

# WAGE STATEMENT

## FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF WORKERS' COMPENSATION

**NOTICE TO EMPLOYEE:** If you have any questions about the information contained on this form, please contact your employer or insurance carrier. If further assistance is needed, contact the Division's Employee Assistance Office at 1-800-342-1741.

FOR CARRIER'S DATE STAMP
REC'D BY CARRIER

**PLEASE PRINT OR TYPE**

EMPLOYEE NAME		SOCIAL SECURITY NUMBER		DATE OF ACCIDENT	
EMPLOYER NAME & ADDRESS		CONCURRENT EMPLOYER NAME & ADDRESS (If applicable)		ARE THE WAGES LISTED BELOW FOR A SIMILAR EMPLOYEE?  _____ YES _____ NO	
TELEPHONE		TELEPHONE		SSN OF SIMILAR EMPLOYEE	
EMPLOYEE'S CUSTOMARY WORK WEEK  <small>(ex. Saturday thru Friday - Use 7 calendar day period)</small>		EMPLOYEE'S CUSTOMARY DAYS WORKED/WEEK  <small>(ex. 5 days / week)</small>		EMPLOYEE'S CUSTOMARY HOURS WORKED/WEEK  <small>(ex. 40 hours / week)</small>	
OCCUPATION OF SIMILAR EMPLOYEE					

**NOTICE TO EMPLOYER:** Please read all instructions on the back of this form carefully. Complete the form as fully as possible and submit it to your carrier within 14 days after knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Wage Statement with your carrier within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.

**Please list wages earned for the 91 day period immediately preceding the accident.  
DO NOT combine wages of two or more employees.**

WEEK NO.	WEEK		# OF DAYS WORKED THAT WEEK	# HOURS WORKED THAT WEEK	GROSS PAY	GRATUITIES AS REPORTED TO THE EMPLOYER IN WRITING AS TAXABLE INCOME	FRINGE BENEFITS (employee rec'd) <b>EMPLOYER COST ONLY</b>	
	FROM	TO					HEALTH INSURANCE	RENT/ HOUSING
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

<b>RETURN THIS FORM TO:</b> (Carrier Name, Address & Telephone #)	TOTAL				WILL EMPLOYER CONTINUE TO PROVIDE ABOVE BENEFITS?  _____ YES _____ NO
					TOTAL FRINGE BENEFITS \$
					TOTAL OF GROSS PAY, GRATUITIES AND FRINGES \$
				<b>(FOR CARRIER USE ONLY)</b>	AWW _____
					COMP RATE _____

**Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information, is guilty of a felony of the third degree.**

PREPARER'S NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ DATE \_\_\_\_\_

## WAGE STATEMENT REPORTING INSTRUCTIONS

**General:** Florida law requires disabled employees to be compensated at a certain percentage of their average weekly wage. If the injured employee worked during substantially the whole of 91 days immediately preceding the injury, the employee's average weekly wage is one-thirteenth of the total amount of wages earned during the 91 day period. "Substantially the whole of 91 days" means a consecutive period of 91 days, not less than 90% of the total customary full-time hours of employment during that period.

**Reporting Gross Pay:** Complete **all** columns; as applicable. Report the actual **gross** earnings of the injured employee for the consecutive 91 day period immediately preceding the accident. The 91 day period includes Saturdays, Sundays, holidays, and other non-working days. Wages for the first and/or last week(s) (No. 1 and 14 on the form) may be represented by a partial calendar work week(s) if the employee was injured, for example, during the middle of the work week. Remember to include all overtime and any bonuses paid during the 91 day period. If the injured employee was not employed for you for approximately 82 days during that period, enter the wages of a similar employee in the same employment who was employed for approximately 82 days of the 91 day period. Do not combine wages for two or more employees to yield wages for the 91 days.

**Reporting Gratuities & Fringe Benefits:** Gratuities reported should include only those gratuities reported to the employer in writing as taxable income received in the course of employment from others than the employer. The reportable value of a fringe benefit is the actual cost to the employer for the benefit furnished. The only fringe benefits that can be included for dates of accident occurring on or after 07/01/90 are employer contributions for health insurance for the employee or the employee's dependents, and the reasonable value of housing furnished to the employee by the employer which is intended as the permanent year-round housing of the employee.