		SUMMAI	RY OF WORK	ERS' COMPEN	NSATION PRO	VISIONS			
GEORGIA WORKERS' COMPENSATION ACT AMENDED ON:			7/1/07	7/1/13	7/1/15	7/1/16	7/1 /19	7/1/22	7/1/23
TOTAL DISABILITY - O.C.G.A		<u></u> /	<u></u>	<u></u>	<u></u>	<u></u>	<u>.,,,,,,,</u>	<u></u>	
Waiting period	7 days	7 days	7 days	7 days	7 days	7 days	7 days		
Waiting period recoverable after (consecutive from disability date)			21 days	21 days	21 days	21 days	21 days	21 days	21 days
Maximum weekly benefit			\$500	\$525 [°]	\$550	\$575 [°]	\$675 [°]	\$725	\$800
Percent of average weekly wage (13 weeks prior to accident)			66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
Minimum weekly benefit			\$45	\$50	\$50	\$50	\$50	\$50	\$50
Maximum weekly duration from date of injury			400**	400**	400**	400**	400**	400**	400**
TEMPORARY PARTIAL DISA	100	100	100	100	100	100	100		
Maximum weekly benefit			\$334	\$350	\$367	\$383	\$450	\$483	\$533
Maximum weekly duration from date of injury			350	350	350	350	350	350	350
Percent of difference in wages before and after injury			66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
Total maximum compensation			\$116,900	\$122,500	\$128,450	\$134,050	\$157,500	\$169,050	\$186,550
	\$110,900	<i><i><i>4122</i>,500</i></i>	\$120,100	¢15 1,050	φ157,500	\$109,000	\$100,550		
PERMANENT PARTIAL DISABILITY - O.C.G.A. §34-9-263 Maximum weekly benefit			\$500	\$525	\$550	\$575	\$675	\$725	\$800
Percent of difference in wages			66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
SPECIFIC MEMBER - LOSS	OR LOSS OF USE	∩ OF•	00 2/5/0	00 2/5/0	00 2/5/0	00 2/5/0	002/5/0	002/5/0	00 2/5/0
Weeks Weeks									
Thumb	<u>60</u>	Arm	225	<u>x5</u>					
1st (index) finger	40	Foot	135						
2nd (middle) finger	35	Leg	225						
3rd (ring) finger	30	Eye	150						
4th (little) finger	25	Loss of Hearing							
	Great Toe 30 Total In								
	Other Toes 20 Loss of Hearing (b								
Hand	160		Industrial 150						
Disfigurement	None	Disability/Whole							
Distigurement	INOILE	Disability/ whole	500 S00						
DEPENDENCV (DEATH) BENE	TEITS - O C C A 8	31_9_265							
DEPENDENCY (DEATH) BENEFITS - O.C.G.A. §34-9-265 Maximum weekly benefit			\$500	\$525	\$550	\$575	\$675	\$725	\$800
Maximum weekly benefit Maximum duration from date of injury			Various	Various	Various	Various	Various	Various	Various
			\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Burial expense Total maximum benefit			\$150,000*	\$150,000*	\$220,000*	\$230,000*	\$270,000*	\$290,000*	\$320,000*
Total maximum benefit		All others	All others	All others	All others	All others	All others	All others	
		Vary	Vary	Vary	Vary	Vary	Vary	Vary	
PARTIAL DEPENDENTS			v ai y	v al y	v ai y	v al y	v al y	v al y	v al y
According to the ratio that the con	ntribution bears to w	10 0 00							
times the amount due a spouse - N	Various	Various	Various	Various	Various	Various	Various		
MEDICAL BENEFITS			various	v arious	various	various	various	v arious	various
Medical Allowance			Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Maximum Weeks		Unlimited	400**	400**	400**	400**	400**	400**	
MISCELLANEOUS			Omminued	400	400	400	400	400	400
			70/	70/	50/	50/	50/	50/	50/
Interest in lump sum payment Statute of limitations:			7% per annum	7% per annum	5% per annum	5% per annum	5% per annum	5% per annum	5%per annum
For reporting accidents to	1 or 2 yrs	1 or 2 yrs	1 or 2 yrs	1 or 2 yrs	1 or 2 yrs	1 or 2 yrs	1 or 2 yrs		
For appeal to Three Member Board (from date of prior award)			20 days	20 days	20 days	20 days	20 days	20 days	20 days
For appeal to Superior Court (from date of prior award) For discretionary appeal to Court of Appeals (from date of prior award)			20 days	20 days	20 days	20 days	20 days	20 days	20 days
Number of employees requir	red to come under law	uate of prior award)	3	30 days	30 days 3	30 days	30 days 3	30 days	30 days 3
Mileage Reimbursement (per mile) - Rule 203 (d) or (e)			\$.40	\$.40	\$.40	\$.40	\$.40	\$.40	\$.45
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**Except for catastrophic injures which are unlimited; See O.C.G.A. 34-9-200(3)(A) for medical exceptions