

**State of Rhode Island**  
**COORDINATION OF RETIREMENT BENEFITS**

PLEASE CHECK IF CORRECTION OF PRIOR REPORT

Department of Labor and Training, Division of Workers' Compensation  
 PO Box 20190, Cranston, RI 02920-0942 Phone: (401) 462-8100 TTY (Relay RI): 711

DWC No. \_\_\_\_\_

Claim Administrator Complete 1-6

Insurer File No. \_\_\_\_\_

<b>1. EMPLOYEE:</b> SSN or ID <b>XXX-XX-</b> <small>Last four digits only</small> Name _____ Address _____ City, State, Zip _____ Phone _____ Date of Birth _____	<b>2. EMPLOYER:</b> FEIN _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Ext. _____
<b>3. INSURANCE COMPANY NAMED ON WC POLICY:</b> FEIN _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Ext. _____	<b>4. CLAIM ADMINISTRATOR:</b> <input type="checkbox"/> SAME AS BLOCK 3 FEIN _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Ext. _____
<b>5. INJURY INFORMATION:</b> Injury date: _____ Age at the time of injury: _____ Incapacity date: _____	
<b>6. RATE INFORMATION:</b> Weekly workers' compensation indemnity amount: _____	

*Please verify that the information above is correct. Complete this section, with signatures, and return entire form to claim administrator listed in Section 4 above.*

**Employee/Employer Complete:**

<b>7. RETIREMENT INFORMATION:</b> Retirement Date: _____ Total amount of <u>employee</u> contribution: _____ Weekly retirement amount: _____	Retirement Benefits Paid By: _____ Company Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____
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*The information listed in Section 7 for the named employee is a true and accurate statement of retirement benefits to the best of my knowledge and ability.*

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Claim Administrator completes appropriate Section(s) below after completion of Section 7 by Employee/Employer**

The offset provided for pursuant to RIGL §28-33-45 shall not be applicable to those collecting retirement benefits while collecting compensation benefits for an injury sustained before the age of fifty-five (55) years and more than five (5) years prior to the date of retirement. An employee shall not collect any indemnity benefits after his or her retirement for any injury sustained less than two (2) years prior to his or her retirement.

**8. Based on the above, this employee is not eligible for continued workers' compensation benefits.**  *Check if appropriate*

<b>9. EMPLOYEE DID CONTRIBUTE TO RETIREMENT:</b> Total amount of <u>employee</u> contribution: _____ Weekly retirement amount: _____ Divide contribution by weekly retirement amount*: _____  <i>*Dividing the employee contribution amount by the weekly retirement amount will result in the number of weeks <b>without</b> any offset or reduction to the workers' compensation weekly indemnity amount. At <u>no</u> time is the retirement amount altered.</i>	<b>10. EMPLOYEE DID <u>NOT</u> CONTRIBUTE OR OFFSET CALCULATION AFTER EMPLOYEE CONTRIBUTION:</b> Weekly workers' compensation amount: _____ Weekly retirement amount: _____ Subtract retirement from workers' compensation*: _____  <i>*If the retirement amount is greater, the employee receives <u>no</u> workers' compensation monies. If the workers' compensation amount is greater, the employee receives the difference as their workers' compensation amount. At <u>no</u> time is the retirement amount altered.</i>
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Print Adjuster Name: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this completed form shall be forwarded by the claim administrator to the RI Department of Labor and Training, Division of Workers' Compensation, the employer, and the employee and his or her attorney within ten (10) working days of the receipt of the form. Either party has a right to a review of any decision regarding coordination of benefits by the Workers' Compensation Court, pursuant to RIGL §28-35-11.

## **RULES AND REGULATIONS FOR COORDINATION OF BENEFITS**

Pursuant to RIGL §28-33-45

1. The employer, upon notice of retirement by an employee being compensated under the Workers' Compensation Act for an injury, shall notify their workers' compensation claim administrator of employee's intent to retire.
2. Upon receipt of notice from the employer, the claim administrator shall complete the appropriate information in Sections 1 through 6 on the RI Department of Labor and Training form DWC-36 entitled, *Coordination of Retirement Benefits*. The claim administrator shall send the form, with the appropriate Sections completed, to the employer within ten (10) days of the notice of retirement.
3. The employer, with the assistance of the employee if necessary, completes Section 7, relating to retirement information.
4. Upon completion of Section 7, the form shall be signed by the employer (or his or her designee) and by the employee attesting that the information requested has been supplied and is correct to the best of their knowledge.
5. The employer or employee shall send the original completed form (DWC-36) back to the claim administrator within twenty-one (21) calendar days from the date of original receipt.
6. If the employee is not eligible for continued benefits, the claim administrator shall check the appropriate box in Section 8, print their name and date on the bottom of the form and send a copy of the form to the RI Department of Labor and Training, Division of Workers' Compensation, the employer, and the employee and his or her attorney.
7. In the event that a dispute exists regarding benefits, either party may file a petition at the Workers' Compensation Court pursuant to Rhode Island General Law §28-35-11.
8. If the employee may be eligible for continued benefits, the claim administrator shall complete the appropriate Section(s) 9 and/or 10. In determining the offset, the following must be considered.
  - A. If the employee did contribute to their retirement benefits, Section 9 must be completed. The total amount of employee's exclusive contribution is divided by the weekly retirement benefit amount. The resulting figure will be the number of weeks where there is no offset of workers' compensation benefits. If necessary, Section 10 would be completed to determine the amount of offset that will occur after the completion of the non-offset weeks.

- B. If the employee did not contribute to their retirement benefits, Section 10 shall be completed to determine the amount of offset to the employee's workers' compensation benefits. As noted above, Section 10 will also be completed to determine the amount of offset that will occur after the completion of the non-offset weeks as calculated in Section 9.
9. Upon receipt of the *Coordination of Retirement Benefits* form from the employee or employer, the claim administrator shall complete the form and forward a copy thereof to the RI Department of Labor and Training, Division of Workers' Compensation, the employer, and the employee and his or her attorney within ten (10) days of receipt of the form.
10. In the event that a dispute exists regarding offsets, either party may file a petition at the Workers' Compensation Court pursuant to Rhode Island General Law §28-35-11.

