



STONETRUST™
COMMERCIAL INSURANCE COMPANY

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RUSTON, LA 71270
PHONE | 318.254.8519

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TOLL FREE FAX | 866.923.1871
STONETRUSTINSURANCE.COM

**LOUISIANA WORKERS COMPENSATION CLAIM
REQUEST FOR WAGE INFORMATION – UNIT WORKER**

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

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

TO: _____

FAX NO: _____

Date: _____

Employer: _____

Employee: _____

Date of Accident: _____

Please provide our office with the gross earnings for the above employee for 26 WEEKS PRIOR TO THE ACCIDENT DATE. Fax completed form to us immediately.

PERIOD COVERED	DAYS WORKED	GROSS WAGES
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____
16) _____	_____	_____
17) _____	_____	_____
18) _____	_____	_____
19) _____	_____	_____
20) _____	_____	_____
21) _____	_____	_____
22) _____	_____	_____
23) _____	_____	_____
24) _____	_____	_____
25) _____	_____	_____
26) _____	_____	_____

Signature of Person Completing This Form (with Job Title)