

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
EMPLOYER'S WAGE VERIFICATION REPORT**

Employee's Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Social Security Number: _____

1. Employee's Occupation: _____

2. Dates of employment: From: _____ Through: _____

3. Gross earnings during 52 week period to accident \$ _____

Wages or salary as of date of accident: \$ _____ \$ _____ \$ _____

Hourly

Weekly

Monthly

Number of hours normally worked per day _____

Number of days normally worked per week _____

4. Dates absent following accident:

First day absent from work: _____ Date returned to work: _____

5. Has employee received, is employee receiving or is employee entitled to receive benefits under any workers' compensation law as a result of the accident? Yes No Undetermined

Workers' compensation number _____

Address _____

Policy Number _____

6. Has employee received, is employee receiving or is employee entitled to receive New York state disability benefits as a result of this accident? Yes No Undetermined

Is the employee required to pay for DBL coverage through payroll deduction? Yes No

New York State Disability Insurer _____

Address _____

Policy Number _____

7. Was or will employee be paid by employer for this absence from work? Yes No

If answer to question 7 is "Yes" please answer questions 8, 9, 10, and 11.

8. How much was or will employee be paid? \$ _____ Weekly \$ _____ Monthly

9. Will the employee be required to reimburse you any of the above amount? Yes No

10. Will the employee lose accumulated leave credits as a result of the foregoing payment? Yes No

11. Will the employee's eligibility for future wage benefits be affected by payments indicted in question 8 above?

Yes No

THE STATE OF NEW YORK REQUIRES US TO NOTIFY YOU OF THE FOLLOWING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Print Name: _____ Title _____ Phone Number _____

Signed _____ Date _____

Federal Employer I.D. Number _____