

LAB 500

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

**APPLICATION FOR REIMBURSEMENT OF PAID COMBINED EARNINGS DIFFERENTIAL FROM
SPECIAL FUND FOR SECOND INJURIES, RSA 281-A:15 III, 281-A:55**

Employee Name	Social Security Number
Date of Injury	Claim #
Primary Employer	Average Weekly Wage/Comp Rate
Concurrent Employer	Average Weekly Wage/Comp Rate
Combined AWW/Comp Rate	Dates Covered by this Request

Temporary Total Disability Paid (include dates)

Temporary Partial Disability Paid (include dates)

Permanent impairment award –concurrent portion

Lump sum settlement – concurrent portion:

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
Street_____	City/State/Zip Code

Check Payable To

Where to Send

FOR LABOR DEPARTMENT USE:

APPROVED BY

DATE

CHECK NO.

AMOUNT

Comments:

9WCA-3 (9/2015)