

**ROXANNE M. MASSEY**  
**Rating Services**  
1251 W. SEPULVEDA BLVD., #176  
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**COMMUTATION REQUEST:**

Injured worker: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

P&S date: \_\_\_\_\_

Attorney fee% (If applicable): \_\_\_\_\_

Annual SAWW increase (If applies): \_\_\_\_\_ (4.6% will be used unless otherwise specified)

**Permanent Disability:**

PD Rate: \_\_\_\_\_

PD Duration (in weeks): \_\_\_\_\_

Initial PD Rate: \_\_\_\_\_

**Life Pension:**

Date of Birth: \_\_\_\_\_

PD Start date: \_\_\_\_\_

PD Duration (in weeks): \_\_\_\_\_

Initial LP Benefits: \_\_\_\_\_

Gender: \_\_\_\_\_

**100% Permanent Total Disability:**

Date of Birth: \_\_\_\_\_

PTD start date: \_\_\_\_\_

Initial rate of PTD Benefits: \_\_\_\_\_

Gender: \_\_\_\_\_