

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
95 PLEASANT STREET  
CONCORD, NH 03301-3593

**APPLICATION FOR REIMBURSEMENT OF PAID COMBINED EARNINGS DIFFERENTIAL FROM  
SPECIAL FUND FOR SECOND INJURIES, RSA 281-A:15 III, 281-A:55**

_____ Employee Name	_____ Social Security Number
_____ Date of Injury	_____ Claim #
_____ Primary Employer	_____ Average Weekly Wage/Comp Rate
_____ Concurrent Employer	_____ Average Weekly Wage/Comp Rate
_____ Combined AWW/Comp Rate	_____ Dates Covered by this Request

Temporary Total Disability Paid (include dates) \_\_\_\_\_

Temporary Partial Disability Paid (include dates) \_\_\_\_\_

Permanent impairment award –concurrent portion \_\_\_\_\_

Lump sum settlement – concurrent portion: \_\_\_\_\_

**TOTAL AMOUNT TO BE REIMBURSED:** \_\_\_\_\_

Application is made for reimbursement as set forth herein. **The Department must previously approve memorandums of payment in order to receive reimbursement for the time period requested above.** Payments made through December 31 of the previous calendar year should be included. All requests for reimbursement shall be forwarded to the Department of Labor **no later than September 1.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Adjusting Office Number \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

\_\_\_\_\_  
Check Payable To Where to Send

**FOR LABOR DEPARTMENT USE:**

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CHECK NO. \_\_\_\_\_ AMOUNT \_\_\_\_\_

Comments: