State of Rhode Island Department of Labor and Training, Division of Workers' Compensation
P.O. Box 20190, Cranston, RI 02920-0942 (401) 462-8100 TDD (401) 462-8084

Memorandum of Agreement

DWC File No.

Employee:	Employer:
SSN Name Address Phone	FEIN Name Address Phone Ext.
Date of Birth	Policy No.
Insurer: FEIN Name Address Phone Ext.	Adjusting Company: FEIN Name Address Phone Ext.
Insurer File No.	Adjusting Company File No.
Injury Date	First Date of First Disability
Nature of injury and injured body part:	
Place where injury occurred:	

DISABILITY TYPE: (check all that apply)

☐ Temporary Total as of_____

☐ Temporary Partial as of_____

☐ Death Benefits. Date of Death_____
Payable to:_____

☐ Permanent Total as of_____

RATE INFORMATION: ☐Single ☐Married Exemptions_____ AWW without Overtime _____
Avg. Overtime Amount _____

AWW including Overtime _____
Spendable Base Wage _____
Base Compensation Rate _____
Cost of Living Adjustment _____

Number of Dependents _____
Weekly Dependency Rate _____
Total Weekly Rate _____

Does employee have other employers? ☐ Yes ☐ No If yes, attach a wage statement from each employer.

Is this a recurrence of a previous injury? ☐ Yes ☐ No Previous disability end date_____. Has the employee worked at least 26 weeks prior to this recurrence. ☐ Yes ☐ No If yes, a new wage statement is required.

Pursuant to R.I.G.L § 28-35-1, a Memorandum of Agreement (MOA) must be filed with the Department of Labor and Training within 10 days of initial payment. A dependency form and wage statement for each employer must be attached as amendments. The MOA becomes binding upon filing. A copy of the MOA with its amendments must be mailed to the employee and his/her attorney by certified mail, return receipt requested, at the time it is filed with the Department of Labor and Training.

Insurer Signature Date

NOTICE TO EMPLOYEES RECEIVING WORKERS' COMPENSATION BENEFITS:
YOU MUST REPORT ANY EARNINGS you receive to the insurer that pays your benefits. Failure to report earnings may subject you to civil or criminal liability. Your endorsement on a benefit check is your statement that you are qualified to receive workers' compensation benefits. You are NOT entitled to receive workers' compensation benefits for any time that you are imprisoned as a result of a criminal conviction.