

REQUEST FOR WAGE INFORMATION

BWC Logo

(Project Use Only - Corr35)

mm/dd/yy

Addressed to:
(injured worker)

Injured Worker:

Claim Number:

Injury Date:

Claim Type:

Employer's Name:

Policy Number:

Employer Status:

In order to consider further worker's compensation benefits, BWC must have proof of your wages during the following periods:

@@ Beginning date to @@ Ending date

You should have each employer for whom you worked during the above periods complete and sign one of the enclosed wage statements, giving an itemized statement of your earnings.

If your employer will not complete the attached forms, payroll records for the period indicated above may be used in place of the earnings record. If payroll records are not available, W-2 forms for the two years prior to the date of injury may be used.

If you were unemployed at any time during these periods, you **MUST** submit a notarized statement giving the exact dates you did not work and the reason for unemployment. The record of wages for the entire year prior to the date of injury must be complete.

FAILURE TO SUBMIT THIS INFORMATION MAY DELAY PAYMENT OF COMPENSATION.

The completed wage statements should be sent to the BWC claims service specialist below.

If you have any questions regarding this correspondence, please contact the BWC claims service specialist listed below.

Claims Rep:

(Service Office Name)

(Service Office Address)

(Service Office City/St)

Team #:

Phone #:

Fax #:

enc: C94A

cc: Injured Worker Rep
Employer
Employer Rep

1.3.2.10