

WORKERS' COMPENSATION UNDER STATE LAWS, JANUARY 1, 2003

Jurisdiction	Region	Jan. '03 Compulsory Law* (Other Elective)	Jan. '03 Firms Employing Fewer Than	Exemptions			Waiting Period, Jan. '03		Permanent Total Disability, Jan. '03			Temporary Total Disability, Jan. '03			Permanent Partial Disability, Jan. '03			Death Benefits, Jan. '03	
				Coverage of Agricultural Workers	Coverage of Domestic Workers	Jan. '03 Maximum Medical Care	No Benefit Payment for First	Unless Time Off Exceeds	Intended Benefit as % of Weekly	Maximum % of SAAWW	Duration (in Weeks)	Amount	Maximum Weekly Benefit Allowed	Duration (in Weeks)	Amount	Maximum Weekly Benefit Allowed	Duration (in Weeks)	Amount	Maximum Weekly Benefit
New Hampshire	Eastern	●	0	C		Full	3	14	60	1,018	150	Duration of Disability		1,018	262	\$266,847	1,018	W, C-18 +	No Limit
District of Columbia	Eastern	●	0	C		Full	3	14	66 2/3	1,022	100	Duration of Disability		1,022	Duration of Disability		1,022	W, C-18 +	No Limit
Massachusetts	Eastern	●	0	C		Full	5	21	66 2/3	882	100	Duration of Disability		882	260	In Proportion to Scheduled Injuries	882	W, C-18 +	\$220,642+
Connecticut	Eastern	●	0	C		Full	3	7	75 ⁷	909	100	Duration of Disability ⁴		909	520	Social Security Benefit Offset	909	W, C-18 +	No Limit ⁴
Vermont	Eastern	●	0	C		Full	3 ³	7	66 2/3	865	150	Duration of Disability		865	Med. Imp.	Per Rating to AWA	865	W-Until Age 62 C-18 +	No Limit
Maryland	Eastern	●	0	C		Full	3	14	66 2/3	722	100	Duration of Disability		722	Duration of Disability		722	W, C-18 +	\$45,000
Rhode Island	Eastern	●	0	C		Full	3 ³	0	75 ⁷	702	110	Duration of Disability		702	Duration of Disability		702	W, C-18 +	No Limit
Pennsylvania	Eastern	●	0	C		Full	7	14 ⁵	66 2/3	675	100	Duration of Disability		675	Duration of Disability		675	W, C-18 +	No Limit
New Jersey	Eastern	●	0	E		Full	7	7	70	638	75	450 ⁴	Board May Extend	638	600	Based on % Disability	638	W, C-18 +	No Limit
West Virginia	Eastern	●	0	C		Full	3	7	66 2/3	526	100	Duration or To age 65		526		Based on % Permanent Physical Impairment	526	W, C-18 +	No Limit
Maine	Eastern	●	0	C		Full	7	14 ⁵	80 ⁷	491	90	Duration of Disability ⁴		491	364	Based on % Disability	491	W-500 Wks. C-18 +	\$245,675
Delaware	Eastern	●	0	E		Full	3	7 ⁵	66 2/3	491	66 2/3	Duration of Disability		491	300	\$147,471	491-589	W, C-18 +	No Limit
New York	Eastern	●	0	C		Full	7	14	66 2/3	400	N/A	Duration of Disability		400	Duration of Disability		400	W, C-18 +	No Limit ⁴
Puerto Rico	Eastern	●	0	C		Full	3 ³	10	66 2/3	200 Payable Per Month	N/A	Duration of Disability	\$24,300	65	In Proportion to Scheduled Injuries	\$12,000	200 Payable Per Month	W, C-18 +	No Limit
Iowa	Midwest	●	0	C		Full	3 ³	14	80 ⁷	1,103	200	Duration of Disability		1,103	500	In Proportion to Scheduled Injuries	1,103	W, C-18 +	No Limit
Illinois	Midwest	●	0	C		Full	3 ³	14	66 2/3	998	133 1/3	Life		998	500	In Addition to TTD	998	W, C-18 +	The Greater of 20 Yrs. or \$250,000
Minnesota	Midwest	●	0	C		Full	3 ³	10	66 2/3	750	N/A	To Age 67 ⁴		750	104	Based on % Permanent Physical Impairment	750	W-10 Yrs. + C-18 +	\$390,000 ⁴
Wisconsin	Midwest	●	3	C		Full	3	7	66 2/3	647	110	Life		669	1,000	\$222,000	669	W-300 Wks. C-18 +	\$200,700
Michigan	Midwest	●	3	C		Full	7	14 ⁵	80 ⁷	653	90	Duration of Disability		653	Duration of Disability ⁴	Subject to Reduction by UI	653	W-500 Wks. C-18 +	\$326,500
Missouri	Midwest	●	5	E		Full	3	14	66 2/3	649	105	Duration of Disability		649	400	\$136,048	649	W, C-18 +	No Limit
Ohio	Midwest	●	0	C		Full	7	14 ⁵	66 2/3	644	100	Life ⁴		644	200	In Addition to TTD	644	W, C-18 +	No Limit
Indiana	Midwest	●	0			Full	7 ³	21	66 2/3	588	N/A	500	\$294,000	588	Duration of Disability	Based on % Permanent Physical Impairment	588	W-500 Wks. C-18 +	\$294,000
Nebraska	Midwest	●	0	E		Full	7	42	66 2/3	542	100	Duration of Disability		542	300	TTD Benefit Deducted \$162,600	542	W, C-18 +	No Limit

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				Jan. '03 Maximum Medical Care	Coverage of Agricultural Workers	Coverage of Domestic Workers	No Benefit Payment for First	Unless Time Off Exceeds	Maximum % of SAWW	Duration (in Weeks)	Benefit Limitations Amount	Maximum Weekly Benefit Allowed	Duration (in Weeks)	Benefit Limitations Amount	Maximum Weekly Benefit Allowed	Duration (in Weeks)	Benefit Limitations Amount	Maximum Weekly Benefit	Time	Benefit Limitations Amount	
North Dakota	Midwest	●	0				4	5	66 2/3	537	110	Duration or To age 65 ⁴	537	1,500	In Proportion to Scheduled Injuries Child	\$537 Plus \$10 Each Child	W, C-18 +	\$250,000			
Oklahoma	Midwest	●	0	C			3		70	528 Injuries Occurring 11/1/02 - 10/31/05	100	Duration of Disability	528	500	\$132,000	\$482 Plus \$50/Mo. Ea. Child	W, C-18 +	No Limit			
South Dakota	Midwest	●	0	C			7	7	66 2/3	482	100	Duration of Disability	482	Duration of Disability			W, C-18 +	No Limit			
Kansas	Midwest	●	Firms With Less Than \$20,000 Payroll				7 ³	21	66 2/3	432	75	Duration of Disability	432	415	Social Security Benefit Offset	Social Security Benefit Offset	W, C-18 +	W-\$259,791			
North Carolina	Southern	●	3	C			7	21	66 2/3	674	110	Duration of Disability	674	300	\$202,200		W-400 Wks. C-18+	Benefits for Life if Survivor Unable to Work			
Virginia	Southern	●	3	C			7	21	66 2/3	681	100	Duration of Disability	681	500	Benefit may be Extended		W-500 Wks. C-18 +	\$340,500			
Florida	Southern	●	4	C			7	21	66 2/3	608	100	Duration of Disability ⁴	608	104	\$63,232 ⁴		W, C-18 +	Based on % Permanent Physical Impairment			
Tennessee	Southern	●	5				7	14	66 2/3	599	100	Until retirement age	599	400	\$239,600		W, C-18 +	\$239,600			
Kentucky	Southern	●	0				7	14	66 2/3	416	75	Duration of Disability	571	425	Social Security Benefit Offset	Social Security Benefit Offset	W, C-18 +	No Limit			
Alabama	Southern	●	5				3 ³	21	66 2/3	569	100	Duration of Disability	569	300	TID Benefit May Be Deducted		500 Weeks	\$274,500			
South Carolina	Southern	●	4				7	14	66 2/3	563	100	500	563	\$191,607		W-500 Wks. C-18 +	\$281,775				
Texas	Southern	●	0	E			7	28	75	537	100	401 +/or Injuries in Statute	537	401	\$149,573		W, C-18 +	No Limit			
Arkansas	Southern	●	3				7	14	66 2/3	440	85	Duration of Disability	440	450	\$198,000		W, C-18 +	No Limit			
Georgia	Southern	●	3	E			7	21	66 2/3	400	N/A	Duration of Disability	400	400	\$160,000	Based on Statutory Schedule	400 Weeks	Not to Exceed \$125,000			
Louisiana	Southern	●	0	C			7	42	66 2/3	416	75	Duration of Disability ⁴	416	520	\$216,320		W, C-18 +	No Limit			
Mississippi	Southern	●	5				5	14	66 2/3	331	66 2/3	450	331	\$148,977		W-450 Wks. C-18 +	\$148,977				
Washington	Western	●	0	C			3 ³	14	60-75	868	120	Life	868	Based on % Permanent Physical Impairment	\$149,116		W, C-18 +	No Limit			
Alaska	Western	●	0	C			3	28	80 ⁷	814	120	Duration of Disability ⁴	814	In Proportion to Scheduled Injuries		W-12 Yrs. Unless Diab. or Age 52	814	No Limit ⁴			
Oregon	Western	●	0	C			3 ³	14 ⁵	66 2/3	650	100	Duration of Disability ⁴	865	Based on % Disability		W, C-18 +	No Limit				
Colorado	Western	●	1	C			3	14	66 2/3	645	91	Life	659	Duration of Disability	\$120,000		W, C-18 +	No Limit ⁴			

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			Jan. '03 Firms Employing Fewer Than	Coverage of Agricultural Workers	Coverage of Domestic Workers	Jan. '03 Maximum Medical Care	No Benefit Payment for First	Unless Time Off Exceeds	Intended Benefit as % of Weekly	Maximum % of SAWW	Duration (in Weeks)	Benefit Limitations Amount	Maximum Weekly Benefit Allowed	Duration (in Weeks)	Benefit Limitations Amount	Maximum Weekly Benefit Allowed	Duration (in Weeks)	Benefit Limitations Amount	Maximum Weekly Benefit	Time
Nevada	Western	●	0			Full	5 ³	5	66 2/3	580	100	Life	Duration of Disability	580	Based on % Disability	580	W, C-18 +	No Limit		
Hawaii	Western	●	0	C			3 ³		66 2/3	580	100	Duration of Disability	Duration of Disability	580	In Proportion to Scheduled Injuries	580	W-312 Wks. C-18 +	\$180,960		
Wyoming	Western	●	0	E		Full	3 ³	8	66 2/3	527	100	350	Duration of Disability	527	In Proportion to Scheduled Injuries	364	W-54 mos. C-18 +	\$65,321		
New Mexico	Western	●	3			Full	7	28	66 2/3	540	100	Life	Duration of Disability	540	Based on % Disability TTD	540	W-700 Wks. C-18+	\$378,049		
California	Western	●	0	C		Full	3 ³	14 ⁵	66 2/3	602	66 2/3	Life	Duration of Disability	602	Based on % Disability	230	602	\$160,000		
Idaho	Western	●	0	C		Full	5	14 ⁵	67	474/ First 52 wks. Thereafter 67%	90	52	Duration of Disability	474/ First 52 wks. Thereafter, 353	Thereafter, 67% of SAWW for Duration	289	500	316	500 Weeks	\$158,100
Utah	Western	●	0	C		Full	3 ³	14	66 2/3	478	85	Life if Cannot be Rehabilitated	312	562	TTD Benefit Deducted	375	312	478	312 Weeks	\$149,136
Montana	Western	●	0	C		Full	5	5	66 2/3	473	100	Duration of Disability ⁴	Duration of Disability ⁴	473	Based on % Disability	236	350	473	W-500 Wks. C-18 +	\$236,500
Arizona	Western	●	0	E		Full	7	14	66 2/3	374	N/A	Duration of Disability	Duration of Disability	374	Based on % Disability	374	369	369	W, C-18 +	No Limit

Legend: C-Compulsory
E-Elective

Chart prepared by the AFL-CIO Safety and Health Department from data supplied by the US Department of Labor, June 2002.

Footnotes:

1. Employer must petition for further treatment.
2. Certain occupational diseases are not covered unless employee is on temporary or permanent disability.
3. Temporary total and/or disability only.
4. Subject to Social Security or Unemployment Insurance offset.
5. No waiting period under certain conditions.
6. Benefits frozen by legislature.
7. As a (%) percentage of workers' spendable earnings.