Minnesota Department of Labor and Industry Workers' Compensation Division <a href="https://www.dli.mn.gov/wc/wcforms.asp">www.dli.mn.gov/wc/wcforms.asp</a>

## **Benefit Addendum**

Enter dates in MM/DD/YYYY format.

PRINT IN INK or TYPE						
WID or SSN	DATE OF INJURY					
EMPLOYEE						
INSURER CLAIM NUMBER	DATE SE	DATE SERVED ON EMPLOYEE				
This addendum must be attached Use this page ONLY if you have page	to one of the follo aid more benefits	wing benefit fo than recorded	orms: (check one I on the benefit fo	e) 🔲 orm. 🗍	NB01 ND01 IS03 BD02	
THE FOLLOWING BENEFITS HAVE BEEN PAID		FROM	THROUGH	WEEKS	RATE	*TOTAL