

Supplemental Agreement Form

Varying Wage Benefits

Virginia Workers' Compensation Commission



Access your claim online: webfile.workcomp.virginia.gov

Jurisdiction Claim Number (JCN)

Claim Administrator Number

Claimant Information		Employer Information	
Name		Name of Company	
Address		Address	
City	State	Zip Code	City
			State
			Zip Code
Primary Phone	Date of Injury or Illness	Employer's Phone	

Temporary Partial benefits are payable for the following periods:

_____	through _____	at the weekly rate of \$ _____	based upon a post-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a post-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a post-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a post-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a post-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a post-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a post-injury AWW of \$ _____.

Temporary Total benefits are payable for the following periods:

_____	through _____	at the weekly rate of \$ _____	based upon a pre-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a pre-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a pre-injury AWW of \$ _____.
_____	through _____	at the weekly rate of \$ _____	based upon a pre-injury AWW of \$ _____.

SUBJECT TO ADJUSTMENT AND APPROVAL BY THE COMMISSION PURSUANT TO THE VIRGINIA WORKERS' COMPENSATION ACT

Signature

By signing below, we certify that the facts relating to this accident are correct on this form and agree that the Claimant shall receive benefits indicated until suspended in accordance with the provisions of the Virginia Workers' Compensation Act.

SIGNATURE OF CLAIMANT/ ATTORNEY

PRINT

DATE

SIGNATURE OF CLAIM ADMINISTRATOR/ ATTORNEY

PRINT

DATE

Supplemental Agreement to Pay Varying Wage Benefits



Instructions

This form is to be completed whenever a claim has been accepted as compensable and the Claimant is entitled to an award. This Award Agreement provides the basis for the award of compensation and contains sufficient information to establish the essential elements of a compensable claim. Submit the completed form to the Virginia Workers' Compensation Commission, 333 E. Franklin St., Richmond, Virginia 23219.

Benefits Covered under the Virginia Workers' Compensation Act

- **Temporary Total (TT) disability** – Claimant is totally disabled from work and is entitled to receive compensation for a period of total wage loss based upon 66 2/3% (.66667) of the pre-injury average weekly wage.*
- **Temporary Partial (TP) disability** – Claimant is partially disabled from work but is entitled to receive compensation for a period of partial wage loss based upon 66 2/3% of the difference between the pre-injury average weekly wage and the post-injury average weekly wage. All wage information and compensation rate(s) should be calculated pursuant to Virginia Code § 65.2-502. Forms received without specific dollar amounts or those that reflect the word “various” will be rejected.

Calculation of Temporary Partial Rate:

	EXAMPLE	
Pre-injury average weekly wage	\$600	\$
- Post-injury wage	- \$200	\$
Difference	\$400	\$
x .66667	x .66667	\$
Temporary Partial Compensation Rate	\$266.67	\$

- **Permanent Partial (PP) disability** – Claimant is entitled to receive compensation based upon the loss of use or the loss of a ratable body part, based upon 66 2/3% (.66667) of the pre-injury average weekly wage for a specified number of weeks, pursuant to Virginia Code § 65.2-503. Please attach a copy of the medical report or the amputation chart that supports the permanency rating to the agreement form. If Permanent Partial is for disfigurement, the Commission must set the rating based on submitted photographs.
- **Permanent Total** – Claimant is permanently and totally disabled from work and is entitled to receive compensation for the remainder of his/her life based upon 66 2/3% (.66667) of the pre-injury average weekly wage.
- **Average Weekly Wage (AWW)** – Amount the claimant earned in employment at the time of the injury during the period of 52 weeks prior to the date of accident, divided by 52. *See Virginia Code § 65.2-101 for full definition.
- **Medical Only** – The parties agree that the Claimant sustained a compensable injury for which the employer and insurer will accept responsibility only for the medical expenses incurred as a result of a work related injury or occupational disease.

* Compensation rate is subject to yearly maximum and minimum allowances.

Ombuds Department

Have questions and no lawyer? Call the Ombuds at 833-448-1681, or email ombuds@workcomp.virginia.gov. We cannot give legal advice, but all conversations will be kept confidential.



Calculators

The Commission provides a reference tool to aid in the calculation of various types of wage benefits. For accuracy, the Commission encourages its use in all wage calculations.

<https://calculators.workcomp.virginia.gov/calculators/index.html>