, Wisconsin 53707
Madison (608) 266-1340
Milwaukee (414) 224-4382

___ Our computation showing compensation due is below. Please advise if you
disagree with our computations. When final payment is made, send a final
WC-13.

___ Computation is not final. Please pay at the conceded rate and send us a
final medical report when available.

Injury Date: ___11/10/85___   Date of Birth: _____

Wage: _$310.19_____   TTD Rate: _$206.79_____   PPD Rate: _____

TTD 11/10/85   to 05/01/86   24-3 @ $206.79 = $ 5,066.36
SSA 05/01/86 inc to 06/01/87   56-3 @   109.41 =   6,181.67
                                                       $11,248.03

Pay at $109.41 per week beginning 05/01/86 inc.

WC-93 (R.10/86)

TEMPORARY TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: ___Example 1D___ Injury date: ___11/10/85___

Insurer: _____ Date of birth: _____

Social Sec. No.: _____ File number: _____

1. Initial 80% ACE $ __977.17__

2. Index   X _____

3. Redetermined 80% ACE $ _977.17_ X 12/52 = $ __225.50__

4. Weekly WC before offset $ __321.00__

5. Limit (Higher of 3 or 4) $ __321.00__

6. Initital MBA   __503.06__ X 12/52 = $ __116.09__

7. Weekly balance to employe $ __204.91__

8. Entitlement date   __05/86__

9. Effective date of computation   __05/01/86__

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
Do **not** reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly amount by 12/52nds to find the weekly amount. If indexing is not required use same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD, or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE) or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information". Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount is the total amount the insurance carrier is obligated to pay. If this line is greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

WORKER'S COMPENSATION DIVISION

Example 1E

201 E. Washington Avenue
P.O. Box 7901
Madison, Wisconsin 53707
Madison (608) 266-1340
Milwaukee (414) 224-4382

_____ Our computation showing compensation due is below. Please advise if you disagree with our computations. When final payment is made, send a final WC-13.

_____ Computation is not final. Please pay at the conceded rate and send us a final medical report when available.

Injury Date: __11/10/85_____ Date of Birth: _____

Wage: __maximum_____ TTD Rate: __$321.00_____ PPD Rate: _____

TTD 11/10/85   to 05/01/86   24-3 @ $321.00 = $ 7,864.50
SSA 05/01/86 inc to 06/01/87   56-3 @ 204.91 = 11,577.42
                                                      $19,441.92

Pay at $204.91 per week beginning 05/01/86 inc.

WC-93 (R.10/86)

TEMPORARY TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____ Example 1F _____ Injury date: _____ 11/10/85 _____

Insurer: _____ Date of birth: _____

Social Sec. No.: _____ File number: _____

1. Initial 80% ACE $ 977.17

2. Index   X _____

3. Redetermined 80% ACE $ 977.17   X 12/52 = $ 225.50

4. Weekly WC before offset $ 106.67

5. Limit (Higher of 3 or 4) $ 225.50

6. Initital MBA   503.06   X 12/52 = $ 116.09

7. Weekly balance to employe $ 109.41

8. Entitlement date   05/86

9. Effective date of computation   _____

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly amount by 12/52nds to find the weekly amount. If indexing is not required use same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD, or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE) or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information". Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount is the total amount the insurance carrier is obligated to pay. If this line is greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

ESCALATED TEMPORARY TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 2A_____   Injury date: _____11/10/85_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 977.17

2. Index   X _____

3. Redetermined 80% ACE $ 977.17   X 12/52 = $ 225.50

4. Weekly WC before offset $ 338.00

5. Limit (Higher of 3 or 4) $ 338.00

6. Inititial MBA   503.06   X 12/52 = $ 116.09

7. Weekly balance to employe $ 221.91

8. Entitlement date   05/86

9. Effective date of computation   12/15/87

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

WORKER'S COMPENSATION DIVISION

Example 2B

201 E. Washington Avenue
P.O. Box 7901
Madison, Wisconsin 53707
Madison (608) 266-1340
Milwaukee (414) 224-4382

____ Our computation showing compensation due is below. Please advise if you
disagree with our computations. When final payment is made, send a final
WC-13.

____ Computation is not final. Please pay at the conceded rate and send us a
final medical report when available.

Injury Date: __11/10/85__   Date of Birth: _____

Wage: __maximum__   TTD Rate: __$321.00__   PPD Rate: _____
                                   $338.00

TTD 11/10/85   to 05/01/86   24-3 @ $321.00 = $ 7,864.50
SSA 05/01/86 inc to 11/01/87   78-3 @ 204.91 =   16,085.44
SSA 12/15/87   to 04/01/88   15-2 @ 221.91 =   3,402.62
                                                      $27,352.56

Pay at $221.91 per week beginning 12/15/87 inc.

WC-93 (R.10/86)

TEMPORARY TOTAL AND TEMPORARY PARTIAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

REQUEST FOR SOCIAL SECURITY INFORMATION
(See reverse side for instructions)

1. Social Security No. ___Example 3A___ Injury Date: ___09/27/82___

2. Claimant's Name: _____

3. Claimant's Address: _____

_____

Social Security Release Authority: (To be completed by claimant.)

I hereby authorize the Social Security Administration to release the information requested below to:

4. _____

(name and address of worker's compensation insurer or self-insured.)
I understand that the information is for computing the amount of worker's compensation payments I would be entitled to and that the information below is not to be disclosed to others or to be used for other purposes without my additional consent.

This authorization shall remain in effect for one year from the date below or until revoked by me in writing if earlier.

PLEASE SIGN THIS FORM ON THE LINE BELOW. DO NOT PRINT YOUR NAME. USE YOUR OFFICIAL SIGNATURE. PLEASE ENTER TODAY'S DATE AND INCLUDE YOUR SOCIAL SECURITY NUMBER IF DIFFERENT FROM THE NUMBER LISTED ABOVE.

5. Dated this _____ day of _____, 19 ____

6. Signature: _____

7. Social Security No.: _____ (If different from above.)

===

Social Security Disability Benefit Information: (Office use only.)

8. What is the status of this disability claim?
   _X_ Approved ____ Denied ____ Pending ____ No claim filed.

9. 80% of Monthly Average Current Earnings (ACE): $ ___645.00___

10. Disability MBA for W/E at initial entitlement: $ ___495.00___

11. Month of entitlement: ___03/83___

12. Month of last disability check if terminated: ___05/84___

13. Signature of SSA representative: _____

Date: _____ Telephone number: _____

WKC-6156 (R.4/84)

TEMPORARY TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 3B_____   Injury date: ____09/27/82____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $___645.00___

2. Index   X_____

3. Redetermined 80% ACE $___645.00___   X 12/52 = $___148.85___

4. Weekly WC before offset $___190.00___

5. Limit (Higher of 3 or 4) $___190.00___

6. Initital MBA   ___495.00___   X 12/52 = $___114.23___

7. Weekly balance to employe $___75.77___

8. Entitlement date   03/83

9. Effective date of computation   03/01/83

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

TEMPORARY PARTIAL DISABILITY
Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 3C_____ Injury date: _09/27/82_

Insurer: _____ Date of birth: _____

Social Sec. No.: _____ File number: _____

1. Initial 80% ACE $___645.00___

2. Index   X_____

3. Redetermined 80% ACE $___645.00___ X 12/52 = $___148.85___

4. Weekly WC before offset $___95.00___

5. Limit (Higher of 3 or 4) $___148.85___

6. Inititial MBA   ___495.00___ X 12/52 = $___114.23___

7. Weekly balance to employe $___34.62___

8. Entitlement date   ___03/83___

9. Effective date of computation   ___09/25/83___

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
amount by 12/52nds to find the weekly amount. If indexing is not required use
same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
is the total amount the insurance carrier is obligated to pay. If this line is
greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

**State of Wisconsin **

Department of Industry, Labor and Human Relations

Example 3D

____ Our computation showing compensation due is below. Please advise if you
disagree with our computations. When final payment is made, send a final
WC-13.

____ Computation is not final. Please pay at the conceded rate and send us a
final medical report when available.

Injury Date: ___09/27/82_____ Date of Birth: _____

Wage: _$285.00_____ TTD Rate: _$190.00_____ PPD Rate: _$95.00_____

```
TTD 09/27/82      to 03/01/83 ex      22-0 @ $190.00  =  $4,180.00
SSA 03/01/83 inc to 09/25/83 ex      29-5 @   75.77  =   2,260.47
SSA 09/25/83 inc to 11/27/83 inc      9-0 @   34.62  =     311.58
                                                         $6,752.05
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WC-93 (R.10/86)

TEMPORARY TOTAL AND PERMANENT PARTIAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

REQUEST FOR SOCIAL SECURITY INFORMATION
(See reverse side for instructions)

1. Social Security No. _____Example 4A_____ Injury Date: ___09/27/82___

2. Claimant's Name: _____

3. Claimant's Address: _____

_____

Social Security Release Authority: (To be completed by claimant.)

I hereby authorize the Social Security Administration to release the information
requested below to:

4. _____

_____
(name and address of worker's compensation insurer or self-insured.)
I understand that the information is for computing the amount of worker's compensation
payments I would be entitled to and that the information below is not to be disclosed to
others or to be used for other purposes without my additional consent.

This authorization shall remain in effect for one year from the date below or until
revoked by me in writing if earlier.

PLEASE SIGN THIS FORM ON THE LINE BELOW. DO NOT PRINT YOUR NAME. USE YOUR OFFICIAL
SIGNATURE. PLEASE ENTER TODAY'S DATE AND INCLUDE YOUR SOCIAL SECURITY NUMBER IF DIFFERENT
FROM THE NUMBER LISTED ABOVE.

5. Dated this _____ day of _____, 19 ___

6. Signature: _____

7. Social Security No.: _____ (If different from above.)

===

Social Security Disability Benefit Information: (Office use only.)

8. What is the status of this disability claim?
___X Approved ____ Denied ____ Pending ____ No claim filed.

9. 80% of Monthly Average Current Earnings (ACE): $ 645.00

10. Disability MBA for W/E at initial entitlement: $ 495.00

11. Month of entitlement: 03/83

12. Month of last disability check if terminated: 08/84

13. Signature of SSA representative: _____

Date: _____   Telephone number: _____

WKC-6156 (R.4/84)

TEMPORARY TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 4B_____   Injury date: _____09/27/82_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 645.00

2. Index   X _____

3. Redetermined 80% ACE $ 645.00   X 12/52 = $ 148.85

4. Weekly WC before offset $ 190.00

5. Limit (Higher of 3 or 4) $ 190.00

6. Initital MBA   495.00   X 12/52 = $ 114.23

7. Weekly balance to employe $ 75.77

8. Entitlement date   03/83

9. Effective date of computation   03/01/83

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
Do not reduce the ACE to 80%; the figure has already been reduced. ✱

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
amount by 12/52nds to find the weekly amount. If indexing is not required use
same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
is the total amount the insurance carrier is obligated to pay. If this line is
greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

PERMANENT PARTIAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 4C_____ Injury date: _____09/27/82_____

Insurer: _____ Date of birth: _____

Social Sec. No.: _____ File number: _____

1. Initial 80% ACE $ 645.00

2. Index   X _____

3. Redetermined 80% ACE $ 645.00   X 12/52 = $ 148.85

4. Weekly WC before offset $ 90.00

5. Limit (Higher of 3 or 4) $ 148.85

6. Initital MBA   495.00   X 12/52 = $ 114.23

7. Weekly balance to employe $ 34.62

8. Entitlement date   03/83

9. Effective date of computation   09/25/83

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

WORKER'S COMPENSATION DIVISION

Example 4D

201 E. Washington Avenue
P.O. Box 7901
Madison, Wisconsin 53707
Madison (608) 266-1340
Milwaukee (414) 224-4382

_____ Our computation showing compensation due is below. Please advise if you
disagree with our computations. When final payment is made, send a final
WC-13.

_____ Computation is not final. Please pay at the conceded rate and send us a
final medical report when available.

Injury Date: ___09/27/82_____ Date of Birth: _____

Wage: __$285.00_____ TTD Rate: _$190.00_____ PPD Rate: __$90.00_____

TTD 09/27/82   to 03/01/83 ex   22-0 @ $190.00 = $4,180.00
SSA 03/01/83 inc to 09/25/83 ex   29-5 @   75.77 =   2,260.47
                                                         $6,440.47

PPD 20% PTD   200 Weeks
    09/25/83   to 09/01/84   48-5 @ $34.62 = $ 1,690.61
                                      151-1 @   90.00 =   13,605.00
                                     Total PPD $15,295.61

Accrued to 10/01/84--$2,080.61 ($1,690.61 plus one month @ $390.00).
Unaccrued balance due beginning 11/01/84 @ $390.00 per month.

PERMANENT TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

REQUEST FOR SOCIAL SECURITY INFORMATION
(See reverse side for instructions)

1. Social Security No. ___Example 5A___ Injury Date: ___04/12/76___

2. Claimant's Name: _____

3. Claimant's Address: _____

_____

Social Security Release Authority: (To be completed by claimant.)

I hereby authorize the Social Security Administration to release the information
requested below to:

4. _____

(name and address of worker's compensation insurer or self-insured.)
I understand that the information is for computing the amount of worker's compensation
payments I would be entitled to and that the information below is not to be disclosed to
others or to be used for other purposes without my additional consent.

This authorization shall remain in effect for one year from the date below or until
revoked by me in writing if earlier.

PLEASE SIGN THIS FORM ON THE LINE BELOW. DO NOT PRINT YOUR NAME. USE YOUR OFFICIAL
SIGNATURE. PLEASE ENTER TODAY'S DATE AND INCLUDE YOUR SOCIAL SECURITY NUMBER IF DIFFERENT
FROM THE NUMBER LISTED ABOVE.

5. Dated this _____ day of _____ , 19 ____

6. Signature: _____

7. Social Security No.: _____ (If different from above.)

==

Social Security Disability Benefit Information: (Office use only.)

8. What is the status of this disability claim?
   __X__ Approved _____ Denied _____ Pending _____ No claim filed.

9. 80% of Monthly Average Current Earnings (ACE): $ __695.00__

10. Disability MBA for W/E at initial entitlement: $ __520.00__

11. Month of entitlement: __10/76__

12. Month of last disability check if terminated: _____

13. Signature of SSA representative: _____

Date: _____ Telephone number: _____

WKC-6156 (R.4/84)

PERMANENT TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 5B_____   Injury date: _____04/12/76_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 695.00

2. Index   X 1.133

3. Redetermined 80% ACE $ 787.44   X 12/52 = $____181.72____

4. Weekly WC before offset $____176.00____

5. Limit (Higher of 3 or 4) $____181.72____

6. Initital MBA   520.00   X 12/52 = $____120.00____

7. Weekly balance to employe $____61.72____

8. Entitlement date   ____10/76____

9. Effective date of computation   07/01/80

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

PERMANENT TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 5C_____   Injury date: _____04/12/76_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $____695.00____

2. Index   X____1.450____

3. Redetermined 80% ACE $__1,007.75__ X 12/52 = $__232.56_____

4. Weekly WC before offset $__176.00_____

5. Limit (Higher of 3 or 4) $__232.56_____

6. Inititial MBA   ____520.00____ X 12/52 = $__120.00_____

7. Weekly balance to employe $__112.56_____

8. Entitlement date   ___10/76_____

9. Effective date of computation   01/01/82_____

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

PERMANENT TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____ Example 5D _____   Injury date: _____ 04/12/76 _____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 695.00

2. Index   X 1.766

3. Redetermined 80% ACE $ 1,227.37   X 12/52 = $ 283.24

4. Weekly WC before offset $ 176.00

5. Limit (Higher of 3 or 4) $ 283.24

6. Inititial MBA   520.00   X 12/52 = $ 120.00

7. Weekly balance to employe $ 163.24

8. Entitlement date   10/76

9. Effective date of computation   01/01/85

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

Example 5E

____ Our computation showing compensation due is below. Please advise if you disagree with our computations. When final payment is made, send a final WC-13.

____ Computation is not final. Please pay at the conceded rate and send us a final medical report when available.

Injury Date: 04/12/76 _____ Date of Birth: _____

Wage: maximum _____ TTD Rate: $176.00 _____ PPD Rate: _____

PTD 04/12/76 to 07/01/80	220-0 @ $176.00 =	$38,720.00
SSA 07/01/80 inc to 01/01/82	78-3 @ 61.72 =	4,845.02
SSA 01/01/82 inc to 01/01/85	156-3 @ 112.56 =	17,615.64
SSA 01/01/85 inc to 06/01/87	125-5 @ 163.24 =	20,541.03
		$81,721.69

PERMANENT TOTAL DISABILITY

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 5F_____   Injury date: _____04/12/76_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 695.00

2. Index   X _____

3. Redetermined 80% ACE $ 695.00   X 12/52 = $ 160.38

4. Weekly WC before offset $ 176.00

5. Limit (Higher of 3 or 4) $ 176.00

6. Inititial MBA   520.00   X 12/52 = $ 120.00

7. Weekly balance to employe $ 56.00

8. Entitlement date   10/76

9. Effective date of computation   07/01/80

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

SUPPLEMENTAL BENEFITS

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

REQUEST FOR SOCIAL SECURITY INFORMATION
(See reverse side for instructions)

1. Social Security No. Example 6A _____ Injury Date: _____03/10/70_____

2. Claimant's Name: _____

3. Claimant's Address: _____

_____

Social Security Release Authority: (To be completed by claimant.)

I hereby authorize the Social Security Administration to release the information
requested below to:

4. _____

_____
(name and address of worker's compensation insurer or self-insured.)

I understand that the information is for computing the amount of worker's compensation
payments I would be entitled to and that the information below is not to be disclosed to
others or to be used for other purposes without my additional consent.

This authorization shall remain in effect for one year from the date below or until
revoked by me in writing if earlier.

PLEASE SIGN THIS FORM ON THE LINE BELOW. DO NOT PRINT YOUR NAME. USE YOUR OFFICIAL
SIGNATURE. PLEASE ENTER TODAY'S DATE AND INCLUDE YOUR SOCIAL SECURITY NUMBER IF DIFFERENT
FROM THE NUMBER LISTED ABOVE.

5. Dated this _____ day of _____, 19 ____

6. Signature: _____

7. Social Security No.: _____ (If different from above.)

==

Social Security Disability Benefit Information: (Office use only.)

8. What is the status of this disability claim?
   __X__ Approved ____ Denied ____ Pending ____ No claim filed.

9. 80% of Monthly Average Current Earnings (ACE): $ 476.00

10. Disability MBA for W/E at initial entitlement: $ 429.00

11. Month of entitlement: 09/70

12. Month of last disability check if terminated:

13. Signature of SSA representative: _____

   Date: _____ Telephone number: _____

WKC-6156 (R.4/84)

SUPPLEMENTAL BENEFITS

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 6B_____   Injury date: _____03/10/70_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 476.00

2. Index   X 1.659

3. Redetermined 80% ACE $ 789.68   X 12/52 = $ 182.23

4. Weekly WC before offset $ 90.00

5. Limit (Higher of 3 or 4) $ 182.23

6. Initital MBA   429.00   X 12/52 = $ 99.00

7. Weekly balance to employe $ 83.23

8. Entitlement date   09/70

9. Effective date of computation   07/01/80

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

SUPPLEMENTAL BENEFITS

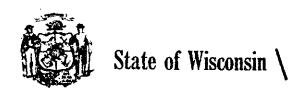Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 6C_____ Injury date: _____03/10/70_____

Insurer: _____ Date of birth: _____

Social Sec. No.: _____ File number: _____

1. Initial 80% ACE $ 476.00

2. Index   X 2.123

3. Redetermined 80% ACE $ 1,010.55   X 12/52 = $ 233.20

4. Weekly WC before offset $ 90.00

5. Limit (Higher of 3 or 4) $ 233.20

6. Initital MBA   429.00   X 12/52 = $ 99.00

7. Weekly balance to employe $ 134.20

8. Entitlement date   09/70

9. Effective date of computation   01/01/82

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information". Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly amount by 12/52nds to find the weekly amount. If indexing is not required use same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD, or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE) or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information". Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount is the total amount the insurance carrier is obligated to pay. If this line is greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

Example 6D

_____ Our computation showing compensation due is below. Please advise if you disagree with our computations. When final payment is made, send a final WC-13.

_____ Computation is not final. Please pay at the conceded rate and send us a final medical report when available.

Injury Date: __03/10/70__   Date of Birth: _____

Wage: __maximum__   TTD Rate: __$79.00__   PPD Rate: _____

PTD 03/10/70   to 10/10/86 ex   865-2 @ $79.00 = $68,361.33
SUPP 01/01/78 inc to 07/01/80 ex   130-1 @ 11.00 =   1,431.83

 1
SUPP 07/01/80 inc to 01/01/82 ex   78-3 @   4.23 =   332.06
SUPP 01/01/82 inc to 10/10/86 ex   249-0 @ 11.00 =   2,739.00
                                                          $72,864.22

1. Reduced to $4.23 due to SSA Offset.

ATTORNEY FEES

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

REQUEST FOR SOCIAL SECURITY INFORMATION
(See reverse side for instructions)

1. Social Security No. Example 7A _____ Injury Date: 01/14/81 _____

2. Claimant's Name: _____

3. Claimant's Address: _____

_____

Social Security Release Authority: (To be completed by claimant.)

I hereby authorize the Social Security Administration to release the information requested below to:

4. _____

(name and address of worker's compensation insurer or self-insured.)
I understand that the information is for computing the amount of worker's compensation payments I would be entitled to and that the information below is not to be disclosed to others or to be used for other purposes without my additional consent.

This authorization shall remain in effect for one year from the date below or until revoked by me in writing if earlier.

PLEASE SIGN THIS FORM ON THE LINE BELOW. DO NOT PRINT YOUR NAME. USE YOUR OFFICIAL SIGNATURE. PLEASE ENTER TODAY'S DATE AND INCLUDE YOUR SOCIAL SECURITY NUMBER IF DIFFERENT FROM THE NUMBER LISTED ABOVE.

5. Dated this _____ day of _____, 19 ____

6. Signature: _____

7. Social Security No.: _____ (If different from above.)

==

Social Security Disability Benefit Information: (Office use only.)

8. What is the status of this disability claim?
   X Approved ____ Denied ____ Pending ____ No claim filed.

9. 80% of Monthly Average Current Earnings (ACE): $ 1,105.00 _____

10. Disability MBA for W/E at initial entitlement: $ 526.50 _____

11. Month of entitlement: 07/81 _____

12. Month of last disability check if terminated: _____

13. Signature of SSA representative: _____

    Date: _____ Telephone number: _____

WKC-6156 (R.4/84)

ATTORNEY FEES

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 7B_____   Injury date: _____01/14/81_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 1,105.00

2. Index   X _____

3. Redetermined 80% ACE $ 1,105.00   X 12/52 = $ 255.00

4. Weekly WC before offset $ 249.00

5. Limit (Higher of 3 or 4) $ 255.00

6. Initital MBA   526.50   X 12/52 = $ 121.50

7. Weekly balance to employe $ 133.50

8. Entitlement date   07/81

9. Effective date of computation   07/01/81

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
amount by 12/52nds to find the weekly amount. If indexing is not required use
same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
is the total amount the insurance carrier is obligated to pay. If this line is
greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

ATTORNEY FEES

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 7C_____   Injury date: _____01/14/81_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 1,105.00

2. Index   X 1.161

3. Redetermined 80% ACE $ 1,282.91   X 12/52 = $ 296.06

4. Weekly WC before offset $ 249.00

5. Limit (Higher of 3 or 4) $ 296.06

6. Inititial MBA   526.50   X 12/52 = $ 121.50

7. Weekly balance to employe $ 174.56

8. Entitlement date   07/81

9. Effective date of computation   01/01/84

Instructions

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

ATTORNEY FEES

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____Example 7D_____   Injury date: _____01/14/81_____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $ 1,105.00

2. Index   X 1.344

3. Redetermined 80% ACE $ 1,485.12   X 12/52 = $ 342.72

4. Weekly WC before offset $ 249.00

5. Limit (Higher of 3 or 4) $ 342.72

6. Initital MBA   526.50   X 12/52 = $ 121.50

7. Weekly balance to employe $ 221.22

8. Entitlement date   07/81

9. Effective date of computation   01/01/87

<u>Instructions</u> $221.22 + $44.24 attorney fee = $265.46

Attach copy of the "Request for Social Security Information".

Line 1: Enter 80% of ACE from the "Request for Social Security Information".
         Do <u>not</u> reduce the ACE to 80%; the figure has already been reduced. *

Line 2: Enter the index based on the entitlement date and redetermination chart.

Line 3: Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
         amount by 12/52nds to find the weekly amount. If indexing is not required use
         same figure as in Line 1.

Line 4: Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
         or PPD. Vocational rehabilitation is not offset.

Line 5: Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
         or the WC rate otherwise payable from Line 4.

Line 6: Enter the initial MBA from the "Request for Social Security Information".
         Multiply the MBA by 12/52nds to find the weekly amount.

Line 7: Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
         is the total amount the insurance carrier is obligated to pay. If this line is
         greater than Line 4 then no offset can be taken.

Line 8: Enter the entitlement date.

Line 9: Enter the effective date of this computation. This date is the first
         date that the insurance carrier can take this offset.

WKC6119 (R.4/84)

Example 7E

RATE CHART

Start Date	To Applicant	To Attorney	Total Rate
01/14/81 ex	199.20	49.80	249.00
07/01/81 ex	106.80	26.70	133.50
11/28/81 inc	133.50	26.70	160.20
01/01/84	174.56	34.91	209.47
01/01/87	199.20	49.80	249.00

Example 7F

_____ Our computation showing compensation due is below. Please advise if you
disagree with our computations. When final payment is made, send a final
WC-13.

_____ Computation is not final. Please pay at the conceded rate and send us a
final medical report when available.

Injury Date: ___01/14/81___   Date of Birth: _____

Wage: ___maximum___   TTD Rate: _$249.00_   PPD Rate: _____

PTD 01/14/81 ex to 07/01/81 ex   23-5 @ $249.00 = $ 5,934.49
SSA 07/01/81 inc to 11/28/81 ex   21-3 @ 133.50 =   2,870.25
SSA 11/28/81 inc to 01/01/84 ex   109-1 @ 160.20 = 17,488.50
SSA 01/01/84 inc to 01/01/87 ex   156-3 @ 209.47 = 32,782.06
PTD 01/01/87 inc to 06/01/87 ex   21-3 @ 249.00 =   5,353.50
                                                        $64,428.80

To Applicant   23-5 @ $199.20 = $ 4,747.59
                                      21-3 @ 106.80 =   2,296.20
                                     109-1 @ 133.50 = 14,573.75
                                     156-3 @ 174.56 = 27,318.64
                                      21-3 @ 199.20 =   4,282.80
                                                        $53,218.98

To Attorney   23-5 @ $ 49.80 = $ 1,186.90
                                      21-3 @   26.70 =   574.05
                                     109-1 @   26.70 =   2,914.75
                                     156-3 @   34.91 =   5,463.42
                                      21-3 @   49.80 =   1,070.70
                                                        $11,209.82

WC-93 (R.10/86)

LISTING OF SOCIAL SECURITY ADMINISTRATION OFFICES IN WISCONSIN

Below are the Federal Social Security Administration offices in operation in Wisconsin as of July 1, 1987, which have been supplied by the Madison District Office of the Social Security Administration.

The location, telephone number, and the counties and parts of counties serviced by each office are shown. Locate the area in which the claimant lives to determine the office which services the area.

APPLETON--54911
720 West Parkway Boulevard
P.O. Box 57
Telephone: 414-739-7744

Calumet (Brillion, Forest Junction, Hilbert, and Sherwood post offices only)
Outagamie (except Seymour and Oneida post offices)
Waupaca, Winnebago (Neenah and Menasha post offices only)

EAU CLAIRE--54701
715 South Barstow Street
P.O. Box 930
Telephone: 715-836-6640

Buffalo	Eau Claire	Pierce
Chippewa	Jackson	St. Croix
Dunn	Pepin	Trempealeau

FOND DU LAC--54935
16 Guindon Boulevard
P.O. Box 1196
Telephone: 414-921-7560

Dodge   Fond du Lac

GREEN BAY--54307
101 North Webster
P.O. Box 10388
Telephone: 414-465-3901

Brown	Door	Florence
Kewaunee	Menominee	Oconto
Shawano		

Outagamie (Seymour and Oneida post offices only)

JANESVILLE--53545
203 West Court Street
P.O. Box 729
Telephone: 608-752-7438

Green	Lafayette	Rock
Walworth		

Winnebago County ILLINOIS (South Beloit and Rockton post offices only)

KENOSHA--53140
5624 Sixth Avenue
P.O. Box 549
Telephone: 414-656-7840

Kenosha

LA CROSSE--54602
213 Post Office Building
425 State Street
P.O. Box 1748
Telephone: 608-784-5606

La Crosse   Monroe   Richland
Vernon

LANCASTER--53813
Coventry Office Park
131 Alona Lane
Telephone: 608-723-4153

Crawford   Grant

MADISON--53711
6502 Odana Road
P.O. Box 4000
Telephone: 608-833-3801

Dane   Iowa

MANITOWOC--54220
1212 Memorial Drive
P.O. Box 3187
Telephone: 414-682-0301

Manitowoc

MARINETTE--54143
1619 Golden Court
P.O. Box 649
Telephone: 715-735-9366

Florence   Marinette
Following post offices in MICHIGAN:
Cedar River   Daggett   Ingalls
Wallace   Menominee   Stephenson

MILWAUKEE (NORTH)--53218
6414 West Fond du Lac Avenue
Telephone: 414-462-3124

Milwaukee postal zones 53209, 10, 13, 16, 17, 18, 22, 23, 24, 25, 26

MILWAUKEE (DOWNTOWN)--53203
310 West Wisconsin Avenue, Suite 260
Telephone: 414-291-1339

Milwaukee postal zones: 53202, 03, 06, 12, 23

MILWAUKEE (SOUTHWEST)--53220
6251 West Forest Home Avenue
P.O. Box 20877
Telephone: 414-546-8160

Milwaukee postal zones 53214, 15, 19, 20, 21, 27, 28,
                       53110, 29, 30, 32, 54, 72

Cudahy	Franklin	Greendale
Hales Corners	Oak Creek	South Milwaukee
West Allis	West Milwaukee	Wood

MILWAUKEE (SOUTHEAST)--53204
1722 South 13th Street
Telephone: 414-649-4764

Milwaukee postal zones 53204, 07

MILWAUKEE (WEST)--53208
3716 West Wisconsin Avenue
Telephone: 414-291-1302

Milwaukee postal zones 53205, 08

OSHKOSH--54902
304 Otter Avenue
P.O. Box 800
Telephone: 414-236-3940

Green Lake	Waushara	Marquette

Winnebago (except Neenah and Menasha post offices)

PORTAGE--53901
One North Main Street
P.O. Box 370
Telephone: 608-742-5545

Columbia	Sauk

RACINE--53405
4020 Durand Avenue
Telephone: 414-554-1450

Racine

RHINELANDER--54501
166 South Stevens Street
P.O. Box 834
Telephone: 715-369-3880

Forest	Oneida	Price
Vilas		

RICE LAKE--54868
1725 South Main Street
Telephone: 715-234-2137

Barron	Rusk	Polk

SHEBOYGAN--53081
606 North Ninth Street
P.O. Box 291
Telephone: 414-458-2133

Sheboygan   Part of Calumet
Part of Manitowoc

SUPERIOR--54880
1519 Tower Avenue
Telephone: 715-392-5603

Ashland   Bayfield   Burnett
Sawyer   Douglas
(Iron County is serviced by Ironwood, Michigan)

WAUKESHA--53187
2132 West Silvernail Road
P.O. Box 1633
Telephone: 414-542-1855

Jefferson   Waukesha

WAUSAU--54402-1667
137 North River Drive
P.O. Box 1667
Telephone: 715-845-2181

Marathon   Clark   Taylor
Langlade   Lincoln

WEST BEND--53095
712 Park Avenue
Telephone: 414-338-6182

Ozaukee   Washington

WISCONSIN RAPIDS--54494
930 Wood Avenue
Telephone: 715-423-3700

Adams   Juneau   Portage
Wood

NOTE: All offices in Milwaukee, Waukesha, and West Bend are served by a
        Teleservice Center. For these offices, general public inquiries should
        be directed to: 414-276-2700. (Counties--Milwaukee, Washington,
        Ozaukee, Waukesha, Jefferson, and Walworth)

WCD280(N.07/87)

11501.433 Triennial Redetermination Ratios

Year of Offset	Year Redetermination Is Effective	Ratio
1966	1969	1.138
	1972	1.335
	1975	1.617
	1978	1.940
	1981	2.464
	1984	3.119
	1987	3.611
1967	1970	1.126
	1973	1.365
	1976	1.634
	1979	1.980
	1982	2.534
	1985	3.086
1968	1971	1.106
	1974	1.341
	1977	1.634
	1980	2.025
	1983	2.642
	1986	3.095
1969	1972	1.115
	1975	1.351
	1978	1.632
	1981	2.060
	1984	2.608
	1987	3.019
1970	1973	1.154
	1976	1.381
	1979	1.659
	1982	2.123
	1985	2.586*
1971	1974	1.143
	1977	1.381
	1980	1.706
	1983	2.226
	1986	2.608
1972	1975	1.114
	1978	1.391
	1981	1.767
	1984	2.237
	1987	2.589
1973	1976	1.139
	1979	1.371
	1982	1.754
	1985	2.136
1974	1977	1.139
	1980	1.393
	1983	1.817
	1986	2.129

OFFSETS, DEDUCTIONS AND NON-PAYMENT

DI 11501.433 (Cont.)   TN 3 4-87

Year of Offset	Year Redetermination is Effective	Ratio
1975	1978	1.149
	1981	1.429
	1984	1.809
	1987	2.095
1976	1979	1.133
	1982	1.450
	1985	1.766
1977	1980	1.144
	1983	1.493
	1986	1.749
1978	1981	1.174
	1984	1.486
	1987	1.720
1979	1982	1.185
	1985	1.444
1980	1983	1.200
	1986	1.406
1981	1984	1.161
	1987	1.344
1982	1985	1.106
1983	1986	1.110
1984	1987	1.104

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

REQUEST FOR SOCIAL SECURITY INFORMATION
(See reverse side for instructions)

1. Social Security No. _____ Injury Date: _____

2. Claimant's Name: _____

3. Claimant's Address: _____

_____

Social Security Release Authority: (To be completed by claimant.)

I hereby authorize the Social Security Administration to release the information requested below to:

4. _____

_____
(name and address of worker's compensation insurer or self-insured.)
I understand that the information is for computing the amount of worker's compensation payments I would be entitled to and that the information below is not to be disclosed to others or to be used for other purposes without my additional consent.

This authorization shall remain in effect for one year from the date below or until revoked by me in writing if earlier.

PLEASE SIGN THIS FORM ON THE LINE BELOW. DO NOT PRINT YOUR NAME. USE YOUR OFFICIAL SIGNATURE. PLEASE ENTER TODAY'S DATE AND INCLUDE YOUR SOCIAL SECURITY NUMBER IF DIFFERENT FROM THE NUMBER LISTED ABOVE.

5. Dated this _____ day of _____, 19 ____

6. Signature: _____

7. Social Security No.: _____ (If different from above.)

==

Social Security Disability Benefit Information: (Office use only.)

8. What is the status of this disability claim?
   ____ Approved ____ Denied ____ Pending ____ No claim filed.

9. 80% of Monthly Average Current Earnings (ACE): $ _____

10. Disability MBA for W/E at initial entitlement: $ _____

11. Month of entitlement: _____

12. Month of last disability check if terminated: _____

13. Signature of SSA representative: _____

   Date: _____   Telephone number: _____

WKC-6156 (R.4/84)

SSA INSTRUCTIONS

Insurance Carrier or
Self-Insured Employer:

1. Enter claimant's social security number and injury date.
2. Enter claimant's name.
3. Enter claimant's address.
4. Enter your name and mailing address.

   Send this form to the claimant.

Claimant:

5. Enter the date you sign the form.
6. Sign your name. Do not print.
7. Enter your social security number if it is different from the number in Line 1.

Claimant - Important:

Return this form to the address in Line 4 within 30 days. If you do not sign this form, your insurance carrier or employer can reduce your benefits by 75%. When you sign, any benefits that were withheld will be paid to you.

Insurance Carrier or
Self-Insured Employer:

Send the signed form to the SSA district office office that handles this claimant.

Social Security Admin.:

See TN 11 2-83 DI00203.050.
If any of the information below is not available, forward this form to Baltimore. The insurance carrier needs all of this information except Line 12 to compute a reverse offset.

8. Enter the current status. If this claim is currently being reviewed but payments were made in the past, please fill out Lines 8 through 11 and enter the termination date in Line 12.
9. Enter 80% of ACE.
10. Enter the MBA.
11. Enter the month & year of entitlement.
12. Enter only if benefits are ending.
13. Enter the name & telephone number of someone who can be reached if the insurance carrier has questions.

   Send the completed form to the address in Line 4.

Insurance Carrier or
Self-Insured Employer:

Fill out a "Social Security Reverse Offset Worksheet." If you find that you can take an offset, send copies of the "Request" and the "Worksheet" to the Worker's Compensation Division, P. O. Box 7901, Madison, WI 53707.

Wisconsin Department of Industry, Labor and Human Relations
Worker's Compensation Division

SOCIAL SECURITY REVERSE OFFSET WORKSHEET

Employe: _____   Injury date: _____

Insurer: _____   Date of birth: _____

Social Sec. No.: _____   File number: _____

1. Initial 80% ACE $_____

2. Index   X_____

3. Redetermined 80% ACE $_____   X 12/52 = $_____

4. Weekly WC before offset $_____

5. Limit (Higher of 3 or 4) $_____

6. Inititial MBA   _____   X 12/52 = $_____

7. Weekly balance to employe $_____

8. Entitlement date   _____

9. Effective date of computation   _____

Instructions

Attach copy of the "Request for Social Security Information".

Line 1:   Enter 80% of ACE from the "Request for Social Security Information".
          Do not reduce the ACE to 80%; the figure has already been reduced.

Line 2:   Enter the index based on the entitlement date and redetermination chart.

Line 3:   Multiply Line 1 by Line 2 to find the redetermined ACE. Multiply the monthly
          amount by 12/52nds to find the weekly amount. If indexing is not required use
          same figure as in Line 1.

Line 4:   Enter the WC otherwise due. This rate may be for TTD, escalated TTD, TPD, PTD,
          or PPD. Vocational rehabilitation is not offset.

Line 5:   Enter the top limit. This amount will be the higher of Line 3 (redetermined ACE)
          or the WC rate otherwise payable from Line 4.

Line 6:   Enter the initial MBA from the "Request for Social Security Information".
          Multiply the MBA by 12/52nds to find the weekly amount.

Line 7:   Subtract Line 6 from Line 5 to find the weekly balance to employe. This amount
          is the total amount the insurance carrier is obligated to pay. If this line is
          greater than Line 4 then no offset can be taken.

Line 8:   Enter the entitlement date.

Line 9:   Enter the effective date of this computation. This date is the first
          date that the insurance carrier can take this offset.

WKC6119 (R.4/84)