WAGE & SALARY VERIFICATION

The PIP Claimant referenced above has applied for benefits under the FLORIDA MOTOR VEHICLE NO-FAULT LAW (PIP) 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 to this claimant, please provide us with the answers to the following questions per Florida Statute 627.736(6) and return this form promptly. Thank you in advance for your cooperation.

Employer's Name & Address:

_____

_____

_____

_____

Employee's Name & Address

_____

_____

_____

_____

1. Occupation (Job Description): _____

2. Dates of Employment: From: _____ To: _____

3. Regular Wage or Salary as of the Date of this Accident: $ _____ ☐ Hourly ☐ Weekly ☐ Monthly

   Number of Hours Ordinarily Worked: Per Day _____ Per Week _____ Per Month _____

   Number of Days Ordinarily Worked: Per Week _____

   Average Overtime (If Any): Per Day _____ Per Week _____ Per Month _____

4. Date Absence Began: _____

5. Date Returned to Work: _____

6. Has employee filed a claim for benefits under any Workers' Compensation Law as a result of this accident? ☐ Yes ☐ No If yes, please provide Workers' Compensation Carrier Information:

   Name _____

   Address _____

   City _____ State _____ Zip _____

7. Has employee received, is receiving or is entitled to receive benefits under Workers' Compensation Law as a result of this accident? ☐ Yes ☐ No ☐ Undetermined

8. SCHEDULE OF WEEKLY EARNINGS - FOR 12 WEEKS PRIOR TO DATE OF ACCIDENT

Week	From Date	To Date	Number of Days Worked	Amount Earned Including Overtime	Meals	Board	Tips	All Other	Gross Earnings
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									

Signed _____ Date _____

Title _____ Phone _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.