

## WAGE AND SALARY VERIFICATION

DATE	OUR POLICY HOLDER	DATE OF ACCIDENT	FILE NUMBER
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EMPLOYEE NAME: \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 SS#: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

Dear Employer:

The person named above has applied for benefits under the AUTOMOBILE PERSONAL INJURY PROTECTION LAW as a result of injuries in an automobile accident on the indicated date. We understand this person is your employee or former employee. To assist us in determining any benefits that may be due the applicant, we ask that you provide us with the answers to the following questions.

\_\_\_\_\_  
 CLAIM DEPT.

**PLEASE COMPLETE AND RETURN THIS REPORT DIRECTLY TO US**

1. DATES OF EMPLOYMENT FROM \_\_\_\_\_ THROUGH \_\_\_\_\_
  2. JOB TITLE OR DESCRIPTION \_\_\_\_\_
  3. WAS EMPLOYEE ENTITLED TO RECEIVE WAGES, SALARY OR OTHER BENEFITS DURING ABSENCE?  
 YES  NO  IF YES, AMOUNT \$ \_\_\_\_\_
  4. WAGE OR SALARY AS OF DATE OF ACCIDENT \$ \_\_\_\_\_ per hour \_\_\_\_\_ per day \_\_\_\_\_ per month
  5. DAYS ABSENT FOLLOWING ACCIDENT FROM \_\_\_\_\_ THROUGH \_\_\_\_\_
  6. IS EMPLOYEE ENTITLED TO RECEIVE BENEFITS UNDER ANY WORKMEN'S COMPENSATION LAW AS A RESULT OF THIS ACCIDENT? YES  NO  UNDETERMINED
- NAME OF WORKMEN'S COMPENSATION INSURER: \_\_\_\_\_

SIGNED \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_

## WAGE AUTHORIZATION

**TO WHOM IT MAY CONCERN:**

I hereby authorize \_\_\_\_\_  
and any other firm or employer with whom I am or have been employed to release all employment records  
and information in their possession regarding my wages, hours worked, time lost from work and nature of  
my employment to any representative of \_\_\_\_\_

Upon presentation of this authorization (or a photocopy), you are authorized to release a copy of these  
records to any representative of \_\_\_\_\_

**WITNESS(ES):**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Claim Number

**SIGNATURE(S):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date