Dept. of Labor & Industries Self-Insurance PO Box 44892 Olympia WA 98504-4892 This worksheet is a tool to help with LEP calculations, not a required form. While LEP calculations must be submitted to L&I, use of this worksheet is not required.

LOSS OF EARNING POWER (LEP) CALCULATIONS

| | njured Worker | | | | Claim Number | |
|---|--|--|---|--|--|--|
| yment Pe | | | | Number of Cal | endar Days | |
| | From | Through | | | | |
| | e for calculation information. | | | | | |
| ages at t | he Date of Injury | | 0 | | | |
| urrent Wa | ages | | 2 | _ | | |
| me-Loss Rate | | | © | | | |
| ate's Av | erage Wage x 1½ | | 9 | | | |
| .·· Me | ethod A (Complete for all claim | s): | | | | |
| (1) | ` ' | | | D = | | |
| | Current Wages | : (Update | DOI Wages d Wages/Earning Capacity | | Wages at the Time of Injury | |
| (2) | 1.00 | - | Percent of Wages tt the Time of Injury | _ = Loss o | f Earning Power Percent | |
| (3) | | X | | B = | | |
| | Loss of Earning Power Percent | | Time-Loss Compensation Rate | | nod A LEP Entitlement | |
| *************************************** | | | | | | |
| <u> </u> | ethod B (Complete for all claim | _ | Injury (DOI) on or afte | er 05/07/93): | | |
| (4) | DOI Wages | D | Current Wages | 2 = | "Difference" | |
| | (Updated Wages/Earning Capacit | .y <i>)</i> | | | | |
| (5) | | _ X | .80 | = | Method B | |
| · | "Difference" od A is the higher entitleme | _ X | | = | Method B LEP Entitlement | |
| If Meth If Meth | "Difference" od A is the higher entitleme od B is the higher entitleme e injured worker's current w te's average monthly wage. | ent, stop and pa ent, there are 3 rages plus the To see if this o | ay Method A. additional rules to a Method B LEP entit cap applies, use the f | lement may not ex | LEP Entitlement | |
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LOSS OF EARNING POWER INFORMATION

- ◆ Wages at the Date of Injury: The date of injury wage must be updated to reflect the wages the worker would have been earning had the injury not occurred. This is referred to as earning capacity.
- Current Wages: Actual wages earned this payment period.
- ◆ Time-Loss Rate and State's Average Wage x 1½ (see table below): Calculate for the calendar days in the payment period.
- ◆ To be eligible for loss of earning power benefits, the injured worker:
 - (1) Must be working at earnings less than at the time of injury.
 - (2) Must have a loss of earning capacity in excess of 5%,
 - (3) Must have medical certification that loss of earning is due solely to the industrial injury or condition.

1.5 TIMES THE STATE'S AVERAGE WAGE

| Payment Period | Monthly Rate | Daily Rate |
|------------------------|--------------|------------|
| 7-1-15 through 6-30-16 | \$6,853.62 | \$228.45 |
| 7-1-14 through 6-30-15 | \$6,579.38 | \$219.31 |
| 7-1-13 through 6-30-14 | \$6,449.37 | \$214.98 |
| 7-1-12 through 6-30-13 | \$6,236.75 | \$207.89 |
| 7-1-11 through 6-30-12 | \$6,020.25 | \$200.68 |
| 7-1-10 through 6-30-11 | \$5,894.12 | \$196.47 |
| 7-1-09 through 6-30-10 | \$5,781.99 | \$192.73 |
| 7-1-08 through 6-30-09 | \$5,590.13 | \$186.34 |
| 7-1-07 through 6-30-08 | \$5,322.99 | \$177.43 |
| 7-1-06 through 6-30-07 | \$5,048.12 | \$168.27 |
| 7-1-05 through 6-30-06 | \$4,879.74 | \$162.66 |
| 7-1-04 through 6-30-05 | \$4,849.25 | \$161.64 |
| 7-1-03 through 6-30-04 | \$4,742.49 | \$158.08 |
| 7-1-02 through 6-30-03 | \$4,653.62 | \$155.12 |
| 7-1-01 through 6-30-02 | \$4,611.12 | \$153.70 |
| 7-1-00 through 6-30-01 | \$4,451.25 | \$148.38 |
| 7-1-99 through 6-30-00 | \$4,107.75 | \$136.93 |
| 7-1-98 through 6-30-99 | \$3,809.87 | \$127.00 |
| 7-1-97 through 6-30-98 | \$3,574.25 | \$119.14 |
| 7-1-96 through 6-30-97 | \$3,395.79 | \$113.19 |
| 7-1-95 through 6-30-96 | \$3,257.25 | \$108.58 |
| 7-1-94 through 6-30-95 | \$3,188.63 | \$106.29 |
| 7-1-93 through 6-30-94 | \$3,166.43 | \$105.55 |
| 5-7-93 through 6-30-93 | \$2,960.25 | \$98.68 |