

**SCHEDULE OF DISABILITIES AND MAXIMUM BENEFITS EXCLUSIVE OF AMPUTATION AND ENUCLEATION**  
EFFECTIVE 1/1/2005

PER-CENT	HAND 245 WEEKS	ARM 330 WEEKS	FINGERS - SEE FOOTNOTE					LEG 315 WEEKS	FOOT 230 WEEKS	TOES		EYE 200 WEEKS	HEARING		PARTIAL TOTAL BASED ON 600 WEEKS	PER-CENT
			THUMB 75 WEEKS	FIRST 50 WEEKS	SECOND 40 WEEKS	THIRD 30 WEEKS	FOURTH 20 WEEKS			GREAT TOE 40 WEEKS	OTHER TOE 15 WEEKS		1 EAR 60 WEEKS	2 EARS 200 WEEKS		
1	2.4500 436.10	3.3000 587.40	0.7500 133.50	0.5000 89.00	0.4000 71.20	0.3000 53.40	0.2000 35.60	3.1500 560.70	2.3000 409.40	0.4000 71.20	0.1500 26.70	2.0000 356.00	0.6000 106.80	2.0000 356.00	6.0000 1,068.00	1

**Footnote: Hand or Thumb and First and Second Fingers (on 1 Hand) or 4 Fingers (on 1 Hand)**

**EXPLANATION:** The percent columns on the outside of the chart represent percentage of disability. The remaining columns show this percentage in terms of weeks and total benefits. The top figure in each box represents weeks, and the lower figure is dollar benefits.

WEEKS	90	90	97	103	109	115	121	127	133	139	145	151	157	163	169	175																	
MAX. DOLLAR AMT.	16,020	17,952	19,122	20,346	21,624	22,956	24,342	25,782	27,276	28,824	30,420	32,070	33,774	35,532	37,344	39,210																	
90	178																																
91 TO 96	21% of SAW	178	187																														
97 TO 102	22% of SAW	187	187	195																													
103 TO 108	22% of SAW	187	187	195	204																												
109 TO 114	24% of SAW	187	187	195	204	213																											
115 TO 120	24% of SAW	187	187	195	204	213	222																										
121 TO 126	25% of SAW	187	187	195	204	213	222	231																									
127 TO 132	27% of SAW	187	187	195	204	213	222	231	240																								
133 TO 138	28% of SAW	187	187	195	204	213	222	231	240	249																							
139 TO 144	28% of SAW	187	187	195	204	213	222	231	240	249	258																						
145 TO 150	28% of SAW	187	187	195	204	213	222	231	240	249	258	266																					
151 TO 156	28% of SAW	187	187	195	204	213	222	231	240	249	258	266	275																				
157 TO 162	28% of SAW	187	187	195	204	213	222	231	240	249	258	266	275	284																			
163 TO 168	28% of SAW	187	187	195	204	213	222	231	240	249	258	266	275	284	293																		
169 TO 174	28% of SAW	187	187	195	204	213	222	231	240	249	258	266	275	284	293	302																	
175 TO 180	28% of SAW	187	187	195	204	213	222	231	240	249	258	266	275	284	293	302	311																
181 TO 210	28% of SAW															311																	
211 TO 240	28% of SAW																355																
241 TO 270	48% of SAW																	400															
271 TO 300	50% of SAW																		444														
301 TO 330	52% of SAW																			489													
331 TO 360	52% of SAW																				533												
361 TO 390	55% of SAW																					577											
391 TO 420	70% of SAW																						622										
421 TO 600	75% of SAW																							666									

SAW \$888.30  
 Maximum Rate \$666.00  
 Maximum Rate Chart  
 Permanent/Partial Disability  
 Compensation Rate - 70% of Wage  
 Minimum Rate \$35.00 per week  
 Amputation - 30% of Award - Added  
 no counsel fee  
 25 Weeks Additional for Enucleation  
 of Eye

1/1/2005  
 TOTAL PERMANENT DISABILITY - 70% of Wages - Maximum \$666.00 - Minimum \$178.00 - 450 Weeks. Plus Additional Benefits as Set Forth in R.S. 34:15-12(b)  
 TEMPORARY DISABILITY - 70% of Wages - Maximum \$666.00 - Minimum \$178.00 - Maximum 400 Weeks  
 DEATH BENEFITS - 70% of Wages - 450 Weeks Plus Spouse's Statutory Benefits - Maximum Rate \$666.00  
 FUNERAL ALLOWANCE - Not to Exceed \$3,500.00