

## Non-Prejudicial Agreement (DWC-20)

RIGL § 28-35-8 requires the insurer to file a Non-Prejudicial Agreement with The Department of Labor and Training (DLT) when indemnity benefits are paid voluntarily without liability. A Wage Statement (DWC-03) and Certificate of Dependency Status (DWC-04) must be submitted as part of the agreement. A copy of the agreement must also be sent to the employee and his or her attorney. As of March 1, 2015, the insurer must also submit an electronic Subsequent Report of Injury Initial Payment (SROI IP) with payment details to DLT when benefits begin.

### Instructions:

Claim Administrator Claim Number: provide the claim handler's claim number or file identification number.

### Employee information:

- SSN or ID: provide the last 4 digits of the employee's social security number or the employee ID number assigned by DLT. DO NOT use a fictitious number. Please contact RI DLT to obtain an assigned employee ID number.
- Name: enter the employee's last name, first name, and middle initial.
- Address: give the employee's mailing address, city, state and zip.
- Date of birth: enter the employee's date of birth.

Employer information: Please provide the employer's Federal Employer Identification Number, employer business name, employer business mailing address and phone number.

Insurer information: Provide the information for the licensed insurer named on the workers' compensation policy or the self-insured employer's name. Include the Federal Employer Identification Number, insurer business name, insurer business address and phone number.

Claim Administrator information: Supply information for the company handling the claim, either the insurer or a third party administrator. Provide the claim administrator business name, mailing address, and phone number.

### Injury Information:

- Date of injury: enter the date of the injury or start of illness.
- Place where injury occurred: enter the city and state where the injury occurred.
- Injured body part & nature of injury: list the nature of each injury and the employee's injured body parts. Examples: cut right index finger, fractured right wrist, sprained lower back.

### Rate Information:

- Employee's marital status: check single or married.
- Number of Dependents: enter the number of employee's dependents including non-working spouse and dependent children. A child is dependent through age 18, or through age 23 if a full-time student. A disabled child is dependent at any age. See RIGL § 28-35-1.
- Number of Exemptions: enter the maximum number of exemptions the employee can claim for tax purposes. Count the employee and his or her dependents and any other person who qualifies as an exemption for tax purposes.
- Total Average Weekly Wage: enter the amount of the total average weekly wage (AWW) as calculated on the Wage Statement (DWC-03).
- Spendable Base Wage: calculate the Spendable Base Wage using the formulas or tables on the DLT web site.
- Base Compensation Rate: Multiply the Spendable Base Wage by 75% to calculate the base compensation rate. The rate can be no higher than the annual maximum compensation rate.
- Weekly Dependency Rate: Enter the total weekly amount of dependency allowance, up to 80% of total AWW as allowed in RIGL § 28-33-17 (c) (1).
- Total Weekly Rate: Enter the total weekly compensation rate including dependency.

### Disability Information:

- First Payment Issue Date: Enter the date the first indemnity payment was issued for this disability period.
- First Date of Disability: Enter the start date of the disability period including the waiting period (first day of the waiting period).
- Temporary Total Start Date: Enter the first date the employee is owed temporary total disability benefits (after the waiting period).
- Temporary Partial Start Date: Enter the first date the employee is owed temporary partial disability benefits (after the waiting period).
- Death Benefits Start Date: Enter the first date the employee's survivors are owed death benefits.
- Date of Death: If the employee has died, enter the date of death.
- Death Benefits Paid to: Enter the name of the primary survivor receiving death benefits.

### Other Information:

- Does the employee have other employers? Check yes or no. A wage statement from each employer is needed.
- Is this a recurrence of a previous injury? Check yes or no.
- Previous disability end date: enter the last date of the previous disability to show if 26 weeks have passed since the previous disability period ended.
- Did the employee work 26 weeks or more before this recurrence? Check yes or no. If yes, a new wage statement must be completed based on this new disability date.

Signature Block. The claim adjuster must sign this document, print his or her name, and date the form.

Send the document to the employee, the employee's attorney, and the DLT within 10 days of the first payment issue date.