

Please complete this form in accordance with the process instructions.

American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Date

Agency/Point of	Contact: Admi	nistration/Gary W	'estman		
Title of Request:	All Agencies C	OVID-19 Workers	' Compensatio	on Costs	
Date:	12/1/2021		Request Amount: \$750,000		
Expenditure Time	e Period:	3/4/2021	to	6/30/2023	(no later than 6/30/2023
Brief Summary o	f Request: (Sur	nmary must be co	mplete on thi	s page with supporti	ng information attached)
deemed a presump	ntive occupationa 021. This request	al disease and cover seeks additional fu	ed under work	ers' compensation laws	pations that COVID-19 was s for illnesses that occur prior s' compensation claims for the
health care provide are occupations wi	ers and workers, th job titles that	assistive employees might not appear to	s in health care o fit the genera	settings and correction description above. For	medical technicians, nurses or as officers. Included in this claim r example, in Corrections there cers for purposes of applying
Resources, Public S	afety and the Mitly when they me	nnesota Veterans H	lomes. These fo	unds allow the Departm	uman Services, Natural nent of Administration (Admin) sessing and limits the number of
COVID-19 cases as compensation clair presumption claim claims estimates for FY23, we anticipate estimates. The esti increasing since Au	a result of new verse covered understanding to be soften for FY 22 and FY 22	ariants has correspond references that the COVID-19 present the COVID-19 present the COVID-19 present the COVID-19 present that the COVID-19 present the COV	onded with a in sumption. Whi t, current claim pate \$2.2M in sosts for state a lal claim freque nonitor claim exponitor claim exponents.	crease in the number a le the cost impact for for s experience has cause workers' compensation gencies; an increase of ncy and experience, an perience and will upda	ose. The recent increase in and severity of workers uture workers' compensation d Admin to revise upwards our costs for state agencies; in \$750,000 total over previous d claim frequency has been te estimates accordingly. There D-19 claims that will involve
	adigan Lenor	Illy signed by a Madigan 2021.12.01 32-06'00'		12.1.2	1

Form: 7266-01 (July 2021)

Department Head Signature