

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 2865, Clinton, IA 52733-9924

Or submit online: