

# OFFSET WORKSHEET—DISABILITY INSURANCE BENEFITS

SOCIAL SECURITY NUMBER \_\_\_\_\_

## PART 1 - OFFSET DATA

A. PERIOD COVERED BY THIS WORKSHEET	B. MONTH OF ENTITLEMENT	C. FIRST MONTH OF OFFSET
D. FAMILY BENEFIT COMPUTATION HA _____ HB _____ HC _____ HC _____ HC _____ TOTAL FAMILY BENEFIT (TFB) _____		
E. 100% AVERAGE CURRENT EARNINGS (ACE) - USE UNINDEXED EARNINGS <input type="checkbox"/> DIB AMW <input type="checkbox"/> HIGH 5 <input type="checkbox"/> HIGH 1    YEAR _____ EARNINGS _____		
F. 80% ACE _____		x .8

## PART 2 - OFFSET COMPUTATION

A. APPLICABLE LIMIT (Higher of (1.D.) or (1.F.)) _____
B. MONTHLY WC/PDB (if weekly, \$ _____ x 13/3) <input type="checkbox"/> VERIFIED _____
C. TOTAL BENEFITS PAYABLE AFTER OFFSET (Subtract (2.B.) from (2.A.)). If (2.C.) is less than HA's MBA, pay (2.C.) to HA. If (2.C.) is more than HA's MBA, pay the MBA to HA.) _____
D. WORKER'S MBA (The PIA unless DIB is reduced for age) _____
E. AMOUNT PAYABLE TO AUXILIARIES (Subtract (2.D.) from (2.C.)) _____
F. NUMBER OF AUXILIARIES _____
G. AMOUNT PAYABLE TO EACH AUXILIARY (Divide (2-E.) by (2.F.)) _____

## PART 3 - INCREASES NOT SUBJECT TO OFFSET

A. CLAIMS SYMBOLS _____	HA		
B.	MONTH	YEAR	AMOUNT
	AMOUNT	AMOUNT	AMOUNT
C. AMOUNTS PAYABLE FROM ITEMS (2.C.), (2.D.), AND (2.G.) _____			
D. TOTAL AMOUNTS PAYABLE _____			
SIGNATURE _____	TITLE _____	OFFICE CODE _____	DATE _____

**PRORATION OF WORKERS' COMPENSATION OR PUBLIC DISABILITY BENEFIT LUMP SUM**

A. TOTAL AMOUNT OF LUMP SUM _____ →			\$
B. TOTAL AMOUNT DEDUCTIBLE FROM LUMP SUM _____ →			\$
Attorney Fees _____	Related Expenses _____		
Medical Fees _____			
C. AMOUNT TO BE PRORATED _____ →			\$
D. WEEKLY RATE OF PRORATION (If monthly \$ _____ × 3/13) <small>(monthly)</small> _____ →			\$
E. NUMBER OF WEEKS RECEIVED (C ÷ D) _____ →			
STARTING DATE OF PRORATION	ENDING DATE OF PRORATION	NOTICE OF LUMP SUM	MONTH OFFSET IMPOSED
REMARKS AND CALCULATIONS			

SIGNATURE	DATE
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