



Election to Receive Either: Reemployment Benefits OR Job Dislocation Benefit

Date Received (Division Use Only):

IMPORTANT NOTICE TO INJURED WORKERS:

This form is for injuries that occurred on or after January 1, 2025. For injuries occurring before January 1, 2025, please contact the Division for the prior version of this form.

Selecting **either** reemployment benefits **or** a job dislocation benefit is an important choice. By law, you must use this form to choose one and **waive (GIVE UP)** your right to receive the other.

It is strongly advised that you do not complete this form until you have discussed your choice with Workers' Compensation Division staff or your Legal Representative. Make sure you fully understand the nature of these benefits as well as the results of accepting one and waiving (GIVING UP) your right to the other.

IDENTIFYING INFORMATION

| | | |
|-------------|-------------------|-----------------|
| Name | Date(s) of Injury | AWCB Case No(s) |
| Employer(s) | Insurer(s) | |

INSTRUCTIONS

This form describes reemployment and job dislocation benefits, your rights and responsibilities to select one and waive your right to the other, and the legal effects of your selections.

1. Read the entire form and discuss your options with Division staff.
2. Complete the form.
3. Sign the form before a notary public.
4. File the form with the Workers' Compensation Division.

READ AND INITIAL

This Election of Benefits is Required by Law (AS 23.30.041(g))

I understand that within 30 days after receiving notification that I am eligible for reemployment benefits, I must choose to either (1) accept those reemployment benefits or (2) waive (GIVE UP) my right to receive reemployment benefits and accept a job dislocation benefit instead.

Initial

Reemployment Benefits (AS 23.30.041 (h)-(r))

If elected, your insurer will pay for these benefits, and the Reemployment Benefits Administrator (RBA) will oversee their delivery and resolve any disputes about them. You will select a rehabilitation specialist to prepare a reemployment benefits plan that is designed to assure your return to "remunerative employability" in the shortest possible time. "Remunerative employability" means having the skills needed to earn at least 60% of the gross hourly wage you were earning at the time you got hurt. "Employability" means having the ability, not necessarily the opportunity, to do work within your physical capabilities after injury.

A plan may involve on-the-job training, vocational training, academic training, self-employment, or a combination of those elements. Plan costs are limited to \$22,150. If you and your insurer do not agree to accept and sign the completed plan, either of you may ask the RBA to review and approve it. Once the plan is accepted or approved, it may not last more than two years. The rehabilitation specialist you selected to prepare your plan will also monitor your plan activities. Their fees for doing so will be paid by your insurer and are not counted against the \$22,150 limit.

You will also be paid money to live on during the entire reemployment process. Temporary Total Disability (TTD) compensation will be paid until your work-related condition is medically stable. Then, Permanent Partial Impairment (PPI) compensation will be paid at your weekly TTD compensation rate. If your PPI compensation is exhausted, you will then be paid compensation that is 70% of your spendable weekly wage.

Initial

Job Dislocation Benefits (AS 23.30.041(g))

If elected, your insurer will pay you a lump sum benefit based on the percentage of PPI determined to have resulted from your work injury. That lump sum will be \$5,000.00 if your impairment rating is greater than 0% but less than 15%, \$8,000.00 if your rating is at least 15% but less than 30%, or \$13,500.00 if your impairment rating is 30% or more. The benefit is payable when your PPI rating has been determined. It is paid in addition to the PPI compensation that is also based on that PPI.

Example: If the PPI due to your injury is determined to be 10% of the whole person, your job dislocation benefit amount (if elected) would be \$5,000.00, and your PPI compensation would be \$27,300.00. You would receive \$32,300.00 in total.

Initial

Election of Benefits **Cannot be Modified** After Becoming Effective (AS 23.30.041(g))

I understand that my selection of one benefit and waiver of the other will become effective after the Workers' Compensation Division serves this completed form on the Reemployment Benefits Administrator and my insurer. After that day, my chosen benefit selection and waiver (GIVING UP) of the other benefit cannot be changed or modified. My insurer will not be legally obligated to provide the benefit I have waived.

Initial

Effects of Electing Reemployment Benefits and Waiving a Job Dislocation Benefit

I understand that by selecting reemployment benefits, I waive (GIVE UP) my right to receive a job dislocation benefit described above. I will receive the reemployment benefits also described above.

I understand that after selecting reemployment benefits, I will have to cooperate in the preparation of my reemployment benefits plan and the activities contained in the plan required to complete my retraining. If I fail to cooperate as required, my insurer may terminate my reemployment benefits. To restore those benefits, I will have to prove to the Reemployment Benefits Administrator that I was cooperative.

I understand that my reemployment benefits plan will be expected, but not guaranteed, to provide me with the skills needed to earn at least 60% of the gross hourly wages I earned at the time of my injury.

Initial

An Important Effect of Electing Reemployment Benefits on Future Entitlement to Reemployment Benefits

I understand that accepting reemployment benefits may affect my entitlement to future reemployment benefits. If I return to work, get injured, and request reemployment benefits, the physical demands of that work will be evaluated.

If it is the same occupation I was working at when I received my current reemployment benefits, or a new occupation with similar required physical demands, I will not be eligible for reemployment benefits.

Initial

Effects of Electing a Job Dislocation Benefit and Waiving Reemployment Benefits

I understand that by selecting a job dislocation benefit I waive (GIVE UP) my rights to receive reemployment benefits described above. I will receive a job dislocation benefit, also described above.

Initial

An Important Effect of Electing a Job Dislocation Benefit on Future Entitlement to Reemployment Benefits

I understand that accepting a job dislocation benefit may affect my entitlement to future reemployment benefits. If I return to work, get injured, and request reemployment benefits, the nature of that work will be evaluated.

If it is the same occupation I was working at when I received my current job dislocation benefits or a new occupation with similar required physical demands, I will not be eligible for reemployment benefits.

Initial

CHECK AND INITIAL YOUR BENEFIT CHOICE

Reemployment Benefits

☐ I choose to receive reemployment benefits. I waive (give up) my right to receive a job dislocation benefit.

Initial

Select an Option

☐ **Option 1:** I select

☐ **Option 2:** I have not yet selected a qualified rehabilitation specialist.

as my qualified rehabilitation specialist to provide a complete reemployment benefits plan.

Initial

Initial

OR

Job Dislocation

☐ I choose to receive a job dislocation benefit. I waive (give up) my right to receive reemployment benefits.

Initial

AFFIDAVIT

I, _____, being first duly sworn or put under affirmation, depose and say:

I am the injured worker named above. I received notice of my eligibility for reemployment benefits based upon the work-related injury or illness that occurred on the date above. I understand I must elect either reemployment benefits or a job dislocation benefit by completing this form. I read the entire form before completing and signing it. I also understand that by selecting one benefit I am waiving (giving up) my right to receive the other. I have discussed my options with Workers' Compensation Division staff. I understand the nature and scope of these benefits. I also understand the effects of waiving the benefits I have not selected.

Name

Signature

Representative's Signature (if any)

Subscribed and sworn to before me this _____ day of _____, _____.

(signature)

Notary Public in and for _____

My Commission Expires _____

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