

- (1) BOTH ARMS;
- (2) BOTH EYES;
- (3) BOTH FEET;
- (4) BOTH HANDS;
- (5) BOTH LEGS; OR
- (6) A COMBINATION OF ANY 2 OF THE FOLLOWING:
 - (I) AN ARM;
 - (II) AN EYE;
 - (III) A FOOT;
 - (IV) A HAND; AND
 - (V) A LEG.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 101, § 36(1)(b).

9-637. PAYMENT OF COMPENSATION.

(A) AMOUNT OF PAYMENT.

(1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, IF A COVERED EMPLOYEE HAS A PERMANENT TOTAL DISABILITY RESULTING FROM AN ACCIDENTAL INJURY OR AN OCCUPATIONAL DISEASE, THE EMPLOYER OR ITS INSURER SHALL PAY THE COVERED EMPLOYEE COMPENSATION THAT EQUALS TWO-THIRDS OF THE AVERAGE WEEKLY WAGE OF THE COVERED EMPLOYEE, BUT MAY NOT:

- (I) EXCEED THE STATE AVERAGE WEEKLY WAGE; OR
- (II) BE LESS THAN \$25.

(2) IF THE AVERAGE WEEKLY WAGE OF THE COVERED EMPLOYEE IS LESS THAN \$25 AT THE TIME OF THE ACCIDENTAL INJURY OR LAST INJURIOUS EXPOSURE TO THE OCCUPATIONAL DISEASE, THE EMPLOYER OR ITS INSURER SHALL PAY THE COVERED EMPLOYEE WEEKLY COMPENSATION THAT EQUALS THE AVERAGE WEEKLY WAGE OF THE COVERED EMPLOYEE.

(3) PAYMENTS UNDER PARAGRAPH (1) OR (2) OF THIS SUBSECTION MAY NOT EXCEED A TOTAL OF \$45,000.

(B) DURATION OF PAYMENT.