

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

As your Workers' Compensation insurer, we are writing to ask that you complete the attached Employer's Statement of Earnings for Minnesota. 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. Provide the claim number, injured worker name, and date of injury.
2. Determine if the injured worker is a salaried/fixed wage employee or hourly employee.
3. If a salaried/fixed wage employee complete question **1. Fixed Wages** with the applicable information.
4. If the injured worker earns hourly or variable wages complete **2. Variable Wages** using the following directions as a guide:
 - a. Begin with the week that includes the date of the accident, and work backward until you have 26-week history based on requirements set forth by Minnesota law.
 - b. If the injured worker has not been employed for a full 26 weeks prior to the date of the injury, enter the wages for the number of weeks that were worked.
 - c. If your employee had any weeks without pay, enter \$0 and indicate the reason why there was no pay. (Example: Unpaid leave of absence, no work during seasonal period, medical leave, etc.)

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.

Carrier:
 Claim #:
 Injured Worker:
 Date of Loss:

Injured Worker receives a:
 W-2 1099
 (Check one.)

Wage Information Request

At this time, we need wage information to continue processing this claim. Please FAX this completed document or payroll records that contain this information to _____ (using standard mail only when necessary).

1. Fixed Wages - List gross wages paid to the Injured Worker.

\$ _____ per: Year Month Week Day (days worked per week: ____) Hour (hours worked per week: ____)

2. Variable Wages - Below, list the weekly variable wages, including tips, earned during the 12 months preceding the injury.

WEEK	FROM	TO	GROSS	WEEK	FROM	TO	GROSS
1				27			
2				28			
3				29			
4				30			
5				31			
6				32			
7				33			
8				34			
9				35			
10				36			
11				37			
12				38			
13				39			
14				40			
15				41			
16				42			
17				43			
18				44			
19				45			
20				46			
21				47			
22				48			
23				49			
24				50			
25				51			
26				52			

Other Information and Sources of Remuneration

Was any of the income in the year preceding the injury seasonal? Yes No If yes: \$ _____

If yes, note the period(s) of time (attaching an additional sheet if necessary). FROM _____ TO _____

Was any additional income earned from bonuses, incentives, etc.? Yes No If yes: \$ _____

Was any board and/or lodging subsidized? Yes No If yes: \$ _____

I am an authorized representative for the employer in this matter and certify the above information to be true and correct.

Signature

Position

Date