

ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT  
WORKERS' COMPENSATION DIVISION

**IMPORTANT NOTICE TO INJURED WORKERS:** 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 STAFF OF THE WORKERS' COMPENSATION DIVISION 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.

**ELECTION TO EITHER  
RECEIVE REEMPLOYMENT BENEFITS**

Division Use Only: Date Form Filed

**OR**

Division Use Only: Date Form Served

**WAIVE REEMPLOYMENT BENEFITS  
AND  
RECEIVE A JOB DISLOCATION BENEFIT INSTEAD**

Name: \_\_\_\_\_

Case No(s): \_\_\_\_\_

Injury Date(s): \_\_\_\_\_

Soc. Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 affects of your selection. Read the entire form and discuss your options with Division staff. Then complete the form, sign it before a notary public, and file it with the Workers' Compensation Division.

( ) This Election of Benefits Is Required By Law (AS 23.30.041(g))  
(Please initial) 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) give up (waive) my right to receive those reemployment benefits and accept a job dislocation benefit instead.

( ) This Election of Benefits Cannot Be Modified After Becoming Effective (AS 23.30.041(g))  
(Please initial) 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 selection of the chosen benefit and waiver of the other benefit cannot be changed or modified.** My insurer will no longer have any legal obligation to provide the benefit I have waived.

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Name: \_\_\_\_\_ Case No(s): \_\_\_\_\_

( ) Effects of Electing Reemployment Benefits and Waiving a Job  
(Please initial) Dislocation Benefit

I understand that by selecting reemployment benefits I waive (give up) my rights to receive a job dislocation benefit described below. I will receive the reemployment benefits also described below.

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.

( ) An Important Effect of Electing Reemployment Benefits on Future  
(Please initial) 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 nature 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.**

( ) Effects of Electing A Job Dislocation Benefit and Waiving  
(Please initial) Reemployment Benefits

I understand that by selecting a job dislocation benefit I waive (give up) my rights to receive reemployment benefits described below. I will receive a job dislocation benefit also described below.

( ) An Important Effect of Electing A Job Dislocation Benefit on Future  
(Please initial) 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 benefit, or a new occupation with similar required physical demands, I will not be eligible for reemployment benefits.**

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Name: \_\_\_\_\_ Case No(s): \_\_\_\_\_

( ) Nature and Scope of Reemployment Benefits (AS 23.30.041(h)-(r))

(Please initial) 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 wages you were earning at the time you got hurt. "Employability" itself means having the ability, not necessarily the opportunity, to do work that is 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 \$13,300. Your rehabilitation specialist's fees are not counted against that limit and will be paid for separately by your insurer. 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 for by your insurer.

You will also be paid money to live on during the entire reemployment process. Temporary Total Disability compensation will be paid until your work-related condition is medically stable. Then Permanent Partial Impairment compensation will be paid at your weekly TTD compensation rate. If your PPI compensation is exhausted you will then be paid compensation that is 87.5% of your weekly TTD compensation rate.

( ) Nature and Scope of a Job Dislocation Benefit (AS 23.30.041(g))

(Please Initial) If elected, your insurer will pay you a lump sum benefit that is based upon the percentage of permanent partial impairment 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 permanent partial impairment rating has been determined. It is paid in addition to the Permanent Partial Impairment compensation that is also based on that permanent partial impairment rating. Example: If the permanent partial impairment 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 Permanent Partial Impairment compensation would be \$27,300.00. You would receive \$32,300.00 in total.

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**ELECTION TO RECEIVE REEMPLOYMENT BENEFITS  
OR  
WAIVE REEMPLOYMENT BENEFITS AND RECEIVE A JOB DISLOCATION  
BENEFIT INSTEAD**

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

I select \_\_\_\_\_ as my qualified rehabilitation specialist to provide a complete reemployment benefits plan. ( ) (Please initial)

I have not yet selected a qualified rehabilitation specialist. I understand that I must make a selection within 30 days of the date I received notice of my eligibility for reemployment benefits. ( ) (Please initial)

OR

I choose to receive a job dislocation benefit. I waive (give up) my right to receive reemployment benefits. ( ) (Please 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 that by law 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 staff of the Division of Workers' Compensation. I understand the nature and scope of these benefits. I also understand the affects of waiving the benefits that I have not selected.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Representative's Signature (If any)

SUBSCRIBED and SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**Mail/Deliver the ORIGINAL Completed Form to a Workers' Comp. Div. Office**

Reemployment Benefits Section  
3301 Eagle Street, Suite 301  
Anchorage, AK 99503-4149  
Fax: (907) 334-2619

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Station K  
Fairbanks, AK 99701-4586  
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