

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT DEPARTMENT OF INDUSTRIAL ACCIDENTS

CHARLES D. BAKER GOVERNOR

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LINDA EDMONDS TURNER, Ph.D. Director

CIRCULAR LETTER NO. 353

TO:	All Interested Persons
FROM:	Linda Edmonds Turner, Director
RE:	Cost of Living Adjustments (COLA) Payment and Reimbursement Schedules & Requests; Maximum and Minimum Weekly Compensation Rates; Attorneys' Fee Schedule.
DATE:	October 9, 2018 (Effective October 1, 2018)

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

- (a) The maximum weekly benefits payable under M.G.L. c. 152;
- (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 December 24, 1991;
- (d) The proper amounts of adjustments to compensation required under §34B and §35F for injuries occurring on or after December 24, 1991;
- (e) The reimbursement amount payable to insurers for COLAs paid on permanent and total or survivors' benefits for injuries occurring <u>on or before</u> October 1, 1986;
- (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; and
- (g) Attorneys' fee schedule for claims involving injuries occurring on or after December 24, 1991.

The average weekly wage in the Commonwealth (SAWW) <u>effective October 1, 2018</u> as determined under M.G.L. c. 151A, §29(2) and promulgated by the Director of Unemployment Assistance, is **\$1,383.41** [Please consult Table III]. An illustration of the application of this newly established SAWW on weekly benefit rates for claims involving injuries occurring on or after October 1, 2018 is as follows:

The weekly compensation rate for temporary and total disability benefits under §34 shall equal sixty percent of the employee's average weekly wage before the injury, but no more than a maximum weekly compensation rate equal to **\$1,383.41** (one hundred percent of the present SAWW), unless the average weekly wage of the employee is less than the minimum weekly compensation rate of **\$276.68** (twenty percent of the present SAWW), in which case said weekly compensation shall equal the employee's average weekly wage. The weekly compensation rate for permanent and total disability benefits under §34A shall equal two-thirds (66.67%) of the employee's average weekly wage before the injury, but not more than the maximum weekly compensation rate of **\$1,383.41** nor less than the minimum weekly compensation rate of **\$1,383.41** nor less than the minimum weekly compensation rate of **\$276.68**.

[Recipients of total disability benefits under §34 and §34A for claims involving injuries occurring before October 1, 2018 should consult Table I of this Circular Letter and previous Circular Letters setting forth the requirements of M.G.L. c. 152 and 452 CMR 3.06.]

To calculate the adjustment under §34B* multiply the claimant's unadjusted weekly compensation by the **ADJUSTED MULTIPLIER FOR TOTAL COMP** [the amount in the fifth column of Table I (see attached) for injuries occurring before December 24, 1991 or the amount in the eighth 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, 2018).

COLAs for persons receiving partial benefits under §35 are payable <u>only</u> to those employees with an injury date on or after January 1, 1986 but before December 24, 1991 whose injury occurred at least <u>three</u> 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 COMPENSATION** (the amount in the tenth column in the attached Table I) for the claimant's year of injury.

Insurers are entitled to quarterly reimbursements from the Workers' Compensation Trust Fund (WCTF) 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 five of Table I. If the injury occurred after that date, the amount reimbursable can be calculated by using the **REIMBURSEMENT FACTOR** (the amount in the eleventh column of Table I). For injuries occurring on or after December 24, 1991, there is no reimbursement from the WCTF for COLA adjustments made under §34B. Furthermore, there are no reimbursements from the Workers' Compensation Trust Fund for COLA adjustments under §35F for any claim involving the payment of temporary, partial disability benefits under §35.

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 2019 should be for reimbursements of monies paid during the last calendar quarter of 2018. Please note that, pursuant to §34B(c), reimbursements will be denied to any insurer that 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. All requests for reimbursement must be accompanied by a completed CR-28 Form corresponding to the period for which reimbursement is sought. In addition, all prior years' CR-28 Form for each claimant who's COLA the insurer is seeking reimbursement must be submitted in FY 2018 to provide that any capital COLA offsets were taken and that no COLA was improperly paid.]

The schedule of adjusted attorney's fees is contained in **Table II**. Please note that the new rates apply only to cases involving injuries on or after December 24, 1991. For cases involving injuries before December 24, 1991, the fees remain as set out in §13A.

Note: If you wish to receive future Circular Letters electronically, please send an e-mail with the subject line "Please add to Circular Letter list" to the Department of Industrial Accidents at the following address: <u>Info2@dia.state.ma.us</u>. Be sure you to include your name along with your current e-mail address.

Sincerely,

A. Turner

Linda Edmonds Turner Director

		Calc	ulation of	COLA Multip	oliers and	d Reim	bur	sement F	actors		
Table	I - 10-1-2018										
	Statewide Average	Annual SAWW	Capped Change, Pre	Section 34B Multiplier Pre 12/24/91 Reimbursement	Annual CPI	Capped Chang	ge, Post	Section 34B Multiplier, Post	Section 35F	Section 35F	Section 34B Reimbursement Factor
Year	Weekly Wage (SAWW)	Change	12/24/91	Factor Pre 10/2/86	Change	12/23/91	1	12/23/91	Capped Change	Multiplier	Post 10/1/86
(1) 1938	(2) \$25.63	(3)	(4)	(5) 47.7675	(6)	(7)	1	(8)	(9)	(10)	(11)
1939	\$26.49	0.9970	0.9970	46.2169							
1940	\$26.41	1.1356	1.1000	46.3568							
1941	\$29.99	1.1834	1.1000	42.1426							
1942 1943	\$35.49 \$39.30	1.1074 1.0422	1.1000 1.0422	38.3114 34.8285							
1944	\$40.96	1.0249	1.0249	33.4170							
1945	\$41.98	1.0543	1.0543	32.6051							
1946	\$44.26 \$48.19	1.0888	1.0888	30.9255							
1947 1948	\$46.19 \$51.90	1.0770 1.0150	1.0770 1.0150	28.4035 26.3731							
1949	\$52.68	1.0581	1.0581	25.9826							
1950	\$55.74	1.0797	1.0797	24.5562							
1951	\$60.18	1.0419	1.0419	22.7444							
1952 1953	\$62.70 \$65.65	1.0470 1.0296	1.0470 1.0296	21.8303 20.8494							
1953	\$67.59	1.0290	1.0250	20.2510							
1955	\$70.75	1.0540	1.0540	19.3465							
1956	\$74.57	1.0426	1.0426	18.3554							
1957	\$77.75	1.0368	1.0368	17.6046							
1958 1959	\$80.61 \$84.76	1.0515 1.0316	1.0515 1.0316	16.9800 16.1486							
1959 1960	\$84.76 \$87.44	1.0316	1.0316	16.1486							
1961	\$90.30	1.0327	1.0327	15.1580							
1962	\$93.77	1.0309	1.0309	14.5970							
1963	\$96.67	1.0484	1.0484	14.1591							
1964	\$101.35	1.0339	1.0339	13.5053							
1965 1966	\$104.79 \$109.48	1.0448	1.0448 1.0435	13.0620 12.5024							
1967	\$114.24	1.0599	1.0599	11.9815							
1968	\$121.08	1.0772	1.0772	11.3046							
1969	\$130.43	1.0045	1.0045	10.4943							
1970	\$131.02	1.0638	1.0638	10.4470							
1971 1972	\$139.38 \$149.64	1.0736 1.0396	1.0736 1.0396	9.8204 9.1470							
1972	\$149.04	1.0529	1.0390	8.7984							
1974	\$163.80	1.0670	1.0670	8.3563							
1975	\$174.78	1.0691	1.0691	7.8314							
1976	\$186.85	1.0667	1.0667	7.3254							
1977	\$199.31	1.0605	1.0605	6.8675							
1978 1979	\$211.37 \$227.31	1.0754 1.0799	1.0754 1.0799	6.4756 6.0216							
1980	\$245.48	1.0996	1.0996	5.5758							
1981	\$269.93	1.1034	1.1000	5.0708							
1982	\$297.85	1.0753	1.0753	4.6098							
1983	\$320.29	1.0648	1.0648	4.2868							
1984 1985	\$341.06 \$360.50	1.0570 1.0640	1.0570 1.0640	4.0258 3.8087					1.0500	3.1892	0.6195
1986	\$383.57	1.0040	1.0715	3.5796					1.0500	3.0373	0.5423
1987	\$411.00	1.0808	1.0808	3.3408					1.0500	2.8927	0.4480
1988	\$444.20	1.0681	1.0681	3.0910					1.0500	2.7550	0.3360
1989	\$474.47	1.0339	1.0339	2.8938					1.0339	2.6237	0.2701
1990 1991	\$490.57 \$515.52	1.0509 1.0539	1.0509 1.0539	2.7989 2.6634	1.0370	47	0370	1.6805	1.0500 1.0500	2.5377 2.4169	0.2612 0.2465
1991	\$515.52 \$543.30	1.0539	1.0539	2.0034	1.0370		0240	1.6605	1.0500	2.4109	0.2400
1993	\$565.94	1.0348	1.0348		1.0280		0280	1.5825	1.0348		
1994	\$585.66	1.0314	1.0314		1.0240		0240	1.5394	1.0314		
1995	\$604.03	1.0447	1.0447		1.0270		0270	1.5033	1.0447		
1996	\$631.03 \$665.55	1.0547	1.0547		1.0230 1.0160		0230 0160	1.4639	1.0500 1.0500		
1997 1998	\$665.55 \$699.91	1.0516 1.0711	1.0516 1.0711		1.0160		0160 0210	1.4309 1.4084	1.0500		
1999	\$749.69	1.1083	1.1000		1.0210		0206	1.4084	1.0500		
2000	\$830.89	1.0723	1.0723		1.0340	1.0	0340	1.3516	1.0500		
2001	\$890.94	0.9906	0.9906		1.0280		9906	1.3071	0.9906		
2002	\$882.57	1.0021	1.0021		1.0210		0021	1.3196	1.0021		
2003 2004	\$884.46 \$918.78	1.0388 1.0433	1.0388 1.0433		1.0282 1.0346		0282 0346	1.3167 1.2807	1.0388 1.0433		
2004	\$918.78	1.0433	1.0433		1.0346		0365	1.2007	1.0433		
2005	\$1,000.43	1.0431	1.0431		1.0361		0361	1.1943	1.0431		
2007	\$1,043.54	1.0477	1.0477		1.0256	1.0	0256	1.1526	1.0477		
2008	\$1,093.27	1.0013	1.0013		1.0399		0013	1.1238	1.0013		
2009	\$1,094.70	0.9939	0.9939		1.0002		9939	1.1223	0.9939		
2010 2011	\$1,088.06 \$1,135.82	1.0439 1.0328	1.0439 1.0328		1.0197 1.0305		0197 0305	1.1292 1.1073	1.0439 1.0328		
2011	\$1,135.62 \$1,173.06	1.0328	1.0326		1.0305		0305	1.1073	1.0328		
2013	\$1,181.28	1.0285	1.0285		1.0136		0136	1.0671	1.0285		
2014	\$1,214.99	1.0341	1.0341		1.0138	1.0	0138	1.0528	1.0341		
2015	\$1,256.47	1.0281	1.0281 1.0359		0.9971		9971	1.0385 1.0415	1.0281		
2016 2017							0252		1.0359		
	\$1,291.74	1.0359									
2018	\$1,291.74 \$1,338.05 \$1,383.41	1.0359	1.0339		1.0159	1.0	0159	1.0415	1.0339		

Use Northeast Region CPI Use % diff between next and current yr SAWW Use % diff between current CPI and prev CPI

Notes: (2) Provided by the Massachusetts Division of Unemployment Assistance. (3) (2) Year X+1 / (2) Year X (4) (3), subject to a maximum of 10%.

(5) Cumulative product of (4)
(6) Provided by Bureau of Labor Statistics.
(7) Minimum of (4) and (6).
(8) Cumulative product of (7).

(9) (3) subject to a maximum of 5%.(10) Cumulative product of (9)(11) (5) - (10)

Table II

TABLE OF ATTORNEYS' FEES

(NOTE: These new rates apply only to cases involving injuries occurring on or after 12/24/91.)

Pursuant to M.G.L. c. 152 § 13A(10), the dollar amounts specified for attorney's fees in section 13A, subsections 1 through 6 are changed effective 10/1/2018 in accordance with §34B(a) as follows:

SECTION 13A SUBSECTIONS	DOLLAR AMOUNT SPECIFIED	CHANGED TO
(1)	\$700.00	\$1,176.37
	\$350.00	\$ 588.18
(2)	\$1,000.00	\$1,680.52
	\$500.00	\$ 840.26
(3)	\$500.00	\$ 840.26
	\$250.00	\$ 420.13
(4)	\$700.00	\$1,176.37
	\$350.00	\$ 588.18
(5)	\$3,500.00	\$5,881.83
(6)	\$1,000.00	\$1,680.52

Table III

Department of Industrial Accidents Calculation of Weekly Benefits

(1) 2018 Statewide Average Weekly Wage: \$1,383.41

(2) Section 34 - Temporary and Total Disability Benefits

(a) Rate	60.00%
(b) Maximum	\$1,383.41
(c) Minimum	\$ 276.68

(3) Section 34A - Permanent and Total Disability Benefits

(a) Rate	66.67%
(b) Maximum	\$1,383.41
(c) Minimum	\$ 276.68

Notes:

(1) Provided by the Massachusetts Division of Unemployment Assistance (2), (3) Derived from (1), and MGL c.152, Section 34, as follows:

(2a), (3a) Maximum reimbursement rate.

(2b), (3b) (1).

(2c), (3c) 20% x (1).