



Employers Insurance Company of Nevada

PO Box 35000, Reno, NV 89511-5000

January 31, 2006

DOMENIC GRIFFIS
PO BOX 612820
SO LAKE TAHOE, CA 96152

Employer: RITE OF PASSAGE INC
Claim No.: 20010160036
Injury Date: 7/5/2001

Dear Mr. Griffis:

As a result of your evaluation on December 6, 2005, you have been granted a permanent partial disability award of forty-four (44%) percent on a body basis for impairment of your head, eyes, lumbar spine and thoracic spine.

This award entitles you to monthly payments in the amount of \$792.00, for five (5) years or until you reach the age of 70, which ever is later. Or, you may elect to receive your award in a lump sum in the amount of \$77,503.76, with the balance paid in monthly payments of \$342.00.

Regardless of which method you choose, you are entitled to an initial installment in the amount of \$1,468.52. The total award amount may vary depending on the date you elect to receive your lump sum, if you choose that method of payment.

Nevada Administrative Code (NAC) 616C.498 states: "An employee injured on or after July 1, 1995, who incurs a permanent partial disability that:

1. Does not exceed 25 percent may elect to receive his compensation in a lump sum.
2. Exceeds 25 percent may elect to receive his compensation in a lump sum equal to the present value of an award for a disability of 25 percent. If the injured employee elects to receive compensation in a lump sum pursuant to this subsection, the insurer shall pay in installments to the injured employee that portion of the injured employee's disability in excess of 25 percent."

By regulation, your acceptance of installment payments does not preclude your appeal rights, reopening rights or vocational rehabilitation efforts. The Employers Insurance Company of Nevada is mandated by regulation to authorize benefits within certain time constraints, whether or not the file is in the appeal process.

Enclosed are two copies of the Election of Method for Payment of Compensation, Reaffirmation and the Injured Worker's Right to Reopen a Claim Which has Been Closed forms. Please sign one copy of each enclosure and return them to the

Employers Insurance Company. The second set is for your records. Also enclosed for your information is frequently asked questions regarding PPD offsets.

If you elect to receive a lump sum and if your claim reopens, future compensation benefits payable to you under this claim will be offset by a portion of the lump sum. These benefits include temporary total disability (TTD), temporary partial disability (TPD), or permanent total disability (PTD), as described in Nevada Revised Statutes (NRS) 616C.405.

If you are injured on the job again in the future, your employer may qualify for recovery through the Subsequent Injury Fund under NRS 616B.587. You must proceed, as with any industrial injury, by reporting your injury to your current employer and forwarding the claim forms to the Employers Insurance Company.

If you sustain an on the job injury after January 31, 2006 and that injury, combined with the previous one, causes you a permanent impairment substantially greater than that which would have been caused by the second injury alone, it is possible that your new employer's industrial insurance account might not be charged for the second injury.

If you or your employer disagrees with this decision, you have the right to file an appeal and mail it directly to the Hearing Officer, Department of Administration, 1050 E. Williams St., Ste 400, Carson City, Nevada 89701. If your request does not reach the Hearings Division within seventy (70) days from the date of this letter, you may lose your right to appeal the decision.

If you have any questions, please contact our customer service center at 1-888-682-6671.

Sincerely,



Amy Rafique
Claims Examiner

AR/js

Enclosure: Election of Method For Payment of Compensation
Reaffirmation/Retraction of Lump Sum Request
Injured Employee's Right to Reopen
Request for Hearing

cc: SUZANNE SCHULTZ, RITE OF PASSAGE INC
JARI SUTTON, ALPINE INSURANCE ASSOCIATES

Injured Employee: **GRIFFIS, DOMENIC**

Date: **1/31/2006**

Claim No.: **20010160036**

Date of Injury: **7/5/2001**

Employer: **RITE OF PASSAGE INC**

Insurer: **Employers Insurance Company
of Nevada**

**ELECTION OF METHOD OF PAYMENT OF COMPENSATION
FOR DISABILITY GREATER THAN 25%
(Pursuant to NRS 616C.495(1)(c))**

I, DOMENIC GRIFFIS
(Name)

562338605
(Social Security Number)

have been advised that I may elect to receive my permanent partial disability compensation on an installment basis or; on a lump sum basis of 25%, plus installment payments on the balance of 19% of my percentage of disability.

Should I elect to receive my compensation on an installment basis, payments will begin on 02/01/2006 and terminate on 09/05/2041 and will be paid at the *monthly rate of \$792.00 for a total installment payment of \$339,782.62.

If I elect to receive my entitlement of 25% on a lump sum basis, I will receive approximately \$78,972.28. This will vary depending on the date I elect to receive my lump sum payment. According to NRS 616C.495(1)(c), if I elect to receive my payment for permanent partial disability in a lump sum, the balance of 19% will be paid on an installment basis. Payments will begin on 02/01/2006 and terminate on 09/05/2041 and will be paid at the monthly rate of \$342.00, for a total of installment payments of \$143,640.00 plus lump-sum payment of \$78,972.28, for a total of \$222,612.28.

My acceptance of the lump sum payment constitutes a final settlement of all factual and legal issues regarding this claim. By so accepting, I waive all of my rights regarding the claim, including the right to appeal from the closure of the case or the percentage of my disability, except:

- (a) My right to request reopening in accordance with the provisions of NRS 616C.390; and
- (b) Any services for counseling, training or other rehabilitation services provided by the insurer.

Further, I realize that I have twenty (20) days after the mailing or personal delivery of this notice within which to retract or reaffirm my request for a lump sum. I also realize that I will not be paid a lump sum until I have reaffirmed this election in writing.

Check one to indicate method of payment desired and sign below.

1. On an installment basis as provided by NRS 616C.490.
2. A lump sum of approximately \$78,972.28, with the remaining installment balance of \$143,640.00 as calculated pursuant to NRS 616C.495.

DATE: _____

INJURED EMPLOYEE: _____

DATE: _____

WITNESS: _____

* Insurer: Designate whether monthly or annual rate.

** Amount depends on actual effective date (date elected).

Injured Employee: GRIFFIS, DOMENIC

Social Security No.: 562338605

Claim No.: 20010160036

Employer: RITE OF PASSAGE INC

Date of Injury: 7/5/2001

**REAFFIRMATION/RETRACTION OF LUMP SUM REQUEST
(Pursuant to NRS 616C.495(2) and NAC 616C.499(1))**

NAC 616C.499(1) provides: If an injured employee elects to receive his award for a permanent partial disability in a lump sum, he must reaffirm his election within 20 days after receiving notification from the insurer pursuant to subsection 2 of NRS 616C.495 before the lump sum will be paid.

Please indicate whether you wish to reaffirm or retract your request for a lump sum payment by checking the appropriate box below. Your decision as indicated on this form constitutes your final election regarding the lump sum payment.

Failure to return this form or not checking one of the boxes may result in a delay in the processing of your award.

I reaffirm the request for my lump sum payment. I understand that in doing so, I am waiving all of my rights regarding the claim, except my right to request reopening and vocational rehabilitation.

I retract the request for my lump sum payment.

Signature of Injured Employee

Date

Witness

Date

Injured Employee: DOMENIC GRIFFIS
Claim No.: 20010160036

**INJURED EMPLOYEE'S RIGHT
TO REOPEN A CLAIM WHICH HAS BEEN CLOSED**

Nevada Revised Statutes (NRS) 616C.390 defines your right to reopen your worker's compensation claim after it has been determined that all benefits have been paid and your claim has been closed.

An application to reopen a claim must be in writing and accompanied by a certificate from a physician or chiropractic showing a change in medical condition.

If you did not lose time from work as a result of your industrial injury or occupational disease and you did not receive a permanent partial disability award, you may not request reopening of your claim more than one (1) year after the date on which your claim was closed.

Except as otherwise provided in NRS 616C.390(4), if the request for reopening is denied, the injured employee shall not request reopening of the claim until at least one (1) year after the date on which the final determination of an insurer is issued.

Reopening of a claim is not effective, and thus no benefits or compensation is available, before the date on which an application for reopening is made unless good cause is shown (NRS 616C.390 (8)). If your claim closes under NRS 616C.235(2), then you may not reopen your claim (NRS 616C.390(6)).

PPD Offset

Nevada Revised Statutes (NRS) 616C.405 prohibits an injured employee from receiving a permanent partial disability (PPD) benefit at the same time you are receiving temporary total disability (TTD), temporary partial disability (TPD), or permanent total disability (PTD).

Further, if you have received a PPD on a claim and you were paid the award in a lump sum, future TTD, TPD or PTD you receive on the same claim must be reduced by a portion of the PPD lump sum: or, if you are receiving installment payments for PPD, those payments will be suspended while TTD, TPD or PTD is being paid.

The rate at which the PPD offset is deducted is the same as the daily/monthly rate of the PPD award. Except for minimum lump sum awards, for each day/month you receive TTD, TPD, or PTD on the claim, the daily/monthly PPD rate is deducted based on the time period used to calculate the lump sum PPD award. (See NRS 616C.440 for specific information regarding offsets to PTD)

Your PPD lump sum was computed through the date before your 70th* birthday. In other words, the lump sum represents permanent partial disability payments due you from the effective date of your initial PPD payment until you turn 70* years old (unless otherwise entitled to the minimum lump sum). Although you received just one lump sum payment(s), this payment represents the present value of all your future PPD payments.

* PPD awards are calculated using the maximum age established by law which, depending on the date of the injury or occupational disease, may be less than 70 years.

REQUEST FOR HEARING-CONTESTED CLAIM
(Pursuant to NAC 616C.274)

REPLY TO: Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-5966

Employee Information		Employer Information	
Employee's Name and Address DOMENIC GRIFFIS PO BOX 612820 SO LAKE TAHOE, CA 96152		Employer's Name and Address RITE OF PASSAGE INC 2560 BUSINESS PKWY STE A MINDEN, NV 89423	
Employee's Telephone Number 530-544-6025	Claim No. 20010160036 CE203	Employer's Telephone Number 775-267-9411	
	Date of Injury 7/5/2001		
Insurer Information		Third-Party Administrator Information	
Insurer's Name and Address Employers Insurance Company of Nevada PO Box 35000, Reno, Nevada 89511-5000		Third-Party Administrator's Name and Address	
Insurer's Telephone Number 1-888-682-6671		Third-Party Administrator's Telephone Number	

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

This request for hearing is filed by, or on behalf of:

The Injured Employee
 The Employer

and is dated this _____ day of _____, 20_____.

Signature of Injured Employee/Employer

Injured Employee's/Employer's Rep. (Advisor)
D-12a (Rev.09/04)

