

STATEMENT OF WAGES
 (FOR INJURIES OCCURRING
 ON and AFTER JUNE 24, 1996)

EMPLOYEE SOCIAL SECURITY NUMBER

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DATE OF INJURY

		-			-					
MONTH			DAY			YEAR				

PA BWC CLAIM NUMBER (IF KNOWN)

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EMPLOYEE

EMPLOYER

First Name _____	Name _____
Last Name _____	Address _____
Address _____	Address _____
Address _____	City/Town _____ State _____ Zip _____
City/Town _____ State _____ Zip _____	County _____
County _____ Telephone (____) _____	Telephone (____) _____ FEIN _____

INSURER or THIRD PARTY ADMINISTRATOR (if self insured)

CONCURRENT EMPLOYMENT ONLY

Name _____
Address _____
Address _____
City/Town _____ State _____ Zip _____
Telephone (____) _____ Bureau Code _____
Claim # _____ FEIN _____

Check if Primary Employer OR
 Concurrent Employer

SEE REVERSE SIDE FOR INSTRUCTIONS

494C 0404

Computation: Compute the appropriate item below for the employee to determine their average weekly wage.

	Wages		Weekly Board/Lodging	Weekly Federal Reported Gratuities	Annual Bonus, Incentive or Vacation ÷ 52	Average Weekly Wage
1. If wages are fixed by the week:	_____	+	_____	+	_____	= \$ _____
2. If wages are fixed by the month:	_____ x12 ÷ 52	+	_____	+	_____	= \$ _____
3. If wages are fixed by the year:	_____ ÷ 52	+	_____	+	_____	= \$ _____

4. If paid in another manner, then complete the following for each of the last four consecutive periods of 13 calendar weeks preceding the injury.

	From	To	Wages	Board/Lodging	Federal Reported Gratuities	Period Weekly Wage
1st Period	_____	_____	_____ + _____	_____ + _____	_____ ÷ 13	= \$ _____
2nd Period	_____	_____	_____ + _____	_____ + _____	_____ ÷ 13	= \$ _____
3rd Period	_____	_____	_____ + _____	_____ + _____	_____ ÷ 13	= \$ _____
4th Period	_____	_____	_____ + _____	_____ + _____	_____ ÷ 13	= \$ _____

(Sum of Three Highest Periods) = \$ _____

Annual Bonus, Incentive and Vacation \$ _____ ÷ 52 = \$ _____ (Weekly Bonus, etc.) Average Weekly Wage

Sum of the highest three period weekly averages = \$ _____ ÷ 3 + \$ _____ (Weekly Bonus, etc.) = \$ _____

5. If the employee has not been employed by the employer for at least three consecutive periods of 13 calendar weeks in the 52 weeks preceding the injury, use #4 above and put in the wages for any completed period(s) of 13 weeks immediately preceding the injury and average the total amounts..... = \$ _____

6. If the employee worked less than a complete period of 13 calendar weeks and does not have fixed weekly wages:
 hourly wage rate \$ _____ x the number of hours the employee was expected to work per week under the terms of employment _____ = \$ _____ + weekly board/lodging of \$ _____ + weekly federal reported gratuities \$ _____ + (annual bonus, incentive or vacation pay ÷ 52) \$ _____ = \$ _____

7. For seasonal occupations, the average weekly wage is one-fiftieth of the total wages earned from all occupations during the 12 months immediately preceding the injury. Twelve months prior earnings \$ _____ ÷ 50 = \$ _____ + weekly board/lodging \$ _____ + weekly federal reported gratuities \$ _____ = \$ _____

8. If the calculation in #7, or any other calculation above, does not fairly ascertain the earnings of the employee, the period of calculation is extended to give a fair calculation of their average weekly wage. Show this calculation here **OR** use the space below to show calculations for concurrent employment. = \$ _____

COMPENSATION PAYABLE PER WEEK: = \$ _____

Name of Employer/Insurer Representative _____

INSTRUCTIONS

NOTICE TO EMPLOYER: THE ORIGINAL MUST BE FILED WITH THE *NOTICE OF TEMPORARY COMPENSATION PAYABLE, NOTICE OF COMPENSATION PAYABLE OR AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY* AND SENT TO THE BUREAU. A COPY MUST BE SENT TO THE INJURED EMPLOYEE.

On this form, you must use the calculation method appropriate to which the employee is paid.

For all calculation methods, room and board received from the employer and gratuities reported for federal tax purposes are included in determining the average weekly wage. Bonus, incentive or vacation payments earned on an annual basis are divided by 52, and the amount is included in the average weekly wage as if earned from the employer liable for workers' compensation.

In calculating the average weekly wage, do not include amounts deducted by the employer under the contract of hiring for labor furnished or paid for by the employer and necessary for the performance of such contract by the employee, deductions from wages due the employer for rent and supplies necessary for the employee's use in the performance of their work, and employer-paid fringe benefits, including, but not limited to, contributions to a retirement pension, health and welfare, life insurance, social security or any other plan to an employee or their dependents.

If using #4 and less than three completed periods, average the total period weekly wages and use #5 to list the average weekly wage. Also, if any periods are not complete, **do not** list any information for the period.

The resulting "average weekly wage" is used to determine the amount of weekly compensation wage-loss benefits payable under Section 306 of the Workers' Compensation Act. A chart is available from the Bureau of Workers' Compensation to aid in determining the weekly compensation rate. To receive a copy, please call (717) 772-0618 or go online at www.state.pa.us; PA Keyword: "workers comp".

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 #8 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. Check the Concurrent Employer box for all other employers.

NOTE: Insurers and self-insured employers will use the information on non-affected continuing employments in determining an adjustment of the weekly workers' compensation rate and report it on the *Supplemental Agreement For Compensation For Disability or Permanent Injury Form*.

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.