MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW
WAGE, SALARY AND BENEFITS VERIFICATION

Date	Our Policyholder	Date of Accident	File Number

Employee's Name and Address
Social Security No.

The above named person has applied for benefits under the MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW as a result of injuries sustained in an automobile accident on the date indicated. We understand this person is your employee or former employee. To assist us in determining benefits that may be due this person, please provide us with the answers to the following questions. You are required to provide this information in accordance with the MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, P.A. 294 of the public acts of 1972.

Thank you for your cooperation.

_____
Claim Department

1. Job Title and description of Duties: _____

   _____

2. Dates of Employment: From _____ Through _____

3. Employment Status: ☐Full-time ☐Seasonal ☐Leave of Absence
   ☐Part-time ☐Layoff ☐Termination

4. Circle days worked in average week: S M T W T F S

5. Length of Disability: From _____ Through _____

6. Income earned last calendar year: $_____

7. Wages: ☐Hourly $_____ (Include COLA & Shift Premium)

   ☐Salary $_____ ☐Other (Specify) $_____

8. Was employee working overtime at the time of disability? ☐yes ☐no

9. If yes, average hours of overtime per week: _____

   Rate of pay for overtime: $_____

10. Did employee's injury arise out of and in the course of his/her employment? ☐yes ☐no

11. If yes, give name of workers' compensation insurance carrier:

_____

12. Is employee covered by a wage or salary continuance plan?
☐yes ☐no
If yes, give name and address of provider of benefits and describe the nature of the plan:

_____

_____

Policy Number: _____

When do benefits begin? _____

Amount payable per week: $ _____

How long benefits payable? _____

13. Is employee covered by a medical benefits plan? ☐yes ☐no

If yes, give name and address of provider and policy number:

_____

Policy # : _____

Date: _____

_____
Print Name & Title

_____
Signature

Phone: _____