

**Insurance Settlement Calculation Worksheet**

Claimant/child support obligor's name: \_\_\_\_\_

Claimant/child support obligor's SSN: \_\_\_\_\_

Insurance adjuster's name: \_\_\_\_\_

Insurance adjuster's telephone number: \_\_\_\_\_

Insurance adjuster's fax number: \_\_\_\_\_

- 1. Insurance settlement amount \$ \_\_\_\_\_
  
- 2. Less:
  - a. Attorneys fees and expenses \$ \_\_\_\_\_
  - b. Payments for casualty loss to real or personal property \$ \_\_\_\_\_
  - c. Payments for past or future medical treatment \$ \_\_\_\_\_
  - d. A pro-rated amount equal to 185% of the self-support reserve defined in RSA 458-C:2, X, for the period of lost work for which the settlement or judgment constitutes recovery \$ \_\_\_\_\_
  
- Total \$ \_\_\_\_\_

*NOTE: The self-support reserve amount is equal to 100% of the poverty standard of need for a single person living alone (as determined annually by the federal Department of Health and Human Services). To obtain the current self-support reserve amount, contact DCSS.*

- 3. Net proceeds available for seizure (#1 minus #2 Total) \$ \_\_\_\_\_
  
- 4. Arrearage amount (from "Demand for Delivery of Withheld Property") \$ \_\_\_\_\_
  
- 5. If the arrearage amount (#4) is **greater than** the net proceeds (#3), send the entire net proceeds, upon approval, to DCSS following instructions on the "Demand for Delivery of Withheld Property."

*NOTE: Before sending the lien payment or releasing the balance of the settlement to the claimant (or his/her attorney), fax the completed worksheet to DCSS at (603) 271-4872 for review and approval of the available lien payment amount. Do not release any payments until you receive a faxed approval from DCSS.*

- 6. If the arrearage amount (#4) is **less than** the net proceeds (#3), subtract the arrearage amount from the net proceeds. Send the arrearage amount to DCSS following instructions on the "Demand for Delivery of Withheld Property." Pay the balance to the claimant (or to his/her attorney).