MAIL TO: STATE OF ALABAMA

Workers’ Compensation Division Department of Labor Montgomery, Alabama 36131

**FAX: (334) 956-4031 or 334-956-4032**

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# COMBINATION SUPPLEMENTARY & CLAIM SUMMARY FORM

|  |  |
| --- | --- |
| 1. Employee:  | 2. Social Security number:  |
| 3. Employer:  | 4. Unemployment Compensation Number:  |
| 5. Date of Injury:  | 6. Date disability began this period:  |
| 7. Insurance carrier:  | 8. Claim #  | 9. Service Co #  |
| 10. Name, address and telephone number of office filing this report: |  |

|  |  |  |
| --- | --- | --- |
| FIRST PAYMENT | **SUPPLEMENTAL REPORT**REINSTATEMENT | AMENDED |

**A.**

1. On the amount of $ was paid for the period from thru

*(Date of 1st check)*

Average Weekly Wage $ Compensation Rate $ per week.

1. Type of Disability:

Temporary Total ; Temporary Partial ; Permanent Partial ; Permanent Total ; Fatal

1. If periodic payments were awarded by Circuit Court, give name, location and civil action (CV) number

and explain:

# B.

|  |
| --- |
| **COMPENSATION WAS NOT PAID WITHIN 30 DAYS FROM THE DATE OF DISABILITY BEGAN, COMPLETE THIS****SECTION.** |
| 4. | Reason for non-payment: Medical Only , no lost time (return to work date)  |
| Under investigation , reason for prolonged investigation  |
|  | In litigation , Under appeal |  |
| 5. | Has compensation been denied and claimant notified? | Yes No Reason ?  |

**CLAIM SUMMARY FORM**

SUSPENSION SETTLEMENT AMENDED

***(DO NOT INCLUDE ANY PAYMENTS PREVIOUSLY FILED ON A CLAIM SUMMARY FORM)***

1. Last day comp was owed and paid RTW MMI
2. Did claimant work during this period of disability? Yes No If so, from to total days

3. AWW $ CR (66.7%) $

1. Amount and type of comp paid:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TTD |  $  | WKS |   | Days |   |  |
| TPD |  $  | WKS |   |  |  |
| PPD |  $  | WKS |   | Days |  % POB |   |
| PTD |  $  | WKS |   | Days |   |  |
| Death |  $  | WKS |  | Days |   |  |

Estate Payment $ Burial Payment $

LSP $ Date Pd WKS Days

% Part of Body

1. Ombudsman Yes No Court CV# Location (County)

Date Adjuster

01/23/2019