

INSTRUCTIONS FOR COMPLETION OF THE NEW YORK WAGE STATEMENT

As your Workers' Compensation Insurer, we are writing to ask that you complete a New York Wage Statement for the Injured Worker. This wage information is required to continue processing the claim. Be sure to answer all questions and enter payroll information with the correct, corresponding gross wages per week.

1. Please include a summary of gross weekly earnings for the 52 weeks preceding the date of accident for the injured worker. If the employee did not work a full year prior to the date of accident, include the wages of a worker of the same pay class as the injured worker. This is required by New York Law.
2. If the injured employee did not work an entire 52 weeks prior to the accident, and there is not a similar employee that can be used to provide wages for the 52 week span, please list the injured worker's wages from the date of hire to accident date. Please provide a statement advising there is not a similar employee with comparable wages and advise that all wages earned by the claimant for his / her time worked is listed.
3. Per New York Law, the number of days worked is to be included when determining the injured employee's Average Weekly Wage. Therefore, please include the number of days worked for each pay period when submitting the gross earnings.
4. If your employee had any weeks without pay, enter \$0. Use the Comments to indicate the reason for no pay. (Ex: unpaid leave of absence, unemployment, medical leave.)

Once completed, e-mail the form to claims@nlf-info.com. Begin the subject of the e-mail with the claim number.

If you have any questions, we encourage you to contact us. Thank you in advance for your anticipated cooperation.

EMPLOYER'S STATEMENT OF WAGE EARNINGS (Preceding the Date of Injury/Illness)

Claim Information - ALL COMMUNICATION SHOULD INCLUDE THESE NUMBERS

Date of Injury/Illness: _____ WCB Case #: _____ Claim Administrator Claim (Carrier Case) #: _____

Injured Worker Information

Last Name: _____ First Name: _____ MI: _____
 Mailing Address: _____ Line 2: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Social Security #: _____

Insurer Information

Insurer Name: _____ Insurer ID (W#): _____
 Mailing Address: _____ Line 2: _____
 City: _____ State: _____ Zip Code: _____
 Insurer Phone #: _____ Insurer Fax #: _____ Email Address: _____

Employer Information

Employer Name: _____
 Mailing Address: _____ Line 2: _____
 City: _____ State: _____ Zip Code: _____
 Employer Phone #: _____ Federal Tax ID #: _____ The Tax ID # is the (check one): SSN EIN

To determine Average Weekly Wage, the Board needs the gross weekly earnings for the 52 weekly periods immediately preceding the date of the injury/illness. This information can be provided by 1) attaching detailed payroll information that indicates days paid and gross weekly earnings; 2) if injured worker is paid by salary and his or her weekly pay does not change from week-to-week, attach document(s) providing their salary information for the previous 52 weeks; or 3) by completing and submitting the **Injured Worker Payroll** section on page 2 of this form.

If the injured worker has not worked at the same employment for one year or a substantial part of the year, also attach detailed payroll information for an employee of the same class, or complete and submit the **Employee of the Same Class Payroll** section on page 2 of this form. "Substantial part of the year" does not require any particular number of days worked but as a guideline 234 days at 5 days per week and 270 days at 6 days per week.

1. Payroll information is: attached completed on page 2
2. Did the injured worker's compensation include board, rent, housing, tips and/or gratuities, in addition to gross weekly earnings? Yes No
 If Yes, what was the weekly value: _____
 Nature of the compensation: _____
3. Basis for the injured worker pay rate is: hourly daily weekly monthly annually
4. The injured worker works a: 5 6 7 Other day week. If Other, Explain: _____
5. Total days paid in the preceding 52 weeks: _____ 6. Total gross amount paid including overtime in the preceding 52 weeks: _____
7. Was there any wage adjustment made that affected the 52-week period? (If injured worker was in military service, please indicate and provide date of discharge.) Yes No
 If "Yes", explain: _____
8. Was the injured worker laid off during the preceding 52 weeks? Yes No
 If Yes, provide dates of layoff: _____

An employer or insurer, or any employee, agent, or person acting on behalf of an employer or insurer, who KNOWINGLY MAKES A FALSE STATEMENT OR REPRESENTATION as to a material fact in the course of reporting, investigation of, or adjusting a claim for any benefit or payment under this chapter for the purpose of avoiding provision of such payment or benefit SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

Prepared By - The above information is true and to the best of my knowledge and belief.

Last Name: _____ First Name: _____ MI: _____
 Employer Name: _____
 Official Title: _____ Daytime Phone #: _____
 Email Address: _____ Date of this Report: _____

Injured Worker's Name: _____ Date of Injury/Illness: _____ WCB Case #: _____

INJURED WORKER PAYROLL Enter the injured worker's gross weekly earnings for the 52 weekly periods immediately preceding the date of injury/illness. In the "Days Paid" column enter the number of days compensated, including paid time off.

Week No.	Week Ending Date	Days Paid	Gross amount paid including overtime	Week No.	Week Ending Date	Days Paid	Gross amount paid including overtime	Week No.	Week Ending Date	Days Paid	Gross amount paid including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				Total:			
18				36							

EMPLOYEE OF THE SAME CLASS PAYROLL. If the injured worker has not worked at the same employment for one year or a substantial part of the year, enter the gross weekly earnings for an employee of the same class. "Substantial part of the year" does not require any particular number of days worked, but as a guideline 234 days at 5 days per week and 270 days at 6 days per week.

Employee of the Same Class

First Name: _____ Last Name: _____ MI: _____

Job Title: _____

Week No.	Week Ending Date	Days Paid	Gross Amount Paid including Overtime	Week No.	Week Ending Date	Days Paid	Gross Amount Paid including Overtime	Week No.	Week Ending Date	Days Paid	Gross Amount Paid including Overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				Total:			
18				36							