

STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
95 PLEASANT STREET
CONCORD, NH 03301-3593

**APPLICATION FOR REIMBURSEMENT OF PAID ADJUSTED TOTAL DISABILITY
BENEFITS FROM SPECIAL FUND FOR ACTIVE CASES, RSA 281-A:29, 281-A:30**

Employee Name	Social Security Number
Date of Injury	Claim #
Employer	Average Weekly Wage/Comp Rate

Effective date of RSA 291-A:29 Adjustment (if applicable): July 1,

TOTAL AMOUNT TO BE REIMBURSED:

Application is made for reimbursement as set forth herein. **The Department must previously approve memorandums of payment in order to receive reimbursement for the time period requested above.** Payments made through December 31 of the previous calendar year should be included. All requests for reimbursement shall be forwarded to the Department of Labor **no later than September 1.**

Signature	Date
Insurance Carrier	Adjusting Office Number
Check Payable to:	Where to Send Check:
City/State/Zip Code	

FOR LABOR DEPARTMENT USE:

APPROVED BY	DATE
CHECK NO.	AMOUNT _____
Comments:	