Rev 10/2019

Form 219

Statement of Compensation

Applicant's Name ______________________________ DOI _________________________________

Street Address ________________________________ Social Security Number __________________

City/State, Zip ________________________________ DOB ________________________________

Employer ____

Insurance Carrier/Adjusting Service Address____

City/State/Zip ____________________________ Telephone ________________ Fax ____________

Temporary Total Disability (TTD) Total Paid:__________.

_____ **No Lost Time. (If no lost time, please attach verification of salary at the time of injury.)**

Total Number of Lost Work Days:______.

Temporary Partial Disability (TPD) paid______for a total of________of which_____________has been paid.

Total Medicals Paid to Date__________.

Pursuant to the attached medical report and the applicable law, the applicant is entitled to **Permanent Partial Disability Compensation (PPD)** at the rate of $____________per week, commencing ________________ for__________weeks, totaling $______________, for a___________% impairment of the ______________ _________________ due to his/her industrial injuries, (of which $_________has been advanced).

The Labor Commission shall retain continuing jurisdiction to modify awards as provided by law. Medical expenses incurred as a result of the industrial injury are the continuing obligation of the employer/carrier. Medical care becomes a lifetime benefit so long as the insurance carrier/employer is billed within one year from the date of each medical service (§34A-2-417). Accrued amounts of compensation will be paid in a lump sum. The remaining amount will be paid as due.

NOTE: Compensation is tax exempt for Federal and State Income Tax purposes.

ADJUSTOR NOTE: Forms 122, 123, 141 and the PPI rating are to be maintained by carriers and self-insured employers indefinitely and are to be made available to the Labor Commission upon request.

****Per R612-200-3, the completed form and supporting documents shall be mailed to the claimant or dependents but do not need to be filed with the Division unless requested.**

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