

ILLINOIS

WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE

Per Illinois workers' compensation law, please provide written confirmation of gross wages for the 52 weeks preceding the date of injury.

Please show the number of days on which any work was done during each week, including part-time days. If the injured worker was not paid on a weekly basis, explain fully.

Please attach any additional documentation substantiating the wages. This could include copies of time cards, payroll ledgers, check stubs, etc.

Employee Name	Carrier Claim Number
Employer Name	Employer FEIN
Carrier or Self-insured Name	Carrier NCCI Number

Weeks	Dates		Straight Time Worked		Wages Paid for Straight Time	Overtime Hours Worked		Wages Paid for Overtime
	From	To	Days	Hours		Days	Hours	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
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21								
22								
23								
24								
25								
26								

Weeks	Dates		Straight Time Worked		Wages Paid for Straight Time	Overtime Hours Worked		Wages Paid for Overtime
	From	To	Days	Hours		Days	Hours	
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
Totals								

Mail this completed form to: Summit, PO Box 988, Lakeland, FL 33802-0988



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What number of hours was a normal full work day?	What number of days was a normal full work week?	If overtime was paid, was this worked on a voluntary or mandatory basis? <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory
Did the employee receive any premium, bonus, board or lodging from you in addition to the wages listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain amounts and basis. (ie merit based, profit sharing, etc...)		
Did the employee do the same type of work during all of the time while employed by you during the year before the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please explain fully:		
Is the employee married? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many dependents under 18 does the employee have?	

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