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

Date	Our Policyholder	Accident Date	File Number
Employee's Name		Social Security No	
Street City State, Zip Code			

The above named person has applied for benefits under the 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

Claim Department

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 ☐ Termination

4 Circle days worked in average week: S M T W T F S
Hours worked per day: Hours worked per week.

5 Income earned last calendar year: $

6 Wages ☐ Hourly $ (Include COLA and shift premium) ☐ Salary $

7 Was employee working overtime at the time of disability? ☐ Yes ☐ No

8 If yes, average hours of overtime per week: Rate of pay for overtime $

9 Dates absent due to disability:
From Through.

10 Did employee's injury arise out of and in the course of his/her employment? ☐ Yes ☐ No

11 If yes, give name of workers' compensation insurance carrier.

12 Is employee covered by a wage or salary continuance plan? ☐ Yes ☐ No
If yes, give name and address of provider of benefits and describe the nature of the plan:
Policy Number. ____________________
When do benefits begin? ____________________
Amount payable per week: $ ____________________
How long benefits payable? ____________________

13 Is employee covered by a medical benefits plan? ☐ Yes ☐ No
If yes give name and address of provider and policy number:
Policy Number: ____________________

Date ____________________

____
Print Name & Title

____
Signature

____
Phone