

WAGE AND SALARY VERIFICATION

EMPLOYEE'S NAME AND ADDRESS:

Claimant Name
Claimants Street Address
Claimants Street Address2
Claimants City, Claimants State Claimants Zip Code
Claimant's Social Security No

SOCIAL SECURITY NO.:

1. OCCUPATION: _____
2. DATES OF EMPLOYMENT: FROM: _____ THROUGH: _____
3. NUMBER OF HOURS WORKED: _____ PER DAY _____ PER WEEK
NUMBER OF DAYS WORKED: _____ PER WEEK
4. GROSS EARNINGS DURING 52 WEEK PERIOD TO ACCIDENT: \$ _____
5. WAGES OR SALARY AS OF DATE OF ACCIDENT: \$ _____ PER WEEK PER MONTH
6. DATES(S) ABSENT FOLLOWING ACCIDENT: FROM: _____ THROUGH: _____
7. HAS EMPLOYEE FILED CLAIM FOR BENEFITS UNDER ANY WORKER'S COMPENSATION LAW OR EMPLOYEES TEMPORARY DISABILITY BENEFIT STATUS AS A RESULT OF THIS ACCIDENT?
 YES NO
8. HAS EMPLOYEE RECEIVED, IS RECEIVING OR IS ENTITLED TO RECEIVE BENEFITS UNDER ANY WORKER'S COMPENSATION LAW OR EMPLOYEES TEMPORARY DISABILITY BENEFIT STATUS AS A RESULT OF THIS ACCIDENT?
 YES NO UNDETERMINED

"Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal prosecution and civil penalties."

DATE: _____ SIGNED: _____

TITLE: _____

SUPPLEMENTARY WAGE VERIFICATION

Employee: Claimant Name
Social Security No: Claimant's Social Security No

1. Are you a covered employer for:

a. State Temporary Disability: _____

b. Private Disability Plan: _____

2. Total accumulated days:

a. Sick _____

b. Vacation _____

c. Personal _____

3. Is the employee required to use the above days before becoming eligible for the applicable disability plan?

Yes _____ No _____

4. Number of hours the employee is usually scheduled to work:

a. Per day _____

Per week _____

b. Number of days worked per week _____

c. Circle the specific days the employee is scheduled to work:

Su M T W Th F S

Signature _____ Date _____

Title _____