

Termination of Wage Loss Award

Virginia Workers' Compensation Commission

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



Jurisdiction Claim Number (JCN)

Claim Administrator Claim Number

Claimant Information		Employer Information			
Name		Employer Name			
Address		Address			
City	State	Zip Code	City	State	Zip Code
Primary Phone	Date of injury or disease		Employer's Phone		

Return to Work Details

Payment of compensation pursuant to the open award is terminated for the reason indicated below. (Choose A or B)*

- A. The claimant **returned to work** on _____ at a wage equal to or greater than the pre-injury average weekly wage.
- B. The claimant was released to full duty work on _____.

*If the claimant was released to light duty work and returned to work at a wage less than the pre-injury average weekly wage, please use the Supplemental Agreement to Pay Varying Wage Benefits Form.

A AND B MAY NOT BE AMENDED TO ADDRESS ANY OTHER SITUATION.

The parties agree that signing this form does not affect the claimant's entitlement to reasonable, necessary, authorized and causally related treatment for injuries/occupational disease for which benefits have been awarded.

SUBJECT TO 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 CARRIER/EMPLOYER/ATTORNEY

PRINT

DATE

Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds at 833-448-1681, or email ombuds@workcomp.virginia.gov. We cannot give legal advice. All conversations will be kept confidential.

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Instructions

This form is to be completed by the employer/carrier when the claimant returns to work at the pre-injury wage or is released to full-duty work. The form may be Webfiled, faxed to 804-823-6956, hand delivered or mailed to 333 E. Franklin Street, Richmond, VA 23219.

Check the appropriate reason for the termination of the Award and provide the return to work date and wage information, if applicable.

This form may only be used to *terminate* an outstanding Award for compensation. To *modify* an outstanding Award, a Supplemental Agreement to Pay Varying Wage Benefits may be executed or an Employer's Application for Hearing may need to be filed.

If there is disability in the future, the claimant may file an additional claim for benefits within the applicable statute of limitations.

