

## STATEMENT OF WAGES (FOR INJURIES OCCURRING ON OR BEFORE JUNE 23, 1996)

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER  
 [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

DATE OF INJURY  
 [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]  
 MM DD YYYY

WCAIS CLAIM NUMBER  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### 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 \_\_\_\_\_

### CONCURRENT EMPLOYMENT ONLY

Check if  Primary employer **OR**  
 Concurrent employer

### INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_ FEIN \_\_\_\_\_  
 Contact \_\_\_\_\_  
 NAIC code \_\_\_\_\_ or Insurer code \_\_\_\_\_  
 Insurer/TPA Claim # \_\_\_\_\_

### 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](http://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 #7 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 and the Concurrent employer box for all other employers.

Computation: Compute the appropriate items below for the employee. The highest result of the computations is used to determine the average weekly wage to establish the basis for workers' compensation payments.

1. If wages fixed by:
  - (a) Week ..... \$ \_\_\_\_\_
  - (b) Month \$ \_\_\_\_\_ X 12 ÷ 52 = \$ \_\_\_\_\_
  - (c) Year \$ \_\_\_\_\_ ÷ 52 = \$ \_\_\_\_\_
2. If wages fixed by day, hour, or output, including overtime and bonus, then complete the following for each of the four 13-week periods prior to the date of injury:

	FROM	THROUGH	WAGES	BOARDING* LODGING*	GRATUITIES**	TOTAL	DAYS WORKED
1st Period	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
2nd Period	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
3rd Period	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
4th Period	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____

\*Include at actual value of board and/or lodging  
 \*\*Include if employee receives at least one-third of wages in tips or gratuities

- (a) Using the highest 13-week period from above:  
 \$ \_\_\_\_\_ divided by 13-weeks ..... = \$ \_\_\_\_\_
- (b) Last two completed by 13-week periods  
 \$ \_\_\_\_\_ total wages divided by \_\_\_\_\_ total days employee worked multiplied by 5 ..... = \$ \_\_\_\_\_
3. If employed less than one 13-week period:  
 \$ \_\_\_\_\_ total wages divided by \_\_\_\_\_ total days employee worked times \_\_\_\_\_ total days worked by other employees in a similar occupation for the quarter immediately preceding the injury divided by 13 ..... = \$ \_\_\_\_\_
4. If occupation is exclusively seasonal:  
 \$ \_\_\_\_\_ total wages from all occupations during 12 calendar months preceding injury divided by 50..... = \$ \_\_\_\_\_

For the following two methods, use calendar quarters (i.e. January through March, April through June, July through September, October through December):

5. \$ \_\_\_\_\_ total wages earned with the same employer during the two complete calendar quarters divided by the \_\_\_\_\_ number of days worked for the employer during that period multiplied by 5 ..... = \$ \_\_\_\_\_
6. \$ \_\_\_\_\_ wages under Section 309(f) are computed using the calendar quarters as defined above. The highest calendar quarter wages received in the first four of the last five completed calendar quarters immediately preceding the date of injury is \$ \_\_\_\_\_ divided by 13..... = \$ \_\_\_\_\_
7. BASED ON ABOVE INFORMATION, THE HIGHEST AVERAGE WEEKLY WAGE FOR INJURED EMPLOYEE IS .... = \$ \_\_\_\_\_  
 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).

<b>Employer Information Services</b> 717.772.3702	<b>Claims Information Services</b> toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	<b>Hearing Impaired</b> PA Relay 7-1-1	<b>Email</b> ra-li-bwc-helpline@pa.gov
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Auxiliary aids and services are available upon request to individuals with disabilities.  
 Equal Opportunity Employer/Program