

CLAIM #: _____

| | |
|------------------|------------------------|
| EMPLOYER: | |
| EMPLOYEE: | DATE OF INJURY: |

For claims in Arizona, Connecticut, Iowa and Michigan, please provide the following:
Taxable marital status: _____ **Number of dependents:** _____

Instructions: Enter employee's gross weekly wages earned **PRIOR** to the **date of injury**.

| Week # | Period Ending Date | Gross Weekly Wage | Week # | Period Ending Date | Gross Weekly Wage |
|---------------|--------------------|-------------------|---------------|--------------------|-------------------|
| EXAMPLE | 01/02/2014 | \$600.00 | EXAMPLE | 03/05/2014 | \$700.00 |
| 1 | | | 28 | | |
| 2 | | | 29 | | |
| 3 | | | 30 | | |
| 4 | | | 31 | | |
| 5 | | | 32 | | |
| 6 | | | 33 | | |
| 7 | | | 34 | | |
| 8 | | | 35 | | |
| 9 | | | 36 | | |
| 10 | | | 37 | | |
| 11 | | | 38 | | |
| 12 | | | 39 | | |
| 13 | | | 40 | | |
| 14 | | | 41 | | |
| 15 | | | 42 | | |
| 16 | | | 43 | | |
| 17 | | | 44 | | |
| 18 | | | 45 | | |
| 19 | | | 46 | | |
| 20 | | | 47 | | |
| 21 | | | 48 | | |
| 22 | | | 49 | | |
| 23 | | | 50 | | |
| 24 | | | 51 | | |
| 25 | | | 52 | | |
| 26 | | | 53 | | |
| 27 | | | 54 | | |
| Total: | | | Total: | | |

Along with this completed form, include:

- the required copy of the employee's W2 form AND
- a copy of the two most recent state quarterly wage reports or a copy of the employee's federal tax return.

Submit all documents via one of these methods:

- Fax: 800-248-8955
- Email: wage@protectiveinsurance.com
- Mail: Protective Insurance Company
P.O. Box 7099, Indianapolis, IN 46207

Or submit online: