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

Date:	Our Policyholder:	Date of Accident:	File No.:

Employer's Name & Address

Employee's Name & Address

The above named person has applied for benefits under 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.

1. JOB TITLE AND DESCRIPTION OF DUTIES: ______________________________
   ____
2. DATES OF EMPLOYMENT: From: ____________ Through: ______________
3. EMPLOYMENT STATUS: ____ Full Time ____ Seasonal ____ Leave of Absence
   ____ Part-Time ____ Lay-Off
4. CIRCLE DAYS EORKED IN AVERAGE WEEK: S M T W TH F S
   HOURS PER DAY: __________ HOURS PER WEEK: ____________
5. DATES ABSENT FOLLOWING ACCIDENT: From __________ Through ________
6. INCOME EARNED LAST CALENDAR YEAR: ______________________
7. WAGES: ___ Hourly ______ (Include COLA & Shift Premium) ____ Salary ________
8. WAS EMPLOYEE WORKING OVERTIME AT TIME OF DISABILITY: ___ Yes ___ No
9. IF YES, AVERAGE HOURS OF OVERTIME/WEEK: ___RATE OF PAY FOR OT $___
10. DID EMPLOYEE'S INJURY ARISE OUT OF AND IN THE COURSE OF EMPLOYMENT ____ Yes ____ No
11. IF YES, GIVE NAME OF WORKERS COMP INSURANCE CO: ________________
12. IS EMPLOYEE COVERED BY A WAGE CONTINUANCE PLAN: ___ Yes ___ No
    IF YES, GIVE NAME AND ADDRESS OF PROVIDER & DESCRIBE NATURE OF PLAN:
    ____
    POLICY #: ____________________ WHEN DO BENEFITS BEGIN? ___________

    AMOUNT PAYABLE/WEEK: __________ HOW LONG PAYABLE: ____________
13. IS EMPLOYEE COVERED BY HEALTH INSURANCE: ____ Yes ____ No
    IF YES, GIVE NAME AND ADDRESS OF PROVIDER: ____________________
    POLICY #:

Date: ____________________ ______________________________
PRINT NAME / TITLE

______________________ ______________________________
SIGNATURE PHONE