

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
EMPLOYER'S WAGE VERIFICATION REPORT**

EMPLOYEE'S NAME AND ADDRESS: Claimant Name
Claimant's Street Address
Claimant's Street Address2
Claimant's City, Claimant's State Claimant's Zip Code

SOCIAL SECURITY NO.: Claimant's Social Security No

1. EMPLOYEE'S OCCUPATION: _____

2. DATES OF EMPLOYMENT FROM: _____ THROUGH: _____

3. GROSS EARNING DURING 52 WEEK PERIOD TO ACCIDENT: \$ _____

WAGE OR SALARY AS OF DATE OF ACCIDENT: \$ _____ \$ _____ \$ _____

HOURLY WEEKLY MONTHLY

NUMBER OF HOURS NORMALLY WORKED PER DAY _____

NUMBER OF DAYS NORMALLY WORKED PER WEEK _____

4. DATE ABSENT FOLLOWING ACCIDENT:

FIRST DAY ABSENT FROM WORK: _____ DATE RETURNED TO WORK: _____

5. HAS EMPLOYEE RECEIVED, IS EMPLOYEE RECEIVING OR IS EMPLOYEE ENTITLED TO RECEIVE BENEFITS UNDER ANY WORKER'S COMPENSATION LAW AS A RESULT OF THE ACCIDENT?

YES NO UNDETERMINED

WORKER'S COMPENSATION NUMBER _____

ADDRESS _____

POLICY NUMBER _____

6. HAS EMPLOYEE RECEIVED, IS EMPLOYEE RECEIVING OR IS EMPLOYEE ENTITLED TO RECEIVE NEW YORK STATE DISABILITY BENEFITS AS A RESULT OF THIS ACCIDENT?

YES NO UNDETERMINED

IS THE EMPLOYEE REQUIRED TO PAY FOR DBL COVERAGE THROUGH PAYROLL DEDUCTION?

YES NO

NEW YORK STATE DISABILITY INSURER _____

ADDRESS _____

POLICY NUMBER _____

7. WAS OR WILL EMPLOYEE BE PAID BY EMPLOYER FOR THIS ABSENCE FROM WORK?

YES NO

IF ANSWER TO QUESTION 7 IS "YES" PLEASE ANSWER QUESTIONS 8, 9, 10, AND 11.

8. HOW MUCH WAS OR WILL EMPLOYEE BE PAID? \$ _____ WEEKLY \$ _____ MONTHLY
9. WILL THE EMPLOYEE BE REQUIRED TO REIMBURSE YOU ANY OF THE ABOVE AMOUNT?
 YES NO
10. WILL THE EMPLOYEE LOSE ACCUMULATED LEAVE CREDITS AS A RESULT OF THE FOREGOING PAYMENT?
 YES NO
11. WILL THE EMPLOYEE'S ELIGIBILITY FOR FUTURE WAGE BENEFITS BE AFFECTED BY PAYMENTS INDICATED IN QUESTION 8 ABOVE?
 YES NO

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS, OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

PRINT NAME _____ TITLE _____ PHONE NO _____

SIGNED _____ DATE _____

FEDERAL EMPLOYER I.D. NO _____