
HANDBOOK ON **MISSOURI WORKERS' COMPENSATION LAW**

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PREFACE

This is a Handbook about Missouri Workers' Compensation Law. It will provide some answers to the questions you may have if you are injured at work through either a sudden accident, a more gradual, "repetitive" injury, or a disease of one sort or another. Because of the complexity of the Law, and out of necessity, not every kind of problem could be included in this Handbook. Therefore, it should not be considered a substitute for seeking advice from an attorney when you are confronted with a possible workers' compensation claim. **If you have an injury that does not seem to be compensable under the Workers' Compensation Law, it is important to talk to an attorney before giving up on making a claim for benefits.** This Handbook will provide you with a basic overview of Workers' Compensation Law in Missouri and assist you in obtaining the full benefits to which you are entitled under the Law.

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I. OVERVIEW

Missouri enacted its first workers' compensation law in 1925. It was intended to be a simple procedure by which employees could receive medical and disability benefits without having to hire an attorney. However, for many employees, present day realities require them to retain attorneys to protect their rights.

The Missouri Workers' Compensation Law eliminates many legal defenses used by employers to prevent employees from obtaining medical care and other relief after being injured in a work-related accident -- defenses of contributory negligence, assumption of risk and the fellow servant rule. But the Law does not guarantee that an employee will be covered by workers' compensation insurance just because an injury occurs at work. The employer still has many defenses, which is why it is important for you to understand your rights.

II. WHAT INJURIES ARE COVERED BY THE LAW?

A. Accidental Injuries

These are injuries that usually occur suddenly, or at one definite point in time. (For instance: a slip and fall at work resulting in a knee injury; or lifting a heavy object and thereafter having back pain).

In Missouri, an accident is defined as an unexpected traumatic event or unusual strain identifiable by time and place of occurrence and producing at the time objective symptoms of an injury caused by a specific event during a single work shift. An injury is compensable only if it is clearly work related which means that the work must be

the prevailing factor in causing the injury, not just a precipitating or triggering factor.

All accidents must “arise out of and in the course of” the employment. (See chapter III).

B. Occupational Diseases

These are injuries that usually occur gradually, or over a period of time. (For instance: repetitive use of the hands which causes injury to the wrists; or breathing dangerous chemicals resulting in lung injury).

In Missouri, an occupational disease is defined as an identifiable disease arising with or without human fault out of and in the course of the employment, that is particular to the employment, or incidental to such work. Generally, the test for whether an employee will be compensated is whether the occupational disease is clearly work related. Again, the work must be the prevailing factor in causing the injury. Work must not be simply a “triggering factor” in causing the disease. Examples of occupational diseases include overuse (repetitive motion) injuries such as carpal tunnel syndrome, degenerative arthritis, silicosis, lead poisoning, diseases of the lungs or respiratory tract, and occupational hearing loss.

All occupational diseases must “arise out of and in the course of” the employment. (See chapter III).

III.

WHAT IS MEANT BY “ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT”?

A. Arising Out Of Employment

For an injury to be covered under the Act it must be proven that the employee’s work caused the injury.

This can be simple if a machine explodes at work and causes injury to the employee, but it can be difficult if something from outside the workplace causes injury to the employee while working. While most injuries which occur at work will be found to arise out of the employment, these are some of the exceptions to the rule:*

1. **Acts of God** - Injuries from lightning, earthquakes, floods, and other natural disasters are generally not compensable unless the work required the employee to work around the natural disaster.
2. **Assaults** - Injuries from fights at the workplace are generally not compensable unless the fight had something to do with work.
3. **Alcohol And Drug Related Accidents** - Injuries that are caused by an employee's consumption of alcoholic beverages or illegal drugs are generally not compensable unless the work necessitated that the employee consume the alcohol. Injuries that are not caused by the consumption of drugs or alcohol, but that occur while the employee is using drugs or alcohol, can result in a 50% penalty being levied against the employee.
4. **Horseplay** - Injuries that are caused by horseplay in the workplace will be compensable where the employer knew about the horseplay but did not put an end to it or where the injured employee was not a participant in the horseplay.

**IT IS IMPORTANT TO UNDERSTAND THAT THE LAW IS NOT "BLACK AND WHITE." THERE ARE USUALLY EXCEPTIONS TO EVERY RULE. IF IT SEEMS THAT YOUR INJURY IS NOT COVERED UNDER THE WORKERS' COMPENSATION LAW, IT IS IMPORTANT TO SEEK COMPETENT LEGAL ADVICE BEFORE GIVING UP ON MAKING A CLAIM FOR BENEFITS.*

B. In The Course Of Employment

For an injury to be covered by the Act, it must be proven that the employee was working at the time the injury took place.

This can be simple if an employee is operating a machine at work when it explodes, but it can be more difficult if the employee was not at the workplace when the injury occurred or if several other situations are involved. Some of the major exceptions to the rule are these:*

- 1. Going To And From Work** - Injuries which occur while driving to and from work are generally not compensable unless the employee is on the employer's premises.
- 2. Personal Errands** - Injuries which occur when an employee stops working to run a purely personal errand are generally not covered unless the employee is working for the employer and running the errand at the same time.
- 3. 24 Hour Employees** - Injuries which occur after work hours are generally not compensable unless the employee can show the employer required work after normal work hours, such as being "on call" 24 hours a day.

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IV.

WHAT TO DO IF YOU ARE HURT AT WORK

A. The Basics

1. **Immediately report the injury to your employer.**
2. **Ask your employer if there is a specific doctor you must see.**
3. **Keep a notebook of things such as how you were hurt, who saw it happen, where you went for medical care, and the time you lost from work.**

B. Reporting The Injury - The Law provides that the employee must give the employer written notice of the injury within thirty (30) days of the date of accident. Write your name and address, the date, time, place, and type of injury, and give it to somebody in management, not just a fellow employee. Then, after the employer learns that you have been injured, they are required to file a Report of Injury with the Division of Workers' Compensation so long as the injury has resulted in either lost time from work or at least \$500.00 in medical care.

For occupational disease and repetitive motion cases you must notify your employer in writing within thirty (30) days of being diagnosed with an injury or condition that could be caused by your work.

C. Asking Your Employer For Medical Treatment -

The Law requires that the employer provide you with medical care (see section V below), but it also states that the employer chooses where you get that treatment. If you go to a doctor other than the one the employer has chosen, then you must pay for that treatment. This is why it is important for the employee to ask the employer where to

go for medical care. After you have asked the employer for the name of the company doctor, make a written note of whom you talked to, when you talked to them, and with whom you were told to treat.

D. Keeping A Notebook Of Your Injury And

Complaints - Everyone's memory fades, and often you will be asked months or years later to try to remember details of the accident. Because of this, it is important that you be able to remember what has occurred since you were hurt at work. Keeping a notebook will help you remember details when you need to. These are a few of the things that you will want to record:

1. How your injury occurred;
2. Who saw your accident happen;
3. To whom you reported your injury;
4. What doctor or hospital your employer told you to go to for medical care;
5. What you are feeling (for example: pain, numbness, weakness, etc.);
6. What medical bills and prescriptions you have paid out of your own pocket;
7. What time you have missed from work;
8. Why you missed that time from work;
9. Things that your doctor tells you; and
10. Any other information that seems important to you.

E. Other Concerns When You Are Hurt At Work

1. Should I Sign An Accident Report Prepared By My Employer?

You only have to report the accident to your employer; you are not required to sign the Report of Injury that

your employer must file with the Division of Workers' Compensation. If you are asked by your employer to complete or sign a Report of Injury, make sure that it is a detailed account of the accident in your own words, and that you read it carefully before signing it. Also make sure that you obtain a copy of it for future use. Do not swear to it or answer questions that are unrelated to the accident.

2. What Should I Do If I Am Called By An Insurance Adjustor?

You probably will be called by someone from the insurance company who wants to talk to you about your accident. If your employer and their insurer are not contesting your injury, and if they are providing you with full medical benefits and lost time benefits under the workers' compensation law (not under your group insurance plan or other disability plan), then you should politely answer their questions. It is not recommended that you allow them to record your conversation with them. If your employer or the insurance company are contesting your accident or injury, or if they are paying your bills and lost time out of an insurance plan other than their workers' compensation policy, then you should politely refuse to speak with them, and you should seek legal advice. Even if they are not contesting your case, and even if they are providing you with all the benefits that they should, you should seek legal advice anytime you feel that doing so would make you feel more comfortable with the problems you are facing--don't wait until you are "in over your head."

3. When Should I Speak To An Attorney?

Whether or not to speak to an attorney is a personal decision that you must make on your own. These are a few, but not all, of the situations in which we

recommend that you speak with an attorney about your work injury.

- a. When your employer tells you your accident is not covered under the workers' compensation law and/or refuses to report your injury to either the insurance company or to the Division of Workers' Compensation.
- b. When your employer refuses to provide you with the name of a doctor to treat with.
- c. When your employer or their insurance company refuses to pay your medical bills.
- d. When you are contacted by a rehabilitation nurse hired by the insurance company or your employer to monitor your case.
- e. When the treating doctor has released you from care, but you feel you still need medical care.
- f. When you have missed time from work because of your injury, but no one is paying you for your lost time.
- g. When it has been more than a year since your injury occurred and you have not yet settled your case.
- h. **ANYTIME IT WOULD MAKE YOU MORE COMFORTABLE TO HAVE SOMEONE HELPING YOU WITH YOUR CASE.**

4. Time Limitations

- a. **Claims Against Your Employer** - Employees have 2 years from either the date of the accident, or the date of the last payment of benefits made on account of the accident (payment for medical treatment or temporary total disability benefits), in which to file their Claim for Compensation--*whichever is later*. This does not include payment

for a disability rating exam. The time an employee has to file a Claim will be extended to three years if the employer does not file a Report of Injury with the Division of Workers' Compensation. *If you don't file a Claim for Compensation within these time limitations, you may be forever barred from receiving any workers' compensation benefits for your injury.*

- b. Claims Against The Second Injury Fund** - To collect from the Second Injury Fund, employees must file a Claim for Compensation against the Fund within either 2 years of the date of accident, or within one year of the date you filed a Claim against your employer--whichever is later. *If you don't file a Claim for Compensation within these time limitations, you may be forever barred from receiving any benefits from the Second Injury Fund.*

V.

BENEFITS PROVIDED UNDER MISSOURI'S WORKERS' COMPENSATION LAW

A. The Basic Benefits

There are three basic benefits that you are entitled to under the Law:

- 1. Payment of your medical bills.**
- 2. Payment of your lost time from work.**
- 3. Payment of your permanent disability.**

B. Medical Benefits

Your employer must pay 100% of the medical expenses from your injury.

Medical benefits include payment for all medical,

surgical and hospital treatment (including nursing care, ambulances, medicines, splints, orthotics, etc.) reasonably required to cure and relieve the employee from the effects of injury.

- 1. Choice Of Medical Provider** - As indicated in Chapter IV, your employer controls where you receive medical care. If you go to a doctor or hospital and your employer has not authorized that treatment, you may end up having to pay for it yourself. However, if the medical care is needed on an emergency basis, or if the employer has refused to accept the injury as being compensable under the Act, then you may seek medical care from a physician of your own choice. Anytime you wish to pay for the medical care yourself, you may seek medical care anywhere you wish.
- 2. Transportation** - Transportation costs are covered up to 250 miles if your employer sends you for treatment to a doctor who is located outside of the local or metropolitan area from your workplace.
- 3. Protection Against Bill Collection** - a medical care provider cannot maintain collection efforts against you if they have been put on notice that the bill they are trying to collect is for a workers' compensation injury. However, they can pursue collection once your case is settled or taken to trial.
- 4. Prosthetic Devices** - The employer is required to furnish prosthetic devices such as artificial eyes, legs, arms, etc., as necessary, to relieve the employee of the effects of permanent injury. These devices can also include items such as new eyeglasses, dentures, specially made boots or shoes, etc.

C. Temporary Total Disability Benefits

Your employer must pay you two-thirds (2/3) of

your gross wages while you are off work because of your injury.

While your treating doctor has you off of work because of your work injury, you are entitled to be paid two-thirds of your wages. However, you are not usually entitled to receive these benefits for those times that you miss work just to go to a doctor's appointment or a physical therapy appointment. Each week you are off work, you will receive an amount equal to your compensation rate. Your compensation rate is simply two-thirds of your gross weekly wages, though there are caps on the maximum amount that anyone can receive. See Exhibit A for the maximum amount allowed on the date of your accident.

- 1. Compensation Rate** - The amount that you are paid each week you are off of work is known as your compensation rate. It is figured by taking your thirteen (13) weeks of gross wages immediately prior to your accident, adding them together, dividing by thirteen, and multiplying that by two-thirds. You are entitled to have overtime and other benefits such as meals and lodging included in your computation, but not pensions or other retirement benefits.

Sample Compensation Rate Calculation:

- a) Assume that an employee is injured on May 1, 2006. Also assume that the employee averages \$750.00 per week in gross wages. Two-thirds of those wages is \$500.00. Refer to Exhibit A. Since the maximum allowable compensation rate on May 1, 2006 is \$696.97 per week for temporary total disability, the employee would be entitled to receive \$500.00 per week while off work for the injury.
- b) Assume that the same employee averages \$1,200.00 per week in gross wages. Two-thirds of those wages is \$800.00. Refer to Exhibit A. Since the maximum allowable compensation rate on May 1, 2006 is

\$696.97 per week for temporary total disability, the employee would be entitled to receive \$696.97 per week while off work for the injury.

2. **Three Day Waiting Period** - You do not get paid for the first three days you are off work. However, if you miss fourteen (14) days or more, then your employer must go back and pay you for the first three days you were off work.
 3. **Light Duty** - If your treating doctor allows you to return to work on “light duty” or with some other type of restrictions, then your employer must pay temporary total disability benefits to you unless they have light duty work for you. However, if your doctor has released you from care, and given you permanent restrictions, then your employer does not have to pay temporary total disability benefits to you. (If you have questions about whether your employer must provide you with a job, seek legal advice regarding your rights under your Union contract or under the Americans with Disabilities Act.)
 4. **Temporary Partial Disability** - If your treating doctor allows you to return to work part-time, you are entitled to be paid disability benefits for that portion of the time you work. For instance, if you are working half days, you would receive one-half of your temporary total disability benefit.
- D. Permanent Disability Benefits** - Once you have reached a point where no further improvement is expected in your medical situation, you are at a point sometimes referred to as “maximum medical improvement.” Once you reach this point, you are usually no longer entitled to temporary total or temporary partial disability benefits. However, you could be entitled to permanent total or permanent partial disability benefits.

- 1. Permanent Total Disability Benefits** - If you are unable to compete for work in the open labor market because of your injury, then you are entitled to receive two-thirds of your weekly wages for the remainder of your life. As with Temporary Total Disability Benefits, this benefit has a maximum amount you can receive each week (see Exhibit A).
- 2. Permanent Partial Disability Benefits** - Even if you are able to return to work after your injury, you will usually be entitled to Permanent Partial Disability Benefits. This benefit is usually paid to the employee in one lump sum at the end of the case. As with the other disability benefits, this benefit is based on your compensation rate and has a maximum weekly amount (see Exhibit A). This benefit is calculated by using the Schedule of Losses laid out in Exhibit B.

Sample Permanent Partial Disability Calculation:

Assume that an employee is injured on May 1, 2006. Also assume that the employee averages \$800.00 per week in wages, so that the compensation rate is \$365.08 per week (see Exhibit A). Finally assume that the employee has permanent partial disability of 25% of the right knee because of the work accident. Refer to Exhibit B. Since the maximum allowable compensation for an injury to a knee is one hundred sixty (160) weeks of disability, the calculation of the employee's lump sum settlement would be as follows:

One hundred sixty weeks of possible disability multiplied by twenty-five percent disability, multiplied by the compensation rate.

Or:

$$(160 \times 25\%) \times \$365.08 = \underline{\underline{\$14,603.20}}$$

****CAUTION: DON'T SIMPLY ACCEPT YOUR***

TREATING DOCTOR'S ESTIMATE OF YOUR PERMANENT DISABILITY AS BEING THE BOTTOM LINE. REMEMBER THAT YOUR TREATING DOCTOR IS USUALLY CHOSEN BY YOUR EMPLOYER AND USUALLY WILL BE A DOCTOR WHO IS KNOWN TO GIVE CONSERVATIVE ESTIMATES OF DISABILITY. IF YOU DISPUTE THE DOCTOR'S ESTIMATE OF DISABILITY, SEEK LEGAL ADVICE BEFORE SETTLING YOUR CASE.

E. The Second Injury Fund - The Second Injury Fund is a separate fund of monies held and managed by the Treasurer of the State of Missouri. The monies come from a tax placed on insurance companies and self-insured employers in the state of Missouri. The purpose of the Second Injury Fund is to encourage employers to hire persons who suffer from disabilities which existed before the employee's work injury. If you are successful in making a claim against the Second Injury Fund, you will receive a settlement from the State of Missouri that is in addition to the benefits received from the employer. The settlement will be a lump sum check if you are permanently partially disabled and it will be lifetime weekly benefits if you are permanently totally disabled.

1. Theory Of The Second Injury Fund - The theory of the Second Injury Fund is based on the assumption that certain disabilities combine with each other in a synergistic manner to create a greater overall disability than the simple sum of the numbers combined. In other words, the *combination* of some injuries will create more disability than the simple sum of those injuries when added together. (Sometimes one plus one equals three).

2. Sample Second Injury Fund Calculation:

Suppose an employee has a 2000 left knee injury

causing 25% disability to that knee. That employee then injures his right knee in an injury at work on May 1, 2006, resulting in disability of 25% to the right knee. The Second Injury Fund liability would start by taking the weekly disability from each of the two injuries (40 weeks from the 2000 injury, and 40 weeks from the 2006 injury--see Exhibit B). Those disabilities are then added together, which gives the sum of 80 weeks of disability. The 80 week figure is then multiplied by a "loading factor," which is generally arrived at by experience and tradition. If you assume a loading factor of 15%, then the Second Injury Fund liability is 12 weeks of disability. This 12 weeks of disability is then multiplied by the same compensation rate used for liability of the employer for permanent partial disability.

Or:

$$[(160 \times 25\%) + (160 \times 25\%)] \times 15\% \times \$365.08 = \underline{\underline{\$4,380.96}}$$

3. Permanent Total Disability Against The Second Injury Fund

As with an employer, the Second Injury Fund can be liable to pay an injured employee weekly benefits for the remainder of his or her life. It must be proven that the employee is unable to compete on the open labor market as a result of the combination of the disabilities from both the work injury and the pre-existing medical conditions.

4. Second Injury Fund Thresholds

For accidents occurring since August 28, 1993, in order to receive a settlement from the Second Injury Fund it must be proven that each of the disabilities from the work accident and the pre-existing medical conditions are no less than 12.5% of the body as a whole, or 15% of a major extremity.

F. Death Benefits - If a worker dies as a result of a workplace accident or occupational disease, the employee's family is entitled to:

1. **Burial Expense** - payment of expenses for burial, up to \$5,000.00.
2. **Weekly Benefits** - payment of weekly benefits, divided among the surviving spouse and children, until:
 - a) the children reach age 18 (or age 22 if enrolled in school or the armed forces), at which time that child's portion is divided among the others, and
 - b) the spouse dies or remarries, at which time that portion is divided among the others.
 - c) if there are no surviving children under the age of 22, and no surviving spouse, then no benefits are owed beyond the burial expense.

Exception: if there are no minor children and no surviving spouse, then any other person who can prove dependence upon the employee for support may receive weekly benefits for life.

G. Disfigurement - Compensation will be paid to an employee who suffers scarring or other disfigurement to the head, neck, hands or arms as a result of a work related accident. Recovery for disfigurement, however, is limited to 40 weeks of disability.

H. Penalties - If an employee's injury is caused by the employer's failure to comply with a state statute such as the state law requiring the installation of guard rails around certain manufacturing machinery, then the compensation and/or death benefits paid to the employee will be increased by 15%. However if the employee's injury is caused by the employee's own failure to use a safety device provided by the employer

or his/her failure to obey an employer's safety rule, then the employee's compensation will be reduced 25-50%. Likewise, if the employee is injured while using alcohol or drugs, then compensation will be reduced 50%. Alcohol or drug use that causes the accident to occur may result in a loss of all benefits. **An employee's refusal to take an alcohol or drug test requested by the employer will result in forfeiture of all benefits if the employer had sufficient cause to suspect alcohol or drug use or if the employer's policy clearly authorizes post-injury testing.**

VI.

WORKERS' COMPENSATION PROCEDURES

Employees generally file claims for two reasons -- **first**, where the employer or insurer refuses to provide medical or disability benefits; and **second**, where there is a dispute as to the degree of disability sustained by the employee.

A. Where To File Workers' Compensation Claims -

Claims for Compensation may be filed with the Division of Workers' Compensation, P.O. Box 58, Jefferson City, MO 65102 on Form #21 provided by the Division. Claims may also be filed at the Division's local offices. Three copies of the Claim must be filed with the Division of Workers' Compensation.

B. Location Of Division Offices - The location of the Division of Workers' Compensation offices are as follows:

Main Office:

Division of Workers' Compensation

3315 West Truman Blvd.

P.O. Box 58

Jefferson City, MO 65102

1-800-775-2667

(573) 751-4231

Branch Offices:

111 North Seventh Street, Room 250
St. Louis, MO 63101
(314) 340-6865

3737 Harry S. Truman Blvd., Suite 300
St. Charles, MO 63301
(636) 940-3326

3102 Blattner Drive, Suite 101
Cape Girardeau, MO 63701
(573) 290-5757

3311 Texas
Joplin, MO 64801
(417) 629-3032

1805 Grand Avenue, 4th Floor
Kansas City, MO 64108
(816) 889-2484

1736 E. Sunshine, Suite 610
Springfield, MO 65804
(417) 888-4100

525 Jules Street, Room 315
St. Joseph, MO 64501
(816) 387-2275

- C. The Employer's Answer** - The employer and their insurance company must file an Answer to your Claim within 30 days of the day the Division of Workers' Compensation sends your Claim to them. The Division will also send a copy to you. Sometime after that, you will begin receiving notices from the Division of Workers' Compensation to appear for a hearing or mediation. If you are represented by an attorney, contact that attorney before the hearing or mediation.

D. Settlement Of Workers' Compensation Cases - As a practical matter, most cases are settled for a lump sum payment to the employee. The settlement usually comes after you are given a "rating of disability" by the treating doctor and, if you choose, by an independent doctor chosen by you and at your own expense. Your attorney will refer you to a doctor for a rating of disability. Then, the employee and employer will usually settle on a compromise between the ratings rendered by the physicians in their reports.

E. Hearings - If the employee and the employer do not reach a compromise of the claim, then in a matter of time, the employee's case will be set for hearing before an administrative law judge of the Division of Workers' Compensation. A hearing is more informal than a civil trial, but the rules of evidence do apply, and the employee and the employer have the right to present witnesses, whom they can subpoena to the hearing. Often the hearings will consist of the employee's testimony, persons who can compare the employee's physical capabilities before and after the accident, and the examining physicians. Usually the attorneys will take the physicians' depositions rather than actually having them testify in person at trial. In cases where the employee is claiming permanent total disability against either the employer or the employer and the Second Injury Fund, the parties will many times present testimony from vocational experts.

VII. **SHOULD THE EMPLOYEE RETAIN** **AN ATTORNEY?**

Whether an employee retains an attorney depends on the complexity of the case and the kind of opposition the

employee receives to the claim from the employer, as well as the “comfort level” the employee has in handling the matter without counsel. There are circumstances where an attorney may not be necessary -- such as a finger injury or other “minor” injuries to other parts of the body. There are also injuries where an attorney should be seriously considered -- back injuries, accidents involving pre-existing injuries, injuries which have a psychological component, injuries in which the employer declines liability altogether, and occupational disease cases.

Whether you retain the services of an attorney when you file a workers’ compensation claim is a personal decision. The employer’s willingness to provide the benefits to which you are legally entitled, the severity of the injury and other such factors should influence your decision whether to seek legal counsel. Be advised that employers are generally more sophisticated about the Workers’ Compensation Law than employees simply because employers have more experience in defending workers’ compensation claims and employers are usually represented by an attorney. Also, judges at the Division of Workers’ Compensation cannot give you legal advice about your case or a settlement offer from your employer and insurer. If you decide to seek legal counsel, attorneys at the law firm of Schuchat, Cook & Werner are available for a consultation. Therefore, if you have any questions regarding a workers’ compensation claim, do not hesitate to call Dean Christianson, Colleen Vetter, or Clare Behrle at Schuchat, Cook & Werner: (314) 621-2626, or toll free at (866) 621-2626.

EXHIBIT A
MAXIMUM WEEKLY BENEFITS

DATE OF ACCIDENT	TEMP. TOTAL DISABILITY	PERM. PARTIAL DISABILITY	PERM. TOTAL DISABILITY	DEATH BENEFITS
7/1/00 to 6/30/01	\$599.96	\$314.26	\$599.96	\$599.96
7/1/01 to 6/30/02	\$628.90	\$329.42	\$628.90	\$628.90
7/1/02 to 6/30/03	\$649.32	\$340.12	\$649.32	\$649.32
7/1/03 to 6/30/04	\$662.55	\$347.05	\$662.55	\$662.55
7/1/04 to 6/30/05	\$675.90	\$354.05	\$675.90	\$675.90
7/1/05 to 6/30/06	\$696.97	\$365.08	\$696.97	\$696.97
7/1/06 to 6/30/07	\$718.87	\$376.55	\$718.87	\$718.87
7/1/07 to 6/30/08	\$742.72	\$389.04	\$742.72	\$742.72
7/1/08 to 6/30/09	\$772.53	\$404.66	\$772.53	\$772.53
7/1/09 to 6/30/10	\$807.48	\$422.97	\$807.48	\$807.48
7/1/10 to 6/30/11	\$799.11	\$418.58	\$799.11	\$799.11

EXHIBIT B

A. Scheduled Injuries

<u>SCHEDULE OF LOSSES</u>	<u>WEEKS</u>
Loss of arm at shoulder	232
Loss of arm between shoulder and elbow	222
Loss of arm at elbow joint	210
Loss of arm between elbow and wrist	200
Loss of hand at the wrist joint	175
Loss of thumb at proximal joint	60
Loss of thumb at distal joint	45
Loss of index finger at proximal joint	45
Loss of index finger at second joint	35
Loss of index finger at distal joint	30
Loss of either the middle or ring finger at proximal joint	35
Loss of either the middle or ring finger at second joint	30
Loss of either the middle or ring finger at distal joint	26
Loss of little finger at proximal joint	22
Loss of little finger at second joint	20
Loss of little finger at distal joint	16
Loss of one leg at the hip joint or so near thereto as to preclude the use of an artificial limb	207
Loss of one leg at or above the knee, where the stump remains sufficient to permit the use of artificial limb	160
Loss of one leg at or above ankle and below knee joint	155
Loss of one foot, in tarsus	150
Loss of one foot, in metatarsus	110
Loss of great toe of one foot at proximal joint	40
Loss of great toe of one foot at distal joint	22
Loss of any other toe at proximal joint	14

SCHEDULE OF LOSSES**WEEKS**

Loss of any other toe at second joint	10
Loss of any other toe at distal joint	8
Complete deafness of both ears	180
Complete deafness of one ear, the other being normal	49
Complete loss of the sight of one eye	140

B. Unscheduled Injuries

“Unscheduled Injuries” consist of injuries to the body as a whole such as back injuries or injuries to the brain or nervous system. A maximum injury to the body as a whole or unscheduled injury has been set at 400 weeks, and lesser injuries are based on a percentage of that 400 weeks.

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