



James J. Campbell
Commissioner

The Commonwealth of Massachusetts

Department of Industrial Accidents

600 Washington Street
Boston, Mass. 02111

CIRCULAR LETTER NO. 267

October 1, 1992

TO: All Interested Parties
FROM: James J. Campbell, Commissioner
RE: COLA's, Reimbursements, Maximum and Minimum Weekly Compensation Rates

A handwritten signature in cursive script that reads "James J. Campbell".

This Circular Letter should be used to determine all of the following:

- (a) The maximum weekly benefits payable under G.L. c. 152 (prior to the application of any cost-of-living adjustment required under the statute);
- (b) The minimum compensation rates payable under §34 and §34A;
- (c) The proper amounts of adjustments to compensation required under §34B and §35F for injuries occurring before 12/24/91;
- (d) The proper amounts of adjustments to compensation required under §34B and §35F for injuries occurring on or after 12/24/91;
- (e) The reimbursement amount payable to insurers for COLAs paid on permanent and total or survivors' benefits for injuries occurring on or before October 1, 1986; and
- (f) The reimbursement amount payable to insurers for COLAs paid on permanent and total or survivors' benefits for injuries occurring subsequent to October 1, 1986 but before December 24, 1991.

The average weekly wage in the Commonwealth determined under subsection (2) of §29 of Chapter 151A and promulgated by the Director of Employment and Training is \$543.30. Therefore, for injuries occurring on or after October 1, 1992 the maximum unadjusted weekly incapacity compensation may not exceed \$543.30.

For recipients of permanent and total benefits under §34A, the minimum weekly compensation rate is 20 percent of the average weekly wage or \$108.66 for injuries occurring on or after October 1, 1992.

For temporary and total benefits under §34, the new minimum weekly benefit allowed is the employee's average weekly wage before the injury or \$108.66, whichever is less.

To calculate the adjustment under §34B* multiply the claimant's unadjusted weekly compensation by the ADJUSTED MULTIPLIER FOR TOTAL COMP (the amount in the sixth column of the attached table for injuries occurring before December 24, 1991 and the amount in the eleventh column for injuries occurring on or after December 24, 1991) in the attached table for the claimant's year of injury. For the purpose of calculating adjustments or reimbursements, the year of injury begins on October 1st and ends on September 30th of each year. To be eligible for a COLA under §31 or §34A the date of injury must have occurred at least two years prior to this review date (October 1, 1992).

COLAs for persons receiving partial benefits under §35 are payable only to those employees with an injury date on or after January 1, 1986 but before December 24, 1991 whose injury occurred at least three years prior to this review date. To calculate the adjustment under §35F* multiply the claimant's unadjusted weekly compensation by the ADJUSTED MULTIPLIER FOR PARTIAL COMP (the amount in the seventh column in the attached table) for the claimant's year of injury.

Insurers are entitled to quarterly reimbursements from the Workers' Compensation Trust Fund for certain supplemental benefits (cost-of-living adjustments). When supplemental benefits are paid to permanently and totally disabled recipients or survivors under §34A or §31 as outlined above, complete reimbursement is made where the injury occurred on or before October 1, 1986 using column six. If the injury occurred after that date, the amount reimbursable can be calculated by using the REIMBURSEMENT FACTOR (the amount in the ninth column of the table). For injuries on or after 12/24/91, there is no reimbursement from the trust fund for adjustments for COLA reimbursements under §34B. There are no reimbursements from the Workers' Compensation Trust Fund for adjustments to partial benefits under §35F.

To apply for reimbursements under §34B(c) for cost-of-living adjustments as calculated above, please complete the attached forms, and forward them to the address given below.

Requests for reimbursements should be submitted at the close of each quarter of the calendar year. Requests submitted during the first calendar quarter of 1993 should be for reimbursements of moneys paid during the last calendar quarter of 1992. Please note that, pursuant to §34B(c),

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TABLE OF ADJUSTED MULTIPLIERS AND REIMBURSEMENT FACTORS FOR COMPUTING WORKERS' COMPENSATION COLA'S AND REIMBURSEMENT AMOUNTS

I YEAR	II SAWW	III ANNUAL CHANGE	IV ANNUAL CHANGE CPI	V CAPPED CHANGE TOTAL COMP PRE-12/24/91	VI * ADJ MULTI TOTAL COMP PRE-12/24/91	VII CAPPED CHANGE PART COMP & s.35F (2)	VIII ADJ MULTI PART COMP s.35F (2)	IX ** REIMB FACTOR s. 34B (c)	X CAPPED CHANGE TOT COMP POST-12/23/91	XI ADJ MULTI TOTAL COMP POST-12/23/91
1938	\$25.63	1.033554	x	1.033554	18.901281	x	x	x	x	x
1939	\$26.49	0.996980	x	0.996980	18.287649	x	x	x	x	x
1940	\$26.41	1.135555	x	1.100000	18.343046	x	x	x	x	x
1941	\$29.99	1.183394	x	1.100000	16.675496	x	x	x	x	x
1942	\$35.49	1.107354	x	1.100000	15.159542	x	x	x	x	x
1943	\$39.30	1.042239	x	1.042239	13.781402	x	x	x	x	x
1944	\$40.96	1.024902	x	1.024902	13.222878	x	x	x	x	x
1945	\$41.98	1.054312	x	1.054312	12.901598	x	x	x	x	x
1946	\$44.26	1.088793	x	1.088793	12.236988	x	x	x	x	x
1947	\$48.19	1.076987	x	1.076987	11.239035	x	x	x	x	x
1948	\$51.90	1.015029	x	1.015029	10.435628	x	x	x	x	x
1949	\$52.68	1.058087	x	1.058087	10.281114	x	x	x	x	x
1950	\$55.74	1.079656	x	1.079656	9.716704	x	x	x	x	x
1951	\$60.18	1.041874	x	1.041874	8.999819	x	x	x	x	x
1952	\$62.70	1.047049	x	1.047049	8.638103	x	x	x	x	x
1953	\$65.65	1.029551	x	1.029551	8.249948	x	x	x	x	x
1954	\$67.59	1.046752	x	1.046752	8.013154	x	x	x	x	x
1955	\$70.75	1.053993	x	1.053993	7.655252	x	x	x	x	x
1956	\$74.57	1.042644	x	1.042644	7.263096	x	x	x	x	x
1957	\$77.75	1.036785	x	1.036785	6.966033	x	x	x	x	x
1958	\$80.61	1.051482	x	1.051482	6.718882	x	x	x	x	x
1959	\$84.76	1.031619	x	1.031619	6.389914	x	x	x	x	x
1960	\$87.44	1.032708	x	1.032708	6.194065	x	x	x	x	x
1961	\$90.30	1.038427	x	1.038427	5.997886	x	x	x	x	x
1962	\$93.77	1.030927	x	1.030927	5.775931	x	x	x	x	x
1963	\$96.67	1.048412	x	1.048412	5.602659	x	x	x	x	x
1964	\$101.35	1.033942	x	1.033942	5.343948	x	x	x	x	x
1965	\$104.79	1.044756	x	1.044756	5.168519	x	x	x	x	x
1966	\$109.48	1.043478	x	1.043478	4.947105	x	x	x	x	x
1967	\$114.24	1.059874	x	1.059874	4.740976	x	x	x	x	x
1968	\$121.08	1.077222	x	1.077222	4.473151	x	x	x	x	x
1969	\$130.43	1.004523	x	1.004523	4.152489	x	x	x	x	x
1970	\$131.02	1.063807	x	1.063807	4.133789	x	x	x	x	x

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TABLE OF ADJUSTED MULTIPLIERS AND REIMBURSEMENT FACTORS FOR COMPUTING WORKERS' COMPENSATION COLA'S AND REIMBURSEMENT AMOUNTS

I	II	III	IV	V	VI *	VII	VIII	IX **	X	XI	
YEAR	SAW	ANNUAL CHANGE	ANNUAL SAW CHANGE	ANNUAL CAPPED CHANGE CPI	CAPPED CHANGE TOTAL COMP PRE-12/24/91	ADJ MULTI TOTAL COMP PRE-12/24/91	CAPPED CHANGE PART COMP & s.35F (2)	ADJ MULTI PART COMP s.35F (2)	REIMB FACTOR s. 34B (c)	CAPPED CHANGE TOT COMP POST-12/23/91	ADJ MULTI TOTAL COMP POST-12/23/91
1971	\$139.38	1.073612	x		1.073612	3.885845	x	x	x	x	x
1972	\$149.64	1.039628	x		1.039628	3.619414	x	x	x	x	x
1973	\$155.57	1.052902	x		1.052902	3.481449	x	x	x	x	x
1974	\$163.80	1.067033	x		1.067033	3.306527	x	x	x	x	x
1975	\$174.78	1.069058	x		1.069058	3.098805	x	x	x	x	x
1976	\$186.85	1.066685	x		1.066685	2.898630	x	x	x	x	x
1977	\$199.31	1.060509	x		1.060509	2.717421	x	x	x	x	x
1978	\$211.37	1.075413	x		1.075413	2.562374	x	x	x	x	x
1979	\$227.31	1.079935	x		1.079935	2.382689	x	x	x	x	x
1980	\$245.48	1.099601	x		1.099601	2.206327	x	x	x	x	x
1981	\$269.93	1.103434	x		1.100000	2.006480	x	x	x	x	x
1982	\$297.85	1.075340	x		1.075340	1.824073	x	x	x	x	x
1983	\$320.29	1.064847	x		1.064847	1.696275	x	x	x	x	x
1984	\$341.06	1.056999	x		1.056999	1.592975	x	x	x	x	x
1985	\$360.50	1.063994	x		1.063994	1.507074	1.050000	1.385565	0.121508	x	x
1986	\$383.57	1.071512	x		1.071512	1.416430	1.050000	1.319586	0.096844	x	x
1987	\$411.00	1.080779	x		1.080779	1.321898	1.050000	1.256748	0.065149	x	x
1988	\$444.20	1.068145	x		1.068145	1.223098	1.050000	1.196903	0.026194	x	x
1989	\$474.47	1.033933	x		1.033933	1.145067	1.033930	1.139908	0.005159	x	x
1990	\$490.57	1.050859	x		1.050859	1.107487	1.050000	1.102500	0.004987	x	x
1991	\$515.52	1.053887	1.037000		1.053887	1.053887	1.050000	1.050000	0.003887	1.037000	1.037000
1992	\$543.30	1.000000	1.000000		1.000000	1.000000	1.000000	1.000000	0.000000	1.000000	1.000000

* FOR INJURIES ON OR BEFORE OCTOBER 1, 1986

** FOR INJURIES POST OCTOBER 1, 1986 BUT PRE DECEMBER 24, 1991

reimbursements will be denied to any insurer which has paid supplemental benefits prior to 24 months from the recipient's date of injury.

[*If the claimant is receiving social security disability benefits the adjusted compensation should be capped at the point where one more dollar in such compensation would have the effect of reducing any social security disability benefits the claimant is receiving. To determine whether and how such a cap should be applied, please refer to the Circular Letter dated October 22, 1986.]

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

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



James J. Campbell
Commissioner

The Commonwealth of Massachusetts

Department of Industrial Accidents

600 Washington Street
Boston, Mass. 02111

FROM:

MAIL TO:

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

Gentlemen:

Attached please find a request, pursuant to M.G.L. c.152, Section 65 (as amended by Chapter 572 of the Acts of 1985), for Cost of Living Adjustment (COLA) reimbursements for COLA's paid on behalf of _____ claimants totaling \$_____. This request is being submitted for the following category ONLY:

- _____ Injuries occurring on or before 10/1/86
- _____ Injuries occurring after 10/1/86

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: _____

MASSACHUSETTS DEPARTMENT OF INDUSTRIAL ACCIDENTS

DIA TRUST FUND [M.G.L. c. 152 §34B(c)] COLA REIMBURSEMENT REQUEST

PAYMENT QUARTER / / TO / /

CHECK ONE:

Form Contains Only Injuries On Or Before 10/1/86
 Form Contains Only Post 10/1/86 Injuries

BOARD #	CLAIMANT & EMPLOYER	ADDRESS	DATE OF INJURY	DATE OF ELIGIBILITY FOR §31, §34A BENEFITS	WEEKLY ADJUSTMENT PAID (SUPPLEMENTAL BENEFIT)	PRE-ADJUSTED WEEKLY COMPENSATION (BASE BENEFIT)	POST 10/1/86 ONLY §4B(c)		WEEKLY REIMBURSEMENT	WEEKS PAID	REIMBURSEMENT DUE
							REIMBURSEMENT	FACTOR			

NOTE: See current circular letter for appropriate Section 34 adjusted multipliers and reimbursement factors.

PRE 10/1/86 CASES: For cases with an injury date on or before 10/1/86, simply copy the "supplemental benefit" in the "weekly reimbursement" column and multiply the "weekly reimbursement" by the number of weeks (of the payment quarter) to obtain the reimbursement due.

POST 10/1/86 CASES: * This box should be filled in ONLY where the injury date was after October 1, 1986. For these cases the base benefit is multiplied by the reimbursement factor to obtain a weekly reimbursement amount which is then multiplied by the number of weeks (of the payment quarter) to obtain the reimbursement due.