



BENEFIT RATES CHART

| | 7/01/95-6/30/96 | 7/01/96-12/31/02 | 1/01/03-12/31/03 | 1/01/04-12/31/04 | 1/01/05-12/31/05 | 1/01/06-12/31/06 | 1/01/07-12/31/07 | 1/01/08-12/31/08 | 1/01/09 |
|--|---|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Minimum Weekly Temporary Disability | AWE if AWE < \$126 \$126 if AWE ≥ \$126 | AWE if AWE < \$126 \$126 if AWE ≥ \$126 | \$126 | \$126 | \$126* | \$126* | \$132.25* | \$137.45* | \$143.70* |
| Maximum Weekly Temporary Disability | \$448 | \$490 | \$602 | \$728 | \$840* | \$840** | \$881.66** | \$916.33** | \$958.01** |
| Minimum Weekly VRTD/VRMA | AWE if AWE < \$126 \$126 if AWE ≥ \$126 | AWE if AWE < \$126 \$126 if AWE ≥ \$126 | \$126 | N/A | N/A | N/A | N/A | N/A | N/A |
| Maximum Weekly VRTD/VRMA | \$246 PD supplement up to \$448** | \$246 PD supplement up to \$490** | \$246 PD supplement up to \$602** | N/A | N/A | N/A | N/A | N/A | N/A |
| Minimum Weekly Permanent Partial Disability | \$70 | \$70 | \$100++ | \$105++ | \$105++ | \$130++ | \$130++ | \$130++ | \$130++ |
| Maximum Weekly Permanent Partial Disability | 1-14% = \$140 15-24% = \$154 25-69% = \$164 70-99% = \$198 | 1-14% = \$140 15-24% = \$160 25-69% = \$170 70-99% = \$230 | 1-69% = \$185 70-99% = \$230++ | 1-69% = \$200 70-99% = \$250++ | 1-69% = \$220 70-99% = \$270++ | 1-69% = \$230 70-99% = \$270++ | 1-69% = \$230 70-99% = \$270++ | 1-69% = \$230 70-99% = \$270++ | 1-69% = \$230 70-99% = \$270++ |
| Minimum Weekly Permanent Total Disability | \$112 | \$112 | \$126++ | \$126++ | \$126++ | \$126++ | \$132.25++ | \$137.45++ | \$143.70++ |
| Maximum Weekly Permanent Total Disability | \$448 | \$490 | \$602++ | \$728++ | \$840++ | \$840++ | \$881.66++ | \$916.33++ | \$958.01++ |

*For injuries occurring on or after 1/01/05, payments commencing on 1/01/07 (and continuing each January 1 thereafter) shall be increased annually by an amount equal to the percentage increase in the State Average Weekly Wage per the U.S. Department of Labor. See *Labor Code* §4453(a)(10).

+For injuries occurring on or after 1/01/06, the maximum weekly temporary disability rate shall be the specified amount or two-thirds of 1.5 times the State Average Weekly Wage, whichever is greater. See *Labor Code* §4453(a)(10).

**The employee may opt to supplement VRTD/VRMA with an additional amount of permanent disability indemnity due or payable equal to two-thirds of the applicant's average weekly earnings on the date of injury. See *Labor Code* §§139.5(d) and 4453.

++For injuries occurring on or after 1/01/03, an employee who becomes entitled to receive a life pension or total permanent disability indemnity shall have that payment increased annually commencing on 1/01/04 and each January 1 thereafter, by an amount equal to the percentage increase in the State Average Weekly Wage as compared to the prior year. See *Labor Code* §4659(c).

DEATH BENEFITS

| | 7/01/94-6/30/96 | 7/01/96-12/31/03 | 1/01/04-12/31/05 | Injury on or after 1/01/06 |
|--|---|---|---|---|
| Burial Expense | \$5,000 maximum | \$5,000 maximum | \$5,000 maximum | \$5,000 maximum |
| One Total Dependent and No Partial Dependents | \$115,000.00 | \$125,000.00 | \$125,000.00 | \$250,000.00 |
| Two or More Total Dependents | \$135,000.00 | \$145,000.00 | \$145,000.00 | \$290,000.00 |
| Three or More Total Dependents | \$150,000.00 | \$160,000.00 | \$160,000.00 | \$320,000.00 |
| One Total Plus One or More Partial Dependents | \$115,000.00 plus 4x the annual amount spent to support any partial dependents not to exceed \$125,000.00 | \$125,000.00 plus 4x the annual amount spent to support any partial dependents not to exceed \$145,000.00 | \$125,000.00 plus 4x the annual amount spent to support any partial dependents not to exceed \$145,000.00 | \$250,000.00 plus 4x the annual amount spent to support any partial dependents not to exceed \$290,000.00 |
| One or More Partial Dependents | 4x the annual amount spent to support the partial dependents not to exceed \$115,000.00 | 4x the annual amount spent to support the partial dependents not to exceed \$125,000.00 | 4x the annual amount spent to support the partial dependents not to exceed \$125,000.00 | 8x the annual amount spent to support the partial dependents not to exceed \$250,000.00 |
| No Total or Partial Dependents | Department of Industrial Relations Labor Code §4706.5 | Department of Industrial Relations Labor Code §4706.5 | \$250,000.00 paid to estate of the decedent# | \$250,000.00 paid to estate of the decedent# |

Unconstitutional per *Six Flags, Inc. v. WCAB (Rackchamroon)* (2006) 145 Cal. App. 4th 91 [51 Cal. Rptr. 3d 377, 71 CCC 1759].

NOTE: Death benefits are paid in the same manner and at the same rate as temporary disability, unless otherwise ordered, with a modified minimum of \$224.00 per week. See Labor Code §4702(b) and §4703.5.

NOTE: For dates of injury after 1/01/90, a surviving spouse who earned \$30,000.00 or less in the twelve months immediately preceding decedent's death is conclusively presumed to be a total dependent.

NOTE: For dates of injury after 1/01/90, if there are one or more total dependent minors, payment continues until the youngest child reaches eighteen years of age. For dates of injury after 1/01/03, where the totally dependent minor is physically or mentally incapacitated from earning, payment continues until the death of the child.

LIFE PENSION MAXIMUM WEEKLY EARNINGS

| Date of Injury | Maximum Weekly Earnings |
|---------------------|-------------------------|
| 7/01/94 – 6/30/95 | \$157.69 |
| 7/01/95 – 6/30/96 | \$207.69 |
| 7/01/96 – 12/31/02 | \$257.69 |
| 1/01/03 – 12/31/05 | \$257.69++ |
| On or After 1/01/06 | \$515.38++ |

++For injuries occurring on or after 1/01/03, an employee who becomes entitled to receive a life pension or total permanent disability indemnity shall have that payment increased annually commencing on 1/01/04 and each January 1 thereafter, by an amount equal to the percentage increase in the State Average Weekly Wage as compared to the prior year. See *Labor Code* §4659(c).

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|--------------------|--------------------|---------------------|---------------|---------------|---------------|----------------|--------------------|------------------|-------------------|----------|
| LOS ANGELES COUNTY | SAN GABRIEL VALLEY | SAN FERNANDO VALLEY | ORANGE COUNTY | CENTRAL COAST | INLAND EMPIRE | VENTURA COUNTY | SAN JOAQUIN VALLEY | SAN DIEGO COUNTY | SACRAMENTO COUNTY | BAY AREA |
|--------------------|--------------------|---------------------|---------------|---------------|---------------|----------------|--------------------|------------------|-------------------|----------|