

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
CREDIT/REDUCTION IN BENEFITS**

Instructions: When seeking credit/reimbursement pursuant to O.C.G.A. §34-9-243, the employer shall file this form with the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303 -1299, and send a copy to all counsel and unrepresented parties immediately upon seeking credit, and in any event no later than 10 days prior to a hearing.

A. IDENTIFYING INFORMATION

Employee Name _____	Soc. Security No. _____
Address _____	Date of Injury _____
_____	County of Injury _____

Employer Name _____	
Address _____	

Insurer _____	
Address _____	

B. CREDIT REQUESTED

1. A credit is requested as allowed by O.C.G.A. §34-9-243 for benefits paid under the "Employment Security Law" or employer funded portions of payments received by the employee pursuant to:

_____ unemployment compensation payments.
_____ disability plan.
_____ wage continuation plan.
_____ disability insurance policy.
2. The employee has been paid weekly benefits of \$ _____, from the date of _____ through _____, for which credit is sought.
3. The ratio of the employer's contributions to the total contributions of the plan or policy is _____%. The amount of credit per week will be calculated as follows:
\$ _____ (weekly disability benefit per plan or policy) x % (ratio of contributions) - \$ _____ (to be credited against TTD or TPD benefits due). Credit shall not exceed the amount of income benefits due the employee.

C. CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge and a copy of this form has been sent to the Board, to counsel, and to all unrepresented parties in this claim.

PRINT NAME HERE	SIGNATURE
PHONE	DATE

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).