PENNSYLVANIA NO-FAULT MOTOR VEHICLE INSURANCE ACT WAGE AND SALARY VERIFICATION

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

SOCIAL SECURITY NO.: Claimant's Social Security No

1. OCCUPATION: _____

2. DATES OF EMPLOYMENT: FROM: _____ THROUGH: _____

3. WAGE OR SALARY AS OF DATE OF ACCIDENT: PER HOUR❑$ _____ PER WEEK❑$ _____ PER MONTH❑$ _____

   NO. OF HOURS WORKED: _____ PER DAY _____ PER WEEK

   NO. OF DAYS WORKED: _____ PER WEEK

4. DATES ABSENT FOLLOWING ACCIDENT: FROM: _____ THROUGH: _____

5. HAS EMPLOYEE FILED CLAIM FOR BENEFITS UNDER ANY WORKER'S COMPENSATION OR SIMILAR LAW AS A RESULT OF HIS ACCIDENT?
   ❑ YES ❑ NO

6. HAS EMPLOYEE RECEIVED, IS RECEIVING OR IS HE ENTITLED TO RECEIVE BENEFITS UNDER ANY WORKER'S COMPENSATION OR SIMILAR LAW AS A RESULT OF THIS ACCIDENT?
   ❑ YES ❑ NO ❑ UNDETERMINED

7. NAME OF WORKER'S COMPENSATION CARRIER: _____ POLICY NO.: _____

8. IS EMPLOYEE ENTITLED TO BENEFITS UNDER A WAGE OR SALARY CONTINUANCE PLAN?
   ❑ YES ❑ NO

9. IS EMPLOYEE ENTITLED TO BENEFITS UNDER A HEALTH AND/OR ACCIDENT INSURANCE PROGRAM?
   ❑ YES ❑ NO

   IF SO, THE NAME OF THE INSURER: _____

   WHAT WEEKLY DISABILITY INCOME BENEFITS, IF ANY, ARE PROVIDED? _____

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and civil penalties."

DATE: _____ SIGNED: _____

TITLE: _____