

**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

Name of Supervisor or Paymaster

Telephone No.  Date

\* Delete whichever is not applicable