



JOEL M. PRESSMAN  
Commissioner

# *The Commonwealth of Massachusetts*

## *Department of Industrial Accidents*

*600 Washington Street*

*Boston, Mass. 02111*

Circular Letter No. 249a {Corrected Version}

June 1990

TO: All Interested Parties

FROM: Mary Piggott, Director, Division of Administration

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

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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. (For injury dates from October 2, 1986 through October 1, 1987, please see 452 CMR 3.06{2}.) 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 that portion of any insurer-paid cost-of-living adjustment brought about by a State Average Weekly Wage increase in excess of five percent. Such reimbursement also applied to §31 claims involving injuries on or after November 1, 1986 {See 452 CMR 3.06{1}}).

To apply for reimbursement under §34B(c) for 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 §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 October 1, 1986 COLA Processing  
DIA Office of Administration  
P.O. Box 9104, Essex Station  
Boston, MA 02112-9104



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FROM:

MAIL TO:

Post Oct. 1, 1986 COLA Processing

DIA Office of Administration

P.O. Box 9104, Essex Station

Boston, MA 02112-9104

Gentlemen:

Attached please find a request, pursuant to Section 65 (as amended by Chapter 572 of the Acts of 1985), for post October 1, 1986 permanent and total or, post November 1, 1986 Section 31, 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: \_\_\_\_\_

TABLE OF REIMBURSEMENT FACTORS 34B (C)

YEAR	SAWW	ANNUAL CHANGE	CAPPED ANNUAL CHANGE	ADJUSTED MULTIPLIER	AMOUNT OVER 5%	34B(c) REIMBURSEMENT FACTOR
1985	\$360.50	1.06399	1.05000	1.215506	0.013994	0.100637
1986	\$383.57	1.07151	1.05000	1.157625	0.021512	0.079359
1987	\$411.00	1.08078	1.05000	1.102500	0.030778	0.051928
1988	\$444.20	1.06814	1.05000	1.050000	0.018144	0.018144
1989	\$474.47	1.00000	1.00000	1.000000	-----	-----

\*ANNUAL CAPPED CHANGE CANNOT BE MORE THAN 5%.

\*\*The 34B(c) Reimbursement Factor is the difference between the §34B(c) Adjusted Multiplier and the §35F Adjusted Multiplier for the applicable DIA Year. (See Circular letter 246a)

PAYMENT QUARTER    /    /    TO    /    /

[illegible]

\*Null: See current circular letter for appropriate Section 348(c) reimbursement factor.