

**STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027**

WAGE STATEMENT

1. REVISION DATE:

____/____/____
MM DD YYYY

2. WCB FILE NUMBER
(REQUIRED):

EMPLOYEE

3. EMPLOYEE LAST NAME:

4. FIRST NAME:

5. MI.:

6. SOCIAL SECURITY NUMBER (last 4 digits):

XXX-XX-

7. STREET/P.O. BOX MAILING ADDRESS:

8. CITY:

9. STATE:

10. ZIP:

11. HOME PHONE NUMBER:

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12. DATE OF INJURY:

____/____/____
MM DD YYYY

13. SPECIFIC INJURY OR ILLNESS:

14. BODY PART(S) AFFECTED:

EMPLOYER/INSURER

15. INSURER FILE NUMBER:

16. EMPLOYER NAME:

17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:

18. INSURER NAME:

19. INSURER MAILING ADDRESS AND PHONE NUMBER:

20. DOES EMPLOYEE WORK CONCURRENTLY? ☐ YES ☐ NO IF YES, A WAGE STATEMENT MUST BE SUBMITTED FOR EACH EMPLOYER

NAME(S) OF EMPLOYERS: _____; _____; _____

21. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? ☐ YES ☐ NO

IF YES: THE AVERAGE WEEKLY WAGE MUST BE RECALCULATED IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2))

22. METHOD OF CALCULATION:

☐ 102(4)(A) – SALARIED

☐ 102(4)(C) – SEASONAL WORKER

☐ 102(4)(B) – VARYING WAGES

☐ 102(4)(D) – OTHER*

* NOTE: IF WAGES WERE CALCULATED USING SECTION 102(4)(D), YOU MUST SUBMIT COMPARABLE WAGES WITH THIS FILING AND PROVIDE A DETAILED EXPLANATION OF THE CALCULATION IN THE COMMENTS BOX.

23. LIST GROSS EARNINGS FOR EACH WEEK:

WK 1	WEEK ENDING	GROSS EARNINGS	WK 19	WEEK ENDING	GROSS EARNINGS	WK 37	WEEK ENDING	GROSS EARNINGS
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			WK OF INJURY		
17			35			24. TOTAL EARNINGS \$		
18			36			25. GROSS AVERAGE WEEKLY WAGE \$		

26. COMMENTS:

27. PREPARER'S FULL NAME (REQUIRED):

E-MAIL ADDRESS (REQUIRED):

28. TELEPHONE NUMBER (REQUIRED):

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TOLL-FREE NUMBER:

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29. DATE SENT TO WCB:

____/____/____
MM DD YYYY