

**If Self Employed**

What are your average weekly earnings, net of expenses, but before tax? \$

Do you operate as a Propriety Limited Company?  Yes  No

Do you or your Company pay a Workers Compensation Levy?  Yes  No

What is your business trading name?

Address

Telephone No.  [ ] Commenced Trading  / /

Please submit documentation to validate earnings.

**If employed as a wage earner, the following is to be completed by your Employer.**

I hereby certify that

became incapacitated on  / / and is \*expected to/did resume duties on  / / .

\*His/her average weekly salary (excluding bonuses, commissions, overtime payments and other allowances) for the 12 months prior to the injury or sickness was \$  per week.

During the period of incapacity he/she received

\$  Normal Pay - from / to:

\$  Sick Pay - from / to:

\$  Workers Compensation - from / to:

\$  Other (Please specify) - from / to:

\*He/she has been employed since:  / /

Name of Company

Address

Signature of Supervisor or Paymaster  Signature

Name of Supervisor or Paymaster  Please Print

Telephone No.  [ ] Date  / /

\* Delete whichever is not applicable