

SCHEDULE OF FUTURE PAYMENTS
FOR THE
BALANCE OF THE PERMANENT PARTIAL DISABILITY AWARD

CLAIMANT: _____ CLAIM #: _____

CLAIMANT ADDRESS: _____

EMPLOYER: _____

FIRM#: _____

AMOUNT OF AWARD: _____

INITIAL PAYMENT: _____

DATE INITIAL PAYMENT PAID: _____

UNPAID BALANCE: _____

DATE OF PAYMENT	UNPAID BALANCE	INTEREST	TIME LOSS SCHEDULE	AMT OF PAYMENT