Employer's Statement of Wage Earnings Before Date of Injury/Illness

Oriska Insurance
1310 Utica St.
PO Box 855
Oriskany, NY 13424
(866)808-3933
Claims@Oriska.com

Injury/Illness Information

Date of Injury/Illness _____ Carrier Case # _____

Injured/Ill Worker Information

Last Name _____ First Name _____ MI ___

Mailing Address _____ Line 2 _____

City _____ State _____ Zip Code _____

Job Title _____ Social Security # _____

Insurer Information

Insurer Name Oriska Insurance Insurer ID # 30175

Mailing Address 1310 Utica St. Line 2 PO Box 855

City Oriskany State NY Zip Code 13424

Insurer Phone # (866)808-3933 Email Address Claims@Oriska.com

Employer Information

Employer Name _____

Mailing Address _____ Line 2 _____

City _____ State _____ Zip Code _____

Employer Phone # _____ Federal Tax ID # _____

The Tax ID # is (Check One) ☐ SSN ■ FEIN

Payroll Information

Average weekly wage is calculated from the employee's gross weekly earnings for the 52 weekly periods immediately preceding the date of injury/illness. This information can be provided by the following:

- -Attaching detailed payroll information that includes days paid and gross weekly earnings.
- -If the injured/ill worker is salary and their weekly pay does not change from week to week, attach documents providing their salary information for the previous 52 weeks.
- -By completing the **Injured Worker Payroll** section on this form

If the injured/ill worker has not worked at the same employment for at least a substantial part of the previous 52 weeks, also attach detailed payroll information for an employee of the same class, or complete and submit the Employee of the **Same Class Payroll** section on this form.

1. - Payroll information is ☐ Attached ■ Completed on page 2

2. - Did the injured worker's compensation include board, rent, housing, tips and/or gratuities, in addition to gross weekly earnings? ☐ Yes ☐ No

3. – The worker's pay rate is ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually

4. – The injured/ill worker works a ☐ 5 ☐ 6 ☐ 7 ☐ Other day week

If other, Explain _____

5. – Total Days paid in the preceding 52 weeks _____

6. – Total gross amount paid including overtime in the preceding 52 weeks _____

7. – Was there any wage adjustment made that effected the 52-week period? (If the injured worker was in military service, please indicate and provide date of discharge.) ☐ Yes ☐ No

If Yes, Explain _____

_____

8. – Was the injured/ill worker laid off during the preceding 52 weeks? ☐ Yes ☐ No

If Yes, provide the dates of layoff _____

By signing below you attest that the information on this form is true and accurate to the best of my knowledge and belief.

Prepared By

Last Name _____ First Name _____ MI ___

Signature _____ Date _____

Employer Name _____

Official Title _____ Daytime Phone # _____

Email Address _____ Date of this Report _____

Injured Worker Payroll

Injured Worker's Name _____

Date of Injury/Illness _____

Week No.	Week Ending Date	Days Paid	Gross amount paid including overtime	Week No.	Week Ending Date	Days Paid	Gross amount paid including overtime	Week No.	Week Ending Date	Days Paid	Gross amount paid including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				Total:			
18				36							

Employee of the Same Class Payroll

If the injured worker has not worked at the same employment for one year or a substantial part of the year, enter the gross weekly earnings for an employee of the same class. "Substantial part of the year" does not require any particular number of days worked, but as a guideline 234 days at 5 days per week and 270 days at 6 days per week.

Employee of the Same Class Name Last Name First Name MI _____

Job Title/Class _____

Week No.	Week Ending Date	Days Paid	Gross Amount Paid including Overtime	Week No.	Week Ending Date	Days Paid	Gross Amount Paid including Overtime	Week No.	Week Ending Date	Days Paid	Gross Amount Paid including Overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				Total:			
18				36							