District of Columbia Government
Office of Workers' Compensation
4058 Minnesota Avenue, N.E.
Washington, DC 20019
(202) 671-1000

Date of This Report

Employee Social Security No.

Employer Identification No.

Insurer No.

Warning: *It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*

NOTICE OF FINAL PAYMENT OF COMPENSATION PAYMENTS

Employee Name and Address:	Employer Name and Address:	Insurer Name and Address:

INSTRUCTIONS: This notice must be filed with the Office of Workers' Compensation, P.O. Box 56098, Washington, D.C. 20011, within 16 days after compensation has ended, subject to civil penalty.

Date and time of Injury: _____ Date of Last Payment: _____
Date employee returned to work: _____ Date employee lost pay because of injury: _____
Date employee able to return to work, per physician's report of work ability: _____
Was compensation paid at the maximum rate? ❑ Yes ❑ NO

Average weekly wage $_____ multiplied by 2/3 = Compensation rate $_____

State reasons for ending of payments:

Enter All Disability Payments

TYPE OF DISABILITY	FROM (mo-day-yr)	To (mo-day-yr	AMT. PAID PER WEEK	NO. OF WEEKS PAID	TOTAL
Temporary total					
Temporary partial Permanent Partial (non-schedule)					
Permanent Partial (Schedule loss, facial or other disfigurement)	Percent	Part of Body			
				Total	**$**

ENTER OTHER PAYMENTS

a. Attorney fees _____ **b. Penalty for late payment _____**	**c. Interest _____**	**TOTAL:**

Name of insurance carrier or self- insured employer

Signature of person authorized to sign for carrier | **TITLE**

EMPLOYEE PLEASE READ CARFULLY	**If you have any permanent impairment of the body or other disability from the injury for which you have not received compensation, you should inform the Director at the above address of same, and request Form No. 7a DCWC in order to preserve your claim and rights under the law.**