

INDIANA

WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE

Carrier Claim Number

Employee Name

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	
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Total								

Mail this completed form to:

Summit
PO Box 600
Gainesville, GA 30503-0600
(678) 450-5825
1-800-863-2181

