

# WORKER'S COMPENSATION COMMISSION

Department of Labor \* Government of Guam  
 P.O. Box 9970 Tamuning Guam 96931  
 Tel: (671) 300-4571/77 \* Fax: (671) 475-6811

**WCC File #:**

**INSTRUCTIONS:** This notice **MUST** be filed with the Commissioner within 16 days after compensation has either been suspended or terminated. If payments have been suspended but will be reinstated or are being modified, indicate on Item 11 and the reasons therefore. This form is to be used in reporting either disability or death payments.  
**PENALTY FOR LATE OR NON-FILING:** Delay in or failure to file this notice as required by the Worker's Compensation Commission shall subject payor to a penalty of \$100. 22 GCA 9115(q). **PLEASE PRINT OR TYPE.**

1. Name of injured Employee, DOB, & SSN:     -     -		2. Name of Employer & EIN:	
3. Employee's mailing address:		4. Employer's mailing address & telephone no.:	
5. Date of injury/illness:	6. Date Employee first lost time:	7. Date Employee first lost pay:	

8. Date Employee medically able to return to work:	9. Date Employee returned to work:
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10. AVERAGE WEEKLY WAGE (AWW)	*	0.6666	=	(WEEKLY COMPENSATION RATE)
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11. State reason for suspension or termination of compensation:

12. ENTER ALL DISABILITY PAYMENTS (22 GCA 9109)					
TYPE OF DISABILITY	FROM	TO	AMT PAID PER WEEK	# OF WEEKS PAID	TOTAL
Temporary Total					
Temporary Partial					
Permanent Total					
Permanent Partial	%	Part of Body			

13. ENTER ALL DEATH COMPENSATION (22 GCA 9110)			
NAME OF DEPENDENTS	AMOUNT	OTHER PAYMENTS	AMOUNT
a.			
b.			
c.			
d.			

14. ENTER OTHER PAYMENTS			
Attorney Fees		Interest	
Penalty for late payment		<b>TOTAL</b>	

15. Name of Insurance Carrier:	16. Mailing address of Insurance Carrier:
17. Name & signature of Carrier's authorized agent:	
18. Date of this notice:	

**\*\*\* FOR STATISTICAL PURPOSES ONLY \*\*\***

<b>Please choose one ETHNICITY:</b>	<b>Please choose one CITIZENSHIP:</b>
Yapese      Chinese      American Chuukese    Korean      African American Kosraean    Japanese    Filipino Pohnpeian   Chamorro    Other (specify):	United States Permanent Resident Alien: Other (specify):