

**RHODE ISLAND GOVERNMENT REGISTER
PUBLIC NOTICE OF PROPOSED RULEMAKING**

AGENCY: Department of Labor and Training

DIVISION: Workers' Compensation

RULE IDENTIFIER: ERLID 6952

REGULATION TITLE: Employer Certificate of Dependency Status

RULEMAKING ACTION: Direct Final

Direct Final: If no formal objection is received on or before **December 1, 2017**, the Department of Labor and Training will file the repeal without opportunity for public comment.

TYPE OF FILING: Repeal

TIMETABLE FOR ACTION ON THE PROPOSED RULE:

Public notice date of: November 1, 2017.

Comment period ends: December 1, 2017.

SUMMARY OF PROPOSED RULE: The purpose of this rulemaking action is to repeal the regulation, "Employer Certificate of Dependency Status" identified by ERLID 6952. Though labeled as a regulation, the Employer Certificate of Dependency Status is more properly identified as a form, or guidance document, and is available on the Department's website.

COMMENTS INVITED:

All interested parties are invited to submit written or oral comments concerning the proposed regulations by **December 1, 2017** to the addresses listed below.

ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:

Mailing Address: Sean M. Fontes, Executive Counsel, Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI 02920

Email Address: sean.fontes@dlt.ri.gov

WHERE COMMENTS MAY BE INSPECTED:

Mailing Address: Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI, 02920.

FOR FUTURE INFORMATION CONTACT:

Sean M. Fontes, Executive Counsel, Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI 02920, 462-8890, sean.fontes@dlt.ri.gov

SUPPLEMENTARY INFORMATION:

Regulatory Analysis Summary and Supporting Documentation:

This proposed repeal will result in little to no small business economic impact.

Authority for This Rulemaking: R.I. Gen. Laws § 42-35-1 (9)

Regulatory Findings:

In the development of the proposed adoption consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

The Proposed Amendment:

The Department of Labor and Training proposes to repeal the rule as follows below:

Employee's Certificate of Dependency Status

Check if this is a corrected report

State of Rhode Island

Department of Labor and Training

Division of Workers' Compensation P. O.

Box 20190

Cranston, RI 02920-0942

Phone (401) 462-8100 www.dlt.ri.gov/wc

DVVC claim number

Claim Administrator
File Number

1- Employee information:		2- Claim Information:	
SSN: XXX-XX-	Male <input type="checkbox"/> Female <input type="checkbox"/>	Employer Name	
Name		Claim Administrator	
Address		Address	
City, ST Zip		City, ST Zip	
Phone	Date of Birth	Injury Date	Incapacity Date
<p>Employee: complete this form and return it to the Claim Administrator. This information is needed to calculate your compensation rate.</p>			
<p>3- Marital Status At the time of the injury the employee was Single <input type="checkbox"/> Married <input type="checkbox"/> Spouse works <input type="checkbox"/> Spouse does not work <input type="checkbox"/> Spouse's name _____</p>			
4- Number of Federal Exemptions		<p>Enter the maximum number of Federal Exemptions you are allowed to claim for Federal income tax. Include yourself, your spouse, your dependents, and any other exemptions.</p>	
<p>5- Dependents Under age 18 A dependent for workers' compensation includes children you support who are: Age 18 to 23 and a full time student <input type="checkbox"/> Mentally or physically incapacitated from earning <input type="checkbox"/></p>			
Dependent's Name	Date of Birth	Relationship	Full time student?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee's Signature		Date	