WAGE STATEMENT

DOWNEY INSURANCE
Protecting Those Who Serve℠

DATE _____ CLAIM NUMBER _____

EMPLOYEE _____ EMPLOYER _____

I have examined our payroll records and the following table shows the weeks worked and the wages earned by the above-named employee during the period stated therein (including bonus and overtime pay).

I have examined our payroll records and find that the above-named employee did not work for said employer for a sufficient period to determine a proper average weekly wage. Therefore, the following table shows the weeks worked and wages earned by _____ a fellow employee of the same class who was similarly engaged by the same employer and who did work a substantial part of the year prior to _____.

(Date of alleged injury)

Position: _____ Signed By: _____

	Week Ending			Days Worked	Amount Paid		Week Ending			Days Worked	Amount Paid
	Month	Day	Year				Month	Day	Year		
1						27					
2						28					
3						29					
4						30					
5						31					
6						32					
7						33					
8						34					
9						35					
10						36					
11						37					
12						38					
13						39					
14						40					
15						41					
16						42					
17						43					
18						44					
19						45					
20						46					
21						47					
22						48					
23						49					
24						50					
25						51					
26						52					
				Total $	0.00					**Total $**	0.00
					Entire Total $	0.00					

Please mail form to: IPEP
P.O. Box 690
Kokomo, Indiana 46903-0690

Toll-free: 1-800-382-8837
Claims Fax: 1-765-868-3310
Local: 1-765-457-9161