

Workers' Compensation and LWOP Claim and Verification

FOR OFFICE USE ONLY



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Name (First, Middle, Last)	Social Security Number
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Mailing Address (City, State, Zip+4)

This is my written request to claim the following periods of Workers' Compensation as credit in the Teachers' Retirement System (TRS) pursuant to AS 14.25.050(d). I understand that I will be indebted to the TRS for the contributions that I would have made had I remained an active employee during the period of LWOP for Workers' Compensation.

Signature of Member	Date
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EMPLOYER VERIFICATION OF WORKERS' COMPENSATION AND LWOP

To be completed by employer:

This is to certify that this employee was unable to work due to: 1) an on-the-job injury; or 2) an occupational illness; and 3) received benefits under AS 23.30.

The following information correctly reflects this member's particular circumstance.

PERIODS OF WORKERS' COMPENSATION: (use different lines to separate Workers' Compensation between **school** years)

	Full Contract Salary	Number of Days Taught	Contracted Days	Number of Days on Workers' Compensation
School Year _____				
Began _____ Ended _____	\$ _____	_____	_____	_____
School Year _____				
Began _____ Ended _____	\$ _____	_____	_____	_____
School Year _____				
Began _____ Ended _____	\$ _____	_____	_____	_____

If Workers' Compensation is in more than one school year, list by school year.

Employer's Signature	Date
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Title

FOR OFFICE USE ONLY:

School Year _____
Number of Days Taught _____ = _____ (service credit)
Number of Days on Workers' Compensation _____ = _____ (Workers' Compensation credit)
Mandatory Contributions Paid \$ _____

Full Contract Salary \$ _____
Full Contract Days ÷ _____
\$ _____ (Daily rate of pay)

\$ _____ Daily rate of pay

x _____ Days on Workers' Compensation

\$ _____ For period of Workers' Compensation received

\$ _____ Compensation received for period of Workers' Compensation

x 8.65% Contribution Rate

\$ _____ Workers' Compensation Indebtedness Principle

Interest Effective Date _____

Date _____ Verified and Computed by _____ Checked by _____

Note: If Workers' Compensation occurs during more than one school year, use separate worksheet for each school year.