LAB 500 EXHIBIT T

SCHEDULE OF REIMBURSABLE PAYMENTS
RSA 281-A:54,I,III & RSA 281-A:55

IMPORTANT INSTRUCTIONS: This schedule must be properly completed to obtain reimbursement and must be filed together with Request for Reimbursement, Form No. WCSIF-2 (8-08), not later than September 1st for all reimbursable benefits paid in the preceding calendar year. Include all payments issued by December 31st of the payment year shown. Exclude recovered and otherwise reimbursable amounts of third party liens. Enter reimbursable lump sum amounts only as ordinarily would have been payable for and within the payment year shown. Include any necessary adjustment, on account of overpaid or underpaid reimbursement in a prior year, within the appropriate benefit class of payment, and explain fully below.

CLAIM IDENTIFICATION _____ vs. _____ _____
Employee's Name Employer's Name Date of Injury

SCHEDULE PREPARED BY: _____ _____ _____ _____
Name Title Company Telephone

CALENDAR YEAR: _____ * DATE OF 104TH WEEKLY INDEMNITY PAYMENT _____
(If date is during this calendar year, then separate all amounts below to those occurring before and after this date.)

	Amount		
Medical treatment total (attach documentation)	$ _____	For amounts before 104 weeks: Total times 50%	$ _____
Disability indemnity payments total (attach documentation)	$ _____	* For amounts after 104 weeks: Total times 100%	$ _____
Lump sum allocation for year based on figures used in the settlement agreement	$ _____	Adjustments for third party lien recoveries or prior years' overpayment or underpayment:	$ _____
Death benefits	$ _____	Total reimbursement claim for this year:	$ _____
Subtotal	$ _____		
If $10,000 deductible fully met, in what prior year? _____			
If not met in prior years, deduct correct amount	$ _____		
Total	$ _____		

Labor Dept Comments:

For Labor Department use
Approved by: _____ Date

***DATES MUST MATCH**

WCSIF-2a (05/2013)