

STATEMENT OF WAGES (FOR INJURIES OCCURRING ON OR AFTER JUNE 24, 1996)

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

[]	[]	-	[]	-	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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DATE OF INJURY

[]	[]	-	[]	[]	-	[]	[]	[]	[]	[]	[]
MM			DD			YYYY					

WCAIS CLAIM NUMBER

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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EMPLOYEE

First name _____
Last name _____
Date of birth _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____ Telephone _____

EMPLOYER

Name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____
Telephone _____ FEIN _____

INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____
Telephone _____ FEIN _____
Contact _____
NAIC code _____ or Insurer code _____
Insurer/TPA claim # _____

CONCURRENT EMPLOYMENT ONLY

Check if Primary employer OR
 Concurrent employer

INSTRUCTIONS

The Statement of Wages must be clearly completed in accordance with the Pennsylvania Workers' Compensation Act and uploaded in accordance with the provisions of the EDI Implementation guide when submitting certain EDI transactions. A copy must be sent to the injured employee.

The "average weekly wage" is used to determine the amount of weekly compensation wage-loss benefits payable under the Pennsylvania Workers' Compensation Act. A chart is available from the Bureau of Workers' Compensation to aid in determining the weekly compensation rate, online at www.dli.state.pa.us

CONCURRENT EMPLOYMENT

If the employee had more than one employer at the time of injury, a separate Statement of Wages form must be completed for each employer. Submit these forms together. Using #8 on the Primary Employer's form **only** (employer with whom the injury occurred): show the addition of the average weekly wages from all employers, show the combined average weekly wage to the right of the equal sign and show the appropriate workers' compensation rate. Check the Primary employer box for the Primary employer and the Concurrent employer box for all other employers.

Computation: Compute the appropriate items below for the employee to determine the average weekly wage.

- | | Wage | | Weekly Board/
Lodging | | Weekly Federal
Reported
Gratuities | | Annual
Bonus,
Incentive or
Vacation | | Average
Weekly Wage |
|-------------------------------------|-----------------|---|--------------------------|---|--|---|--|------|------------------------|
| 1. If wages are fixed by the week: | _____ | + | _____ | + | _____ | + | _____ | = \$ | _____ |
| 2. If wages are fixed by the month: | _____ x 12 ÷ 52 | + | _____ | + | _____ | + | _____ | = \$ | _____ |
| 3. If wages are fixed by the year: | _____ ÷ 52 | + | _____ | + | _____ | + | _____ | = \$ | _____ |
4. If paid in another manner, then complete the following for each of the last four consecutive periods of 13 calendar weeks preceding the injury.

	From	Through	Wages		Board/Lodging		Federal Reported Gratuities		Period Weekly Wage
1st Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____
2nd Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____
3rd Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____
4th Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____

(Sum of three highest periods)

Annual bonus, incentive and vacation \$ _____ ÷ 52 = \$ _____ (Weekly bonus, etc)

Sum of the highest three period weekly averages = \$ _____ ÷ 3 + \$ _____ (Weekly bonus, etc) = \$ _____

5. If the employee has not been employed by the employer for at least three consecutive periods of 13 calendar weeks in the 52 weeks preceding the injury, use #4 above and put in the wages for any completed period(s) of 13 weeks immediately preceding the injury and average the total amounts = \$ _____
6. If the employee worked less than a complete period of 13 calendar weeks and does not have fixed weekly wages: hourly wage rate \$ _____ x the number of hours the employee was expected to work per week under the terms of employment _____ = \$ _____ + weekly board/lodging of \$ _____ + weekly federal reported gratuities \$ _____ + (annual bonus, incentive or vacation pay ÷ 52) \$ _____ = \$ _____
7. For seasonal occupations, the average weekly wage is one-fiftieth of the total wages earned from all occupations during the 12 months immediately preceding the injury. Twelve months prior earnings \$ _____ ÷ 50 = \$ _____ + weekly board/lodging \$ _____ + weekly federal reported gratuities \$ _____ = \$ _____
8. If the calculation in #7, or any other calculation above, does not fairly ascertain the earnings of the employee, the period of calculation is extended to give a fair calculation of their average weekly wage. Show this calculation here **OR** use the space below to show calculations for concurrent employment. = \$ _____

COMPENSATION PAYABLE PER WEEK: = \$ _____

Employer/Defendant Representative's signature

Employer/Defendant Representative's name (typed/printed)

Telephone

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
toll-free inside PA TTY: 800.362.4228
local & outside PA TTY: 717.772.4991

Email
ra-li-bwc-helpline@pa.gov

494C

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*