

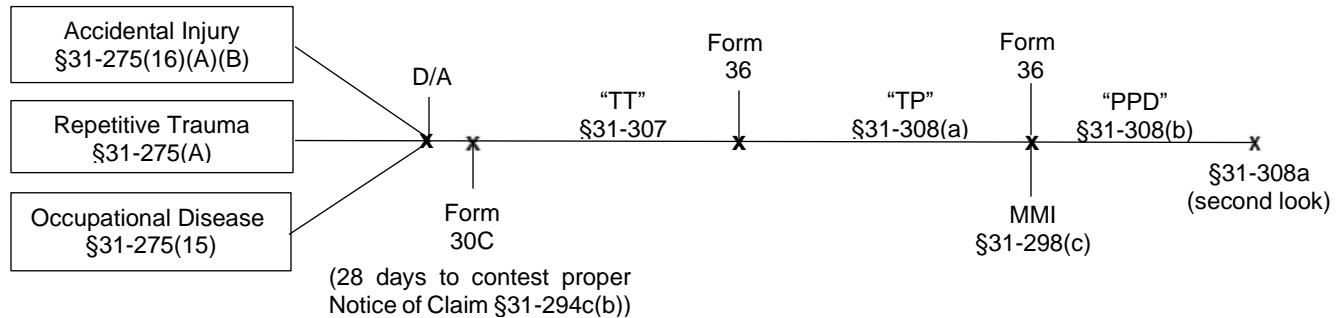


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CONNECTICUT WORKERS' COMPENSATION (post 7/1/93)
AT A GLANCE

Commission Website: <http://wcc.state.ct.us>



MAXIMUM/MINIMUM COMPENSATION RATES

	Maximum Temporary Total (§31-307) (wages all)	Maximum Permanent/Temporary Partial (§31-308) (APW)	Minimum Temporary Total* (§31-307) (*20% of maximum rate capped at 75% AWW)	Minimum Permanent/Temporary Partial (§31-308(b))
10/1/22	\$1,509.00	\$1,108.00	\$310.80	\$50.00
10/1/21	\$1,446.00	\$1,140.00	\$289.20	\$50.00
10/1/20	\$1,373.00	\$1,174.00	\$274.60	\$50.00
10/1/19	\$1,328.00	\$1,158.00	\$265.60	\$50.00
10/1/18	\$1,298.00	\$1,046.00	\$259.60	\$50.00

*max rate for D/A 10/1/87-6/30/93 is \$1737.

CONCURRENT EMPLOYMENT
§31-310

1. Must be employed with both employers on date of accident
2. Only wages for simultaneous weeks included
3. Out-of-state, federal, U.S. military, self-employment or casino employment does not qualify
4. Request reimbursement Second Injury Fund within 2 years of payment

COST OF LIVING ADJUSTMENTS (COLA)
§31-307a

1. Only after 5 years of temporary total or
2. Permanent total/death
3. Reimbursement from Second Injury Fund for COLA paid D/A 7/1/93 and before 10/1/97 (requested within 2 years of payment)

MILEAGE PER DATE OF INJURY
§31-312

7/1/2022	62.5 cents
1/1/2022	58.5 cents
1/1/2021	56 cents
1/1/2020	57.5 cents
1/1/2019	58 cents
1/1/2018	54.5 cents

DEATH BENEFITS
§31-306

- Deaths as of 6/15/21 burial expense \$12,000.00. That expense will be adjusted annually each January 1 per Consumer Price Index
- Benefits paid to surviving spouse until death or remarriage (§31-306(a)(3), §31-275(19))
- If no spouse, paid to the dependent children until age 18, or 22 if fulltime student, or for life if incapacitated from earning (§31-306(5))
- Dependent-in-fact capped at 312 weeks, limited to extent of actual support (§31-306(6))

STATUTE OF NON-CLAIM

- **Accidental Injury:** One year (tolled if medical bill paid by employer or request for hearing within one year) (§31-294c)
- **Repetitive trauma:** One year from date of last injurious exposure
- **Occupational disease:** Three years from date when doctor tells claimant disease due to work

FORMS

- **Form 36** (certified mail) (§31-296(b)):
 - Filed to seek discontinuation or reduction in benefits or to establish maximum medical improvement (MMI)
 - Filed to seek suspension of benefits for non-compliance with medical care
- **Form 43** (certified mail) (§31-294c):
 - Filed to contest claim, extent of disability, extent or nature of medical care or to seek suspension of benefits for failure to attend treatment or evaluation
 - Copy to physician in cases in which medical care questioned
 - Commission medical protocols can be basis for Form 43
- **Form 42:**
 - Sent to doctor for MMI and PPD rating(s)
- **Employee Medical & Work Status Form:**
 - Sent to doctor for outline of restrictions in detail

SCHEDULED LOSS OF PERMANENT IMPAIRMENT

BACK	374	BLADDER	233	HEART	520	SMELL	17
MASTER ARM	208	SPEECH	163	BRAIN	520	TASTE	17
NON-MASTER ARM	194	LUNG	117	MASTER THUMB	63	SPLEEN	13
MASTER HAND	168	CERVICAL SPINE	117	NON-MASTER THUMB	54	GALL BLADDER	13
NON-MASTER HAND	155	KIDNEY	117	FIRST FINGER	36	TOOTH	1
LEG	155	RIB CAGE	69	SECOND FINGER	29	PELVIS	374
FOOT HEARING	125	OVARY	35	THIRD FINGER	21	STOMACH	260
BINAURAL	104	TESTIS	35	FOURTH FINGER	17	DRAINAGE DUCT EYE	17 each
ONE EAR	35	MAMMARY	35	GREAT TOE	28	DRAINAGE DUCT EYE UNCORRECTED	33 each
ONE EYE	157	NOSE	35	OTHER TOES	9	VAGINA	35-104
PANCREAS	416	JAW	35	CAROTID ARTERY	520	PENIS	35-104
		UTERUS	35-104	LIVER	347	COCCYX	35

