pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

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

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

DATE OF INJURY

WCAIS CLAIM NUMBER

MM   DD   YYYY

EMPLOYEE

First name _____

Last name _____

Date of birth _____

Address _____

Address _____

City/Town _____ State _____ ZIP _____

County _____ Telephone _____

EMPLOYER

Name _____

Address _____

Address _____

City/Town _____ State _____ ZIP _____

County _____

Telephone _____ FEIN _____

CONCURRENT EMPLOYMENT ONLY

Check if ☐ Primary employer OR

☐ Concurrent employer

INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name _____

Address _____

Address _____

City/Town _____ State _____ ZIP _____

County _____

Telephone _____ FEIN _____

Contact _____

NAIC code _____ or Insurer code _____

Insurer/TPA claim # _____

INSTRUCTIONS

The Statement of Wages must be clearly completed in accordance with the Pennsylvania Workers' Compensation Act and uploaded in accordance with the provisions of the EDI Implementation Guide when submitting certain EDI transactions. A copy must be sent to the injured employee.

The "average weekly wage" is used to determine the amount of weekly compensation wage-loss benefits payable under the Pennsylvania Workers' Compensation Act. A chart is available from the Bureau of Workers' Compensation to aid in determining the weekly compensation rate, online at www.dli.pa.gov

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 for the Primary employer and the Concurrent employer box for all other employers.

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

	Wage	Weekly Board/ Lodging	Weekly Federal Reported Gratuities	Annual Bonus, Incentive or Vacation	Average Weekly Wage
1. If wages are fixed by the week:	_____ +	_____ +	_____ +	_____ = $	_____
2. If wages are fixed by the month:	_____ x 12 ÷ 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	Through	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 periods(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: = $ _____

_____   _____
Employer/Defendant Representative's signature   Employer/Defendant Representative's name (typed/printed)

_____
Telephone

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services 717.772.3702	**Claims Information Services** toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	**Hearing Impaired** PA Relay 7-1-1	**Email** ra-li-bwc-helpline@pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program