Minnesota Department of Labor and Industry
Workers' Compensation Division
www.dli.mn.gov/wc/wcforms.asp

Benefit Addendum

Enter dates in MM/DD/YYYY format.

Reset

PRINT IN INK or TYPE

WID or SSN	DATE OF INJURY
EMPLOYEE	
INSURER CLAIM NUMBER	DATE SERVED ON EMPLOYEE

This addendum must be attached to one of the following benefit forms: (check one)
Use this page ONLY if you have paid more benefits than recorded on the benefit form.

- ☐ NB01
- ☐ ND01
- ☐ IS03
- ☐ BD02

THE FOLLOWING BENEFITS HAVE BEEN PAID	FROM	THROUGH	WEEKS	RATE	*TOTAL

*Include attorney fees in these totals.

Distribution: Workers' Compensation Division, Employer, Employee, Insurer