State of Connecticut Workers’ Compensation Commission

COMMUTATION AND WHAT IT MEANS

A COMMUTATION is a lump sum payment of Permanent Partial Disability (PPD) benefits as awarded by a Voluntary Agreement approved by this office. Instead of benefits paid on a weekly basis, you or your attorney may request that the Administrative Law Judge order the insurance company to pay either a portion or the entire amount of the award in a lump sum.

Commutations are awarded pursuant to Section 31-302 of the Connecticut General Statutes. Since this is a “discretionary” award, the Administrative Law Judge may refuse to grant any lump sum payment if he/she does not feel it would be in your best interest.

If the Administrative Law Judge grants your request for this commutation, the total amount of the award will be reduced by 3% per annum, compounded weekly, which represents the discount the insurance company is entitled to for paying you future benefits now.

In addition, you should understand that by accepting the commutation you will be receiving benefits that would normally have been paid over a specific number of weeks. Therefore, if your doctor should determine in the future that you are totally disabled at any time during this specific number of weeks, the insurance company may refuse to pay you any further benefits. Any change in your circumstances will probably require a hearing before an Administrative Law Judge.

If you have any questions regarding the Commutation or its effect on your entitlement to future benefits, please ask your attorney or the workers’ compensation district office/Administrative Law Judge.

Please initial your answers to the following:

YES          NO

a.)  I have returned to work.          _____        _____
b.)  I understand the issue discussed above.           _____        _____
c.)  I still wish to receive all or a portion of my PPD award in a lump sum payment.         _____   _____

_______________________________          _______________________________
Witness / Attorney                        Date          Claimant                                        Date

WCC File #: _______________________

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