

PART C – EMPLOYER’S STATEMENT (Please Print or Type) ANSWER ALL QUESTIONS

1. Employee’s Name: _____ 2. Social Security #: _____

3. Employee’s Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

4. Employee’s occupation: _____ 5. Date of Hire: _____ 6. Status: Full Time
 Part Time

7. Is the Claimant an: Owner Officer Partner Employee High School Student

8. Indicate the Employee’s normal work schedule: Mon Tue Wed Thur Fri Sat Sun

9. If the employee is no longer employed, explain why: Quit? Discharged? Labor Dispute? Lack of Work
If Quit or Discharged, explain why: _____. Do you expect to rehire him/her? Yes No

10. Date Employee last worked: _____

11. Date Employee’s Wages Ceased: _____

12. Date Employee Returned to Work: _____

13. Are Wages being Continued during Disability? Yes No
 14. If YES, are you requesting reimbursement? Yes No
 15. Is Employee receiving or claiming Unemployment Ins.? Yes No
 16. Is Employee receiving or claiming Workers’ Comp. Ins.? Yes No
 17. Did this Disability occur as a result of employment? Yes No
 18. Is employee in a Union providing Disability Benefits? Yes No
 19. Are you aware of other employment claimant may have? Yes No
 20. Did employee receive PAID SICK TIME during disability? Yes No
 If YES, provide dates of paid sick time: From: _____ To: _____

Weekly Wages 8 Weeks prior to Disability (include value of Board, Lodging and Trips, if any)		
Week Ending Month Day Year	No. of Days Worked	GROSS WEEKLY WAGES
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL		

EMPLOYER INFORMATION Policy #: _____ Tax ID #: _____ Date: _____

Employer Name: _____ Division #: _____ Phone #: _____ Fax #: _____

Address: _____ E-mail: _____

Signature: _____ Print Name: _____ Title: _____