

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Injury \_\_\_\_\_  
MM/DD/YYYY

Date of Birth \_\_\_\_\_  
MM/DD/YYYY

SSN(Numbers Only) \_\_\_\_\_

Case No (if any) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

(Please attach job description of job analysis, if available)

**WEEKLY GROSS EARNINGS** \_\_\_\_\_

(Attach a wage statement//DLSR 5020 if earnings are less than maximum. Include the value of additional advantages provided such as meals, lodging, etc. If earnings are irregular or for less than 30 hours per week, include a detailed description of all earnings of the employee from all sources, including other employers, for one year parior to the date of injury. Benefites will be calculated at MAXIMUM RATE unless a a complete and detaile statement of eannin is is attach.)