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**WAGE AND SALARY VERIFICATION**

DATE	OUR POLICYHOLDER	DATE OF ACCIDENT	CLAIM NUMBER
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Employee's Name \_\_\_\_\_

Employee's Address \_\_\_\_\_

Dear Sir or Madam:

The above named person has applied for benefits under the MARYLAND ECONOMIC LOSS PROTECTION LAW as a result of sustained injuries in an automobile accident on the date indicated. We understand this person is your employee or former employee. To determine what monies may be due to the injured party, please provide us with responses to the following questions, and return this form promptly. Thank you for your cooperation.

**THE LAW OFFICE OF PHILLIP COREY LEVIN, P.A.**  
**Phillip C. Levin, Esquire**  
**1111 Park Avenue, Sutton Place, L-150**  
**Baltimore, Maryland 21201**  
**800.734.1370**

- Occupation: \_\_\_\_\_
- Date of Employment: \_\_\_\_\_ From: \_\_\_\_\_ Through: \_\_\_\_\_
- Dates absent following accident: \_\_\_\_\_ From: \_\_\_\_\_ Through: \_\_\_\_\_
- Was employee paid during this absence? Yes \_\_\_ No \_\_\_ If Yes, Amount Paid \$ \_\_\_\_\_
- Is employee entitled to benefits under a wage or salary continuation plan? Yes \_\_\_ No \_\_\_
- Name of your Workers' Compensation Insurer: \_\_\_\_\_
- Has or will a claim be filed under any Workers' Compensation Law for this accident? Yes \_\_\_ No \_\_\_

**8. SCHEDULE OF WEEKLY EARNINGS FOR 13 WEEKS PRIOR TO DATE OF ACCIDENT**

WEEK NO.	WEEK		NO. OF DAYS WORKED	AMOUNT EARNED INCLUDING OVERTIME OR EXTRA WORK	ADDITIONAL COMPENSATION				GROSS EARNINGS
	FROM DATE	TO DATE			MEALS	BOARD	TIPS	ALL OTHER	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
<b>TOTAL</b>									

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNED \_\_\_\_\_ PRINT NAME \_\_\_\_\_