INSTRUCTIONS FOR COMPLETION OF THE CALIFORNIA EMPLOYER'S STATEMENT OF EARNINGS

As your Workers' Compensation insurer, we are writing to ask that you complete the attached California Employer's Statement of Earnings. This wage information form is required to continue processing the claim. Be sure to answer all questions and type payroll information throughout the entire form.

1. Complete the information in the box at the top of the Statement of Earnings. Be sure to enter your claim number.
2. Begin with the week that includes the date of the accident, and work backward until you have a 52-week history based on requirements set forth by your state.
3. If the injured worker has not been employed for the full time-frame needed, you may use the payroll information of another employee who holds the same (or a similar) job at the same compensation.
4. If there is no similar employee, please use the total number of weeks worked for the injured employee.

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.

CALIFORNIA EMPLOYER'S STATEMENT OF EARNINGS

Claim # ___________________________ Policyholder: ____

Injured Worker: ____ Date of Injury: _________________

Date of Hire: __________________ Last date worker received full wages: ______________________________

Basis of employment (check only one):

☐ Full time ☐ Part Time ☐ Seasonal ☐ Temporary ☐ Occasional ☐ Piecework

If temporary employee, how long would job have lasted: ____

Is seasonal employee, when did the season begin and end: ____

Average number of hours per day: _______________ Days per week: ________________________________

Give value of other compensation: Tips: _______ Meals: _______ Lodging: __________ Other: ___________

Basis of Payroll: ☐ Weekly ☐ Bi-weekly ☐ Semi-Monthly ☐ Other: __________________

Date of last salary increase: _____________________ Hourly Wage: ______________________________

In the table below, report the injured worker's earnings for 52 weeks prior to date of injury.

Week #	Payroll period dates:		Hours Worked	Pay Rate	Gross Amount Earned	Absences	
						Days:	Reason:
1							
2							
3							
4							
5							
6							
7							
8							
9							
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CALIFORNIA EMPLOYER'S STATEMENT OF EARNINGS

Week #	Payroll period dates:		Hours Worked	Pay Rate	Gross Amount Earned	Absences	
						Days:	Reason:
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
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45							
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51							
52							
				Grand Total:			

COMMENTS:

You are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. You further agree that your signature on this document is as valid as if you signed the document in writing. You are also confirming that you are the person authorized to submit this information on the behalf of the policyholder's business and the information is accurate according to your payroll ledger.

I certify that the above is a true copy of the payroll record of the employee's earnings as shown on employer's records.

Name: Title/Position: Date: