STONETRUST™
COMMERCIAL INSURANCE COMPANY

5615 CORPORATE BLVD, 7th FLOOR
BATON ROUGE, LA 70808
PHONE | 225.923.1050

400 NORTH TRENTON, SUITE 200
RUSTON, LA 71270
PHONE | 318.254.8519

TOLL FREE PHONE | 800.311.0997
TOLL FREE FAX | 866.923.1871
STONETRUSTINSURANCE.COM

LOUISIANA WORKERS COMPENSATION CLAIM
REQUEST FOR WAGE INFORMATION

(Complete and return if injured employee misses more than 7 days from work)

FAX BACK TO US AT 1-866-923-1871

TO: ______________________________ DATE: ____________________

CLAIMANT: ______________________________ Date of Injury:________________

HOURLY RATE: $______________________________ OVERTIME RATE: $____________________

Dates of Employment: From______________________________ thru ______________________________

Last Date Worked: ________________________ Last Date Paid Through: __________________________

Please complete this form and immediately fax to our office toll-free at 1-866-923-1871. **In addition, please provide us with actual supporting wage DOCUMENTATION (a copy of paycheck stubs or payroll register) showing the gross earnings for the above claimant, including overtime, for the FOUR FULL WEEKS PRIOR TO THE ACCIDENT**. If the claimant was injured during the middle of a pay period, the partial pay period should not be included in the wages provided. Wages are used to calculate the weekly compensation rate and are needed to initiate disability payments. If the claimant worked less than 4 weeks, provide date of hire and gross wages with any documentation of pay that you have.

PERIOD COVERED	HOURS WORKED	GROSS WAGES
__________________	__________________	_______________
__________________	__________________	_______________
__________________	__________________	_______________
__________________	__________________	_______________

The compensation rate of full time employees who work under 40 hours per week through no fault of their own (ex, rain days/down time) must be based on a 40 hour work week. However, a full time employee who **chooses** to work less than 40 hours per week when 40 hours of work is available will have their compensation rate based on the actual hours worked in the 4 weeks prior to the accident. You must provide documentation that the time missed was at the employee's discretion.

For employees who are NOT PAID BY THE HOUR (i.e., paid by the job, the day or paid commission), provide the gross wages for 26 weeks prior to the accident and the actual number of days worked during that time. If they worked less than 26 weeks, provide the total gross earnings from the date hired and provide the actual number of days worked.

Does the employer pay any fringe benefits (health/disability insurance)? Yes No
If so, please provide details regarding payments made by the employer: ____________________________
____

Last full date employee worked (do not include partial dates worked): ______________________________

Was the employee hired as a part time employee? Yes No
If so, please provide a copy of the employment contract.

Wage payment method: Check Cash
IRS reporting method: W-2 1099

Name and title of person supplying information: ____

Signature:____Phone: ______________Date:________________