Reset

Benefit Addendum

Please PRINT or TYPE your responses.
Enter dates in MM/DD/YYYY format.

SOCIAL SECURITY NUMBER	DATE OF INJURY
EMPLOYEE	
INSURER CLAIM NUMBER	DATE SERVED ON EMPLOYEE

This addendum must be attached to one of the following benefit forms: (check one)
Use this page ONLY if you have paid more benefits than recorded on the benefit form.

- ☐ NB01
- ☐ ND01
- ☐ IS03
- ☐ BD02

THE FOLLOWING BENEFITS HAVE BEEN PAID	FROM	THROUGH	WEEKS	RATE	*TOTAL

*Include attorney fees in these totals.

Distribution: Workers' Compensation Division, Employer, Employee, Insurer