

# REEMPLOYMENT BENEFITS PLAN CHECKLIST

ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT  
 Reemployment Benefits Section  
 3301 Eagle Street, Suite 301  
 Anchorage, AK 99503-4149

<b>AWCB Case Number</b>
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**INSTRUCTIONS:** This form is to be used to submit a Reemployment Benefits Plan report. Before the plan will be reviewed, you must comply with the following:

- I. Include all information required under AS 23.30.041(h) to support the chosen retraining option under AS 23.30.041(i);
- II. Include a physician's approval of a job analysis of the plan goal showing that Employee will have the physical capacities to perform the job duties of the reemployment plan; and
- III. Indicate the anticipated start and ending date of the plan.

<b>1. Employee's Name (Last, First, Middle Initial)</b>			<b>2. Insurer Claim No.</b>		<b>3. Date of Injury</b>				
<b>4. Address</b>						<b>5. Social Security Number</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Telephone Number</b>		<b>6. Date of Birth</b>		
<b>7. Employer</b>				<b>8. Insurer</b>					
<b>9. Address</b>				<b>10. Address</b>					
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Telephone</b>	<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Telephone</b>
<b>11. Retraining Option:</b>									
<input type="radio"/> a. On-the-job Training;			<input type="radio"/> b. Vocational Training;			<input type="radio"/> c. Self-employment;			
<input type="radio"/> d. Academic Training; or			<input type="radio"/> e. Combination of a - d.						

**MARK AS APPROPRIATE:**

<input type="checkbox"/> <b>12.</b> Remunerative employability, defined at AS 23.30.041(r)(7) is met as a result of this reemployment benefits plan and calculated per regulation 8 AAC 45.490(1)(2) (3) or (4).
<input type="checkbox"/> <b>13.</b> Labor market information/survey is attached to support remunerative employability.
<input type="checkbox"/> <b>14.</b> State of Alaska Classified Employee has been advised of his/her rights and responsibilities under AS 39.25.158.
<input type="checkbox"/> <b>15.</b> Justification of selected training option to support "ensures remunerative employability in the shortest possible time" by including a brief discussion of several jobs under at least two or more of the retraining options.

**THE REEMPLOYMENT PLAN CONTAINS THE FOLLOWING (THESE ARE MINIMUM REQUIREMENTS):**

<input type="checkbox"/> <b>16.</b> An occupational goal in the labor market:    DOT No. _____ Job Title _____								
<input type="checkbox"/> <b>17.</b> An Inventory of Employee's								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> a. Technical Skills</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> b. Transfer of Skills Analysis</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> c. Academic Achievement</td> <td style="padding: 5px;"><input type="checkbox"/> d. Physical Capacities</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> e. Emotional Condition</td> <td style="padding: 5px;"><input type="checkbox"/> f. Intellectual Capacities</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> g. Family Support</td> <td></td> </tr> </table>	<input type="checkbox"/> a. Technical Skills	<input type="checkbox"/> b. Transfer of Skills Analysis	<input type="checkbox"/> c. Academic Achievement	<input type="checkbox"/> d. Physical Capacities	<input type="checkbox"/> e. Emotional Condition	<input type="checkbox"/> f. Intellectual Capacities	<input type="checkbox"/> g. Family Support	
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<input type="checkbox"/> g. Family Support								
<input type="checkbox"/> <b>18.</b> A plan to acquire the occupational skills to be employable to include continuous participation.								

**CONTINUED ON BACK**

**REEMPLOYMENT BENEFITS PLAN (CONT.):**

<b>19. Employee's Name (Last, First, Middle Initial)</b>	<b>20. AWCB Case Number</b>
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**THE REEMPLOYMENT PLAN CONTAINS THE FOLLOWING (Continuation):**

<input type="checkbox"/> <b>21.</b> The cost estimate of the reemployment plan (note AS 23.30.041(l) limit of \$10,000); If injury occurred on or after July 1, 2000 \$13,300. An estimate of the rehabilitation specialist's fees to monitor the plan is included.
<input type="checkbox"/> <b>22.</b> The estimated length of time the plan the plan will take.
<input type="checkbox"/> <b>23.</b> The date the plan will begin.
<input type="checkbox"/> <b>24.</b> The date the plan is estimated to end.
<input type="checkbox"/> <b>25.</b> The estimated time of medical stability as predicted by a physician.
<input type="checkbox"/> <b>26.</b> A detailed description and plan schedule.
<input type="checkbox"/> <b>27.</b> A finding by the rehabilitation specialist that the inventory under subsection 41(h)(2) indicates Employee can reasonably be expected to satisfactorily complete the plan and perform in the new occupation.

**28. PROOF OF SERVICE:** I certify that on the date in #32 below, I mailed a copy of the Reemployment Plan and checklist to the following:

- a. Employee.
- b. Employer.
- c. Insurer.
- d. The Board at the address in the heading.
- e. Other (State Name and Address):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

<b>29. Name of Rehabilitation Specialist</b>		<b>30. Signature</b>	
<b>31. Rehabilitation Specialist Address</b>			<b>32. Date Mailed</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>