



JOEL M PRESSMAN
Commissioner

The Commonwealth of Massachusetts

Department of Industrial Accidents

*600 Washington Street
Boston, Mass. 02111*

December 8, 1989

Circular Letter No.249

TO: All Interested Parties

FROM: Mary Piggott, Director, Division of Administration

RE: Adjustments To Compensation Pursuant To M.G.L. C. 152,
Section 34B(c) (Cases Involving Injuries That
Occurred After October 1, 1986)

Effective October 1, 1989, insurers may be entitled to quarterly reimbursements for supplemental benefits (cost-of-living adjustments) for injuries occurring after October 1, 1986. Pursuant to M.G.L. c. 152, §34B(c) insurers that have paid permanent and total disability benefits with respect to cases involving injuries after October 1, 1986 are entitled to reimbursement of any insurer-paid cost-of-living adjustment in excess of five percent.

To apply for reimbursement under §34B(c) of cost-of-living adjustments paid to an employee who has suffered a post-October 1, 1986 injury, please complete the attached form, and forward it to the listed address.

Requests for reimbursements should be submitted at the close of each quarter of the calendar year. No request for reimbursements shall be accepted before January 1, 1990. Requests submitted during the first calendar quarter of 1990 should be for reimbursements of moneys paid during the last calendar quarter of 1989. Please note that, pursuant to Section 34B(c), reimbursements will be denied to any insurer which has paid supplemental benefits prior to 24 months from the recipient's date of injury.

Additional forms may be obtained by written request from the Department of Industrial Accidents, Office of Administration:

Post-10/86 COLA Processing
DIA Office of Administration
P.O. Box 9104, Essex Station
Boston, MA 02112-9104



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FROM:

MAIL TO:

_____	<u>Post - 10/86 COLA Processing</u>
_____	<u>DIA Office of Administration</u>
_____	<u>P.O. Box 9104, Essex Station</u>
_____	<u>Boston, MA 02112-9104</u>

Gentlemen:

Attached please find a request, pursuant to Section 65 (as amended by Chapter 572 of the Acts of 1985), for post - 10/86 permanent and total Cost of Living Adjustment (COLA) reimbursement. This request is made for COLA's paid on behalf of _____ claimants totaling \$_____.

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of my knowledge, correct.

SIGNED: _____ NAME: _____

TITLE: _____ PHONE #: _____

DATE: _____

FOR INTERNAL USE ONLY

COMMENTS:

PAYMENT APPROVED _____
DATE: _____

