Instructions

If you missed time from work because of injuries sustained in the accident and you intend to file a claim for medical or wage loss expenses, you must have your employer complete the Wage and Salary Verification form.

You will need to print this form, fill out the current date, your name, the date of the accident and your claim number, and give the form to your employer. Your employer will need to complete the form and return it to GEICO.

(Form Below)

GOVERNMENT EMPLOYEES INSURANCE COMPANIES
WAGE AND SALARY VERIFICATION

DATE	OUR POLICYHOLDER	DATE OF ACCIDENT	CLAIM NUMBER

_____
Employee's Name

_____
Employee's Address

The above named person sustained injuries as a result of 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.

GOVERNMENT EMPLOYEES INSURANCE COMPANIES
CLAIMS DEPARTMENT
PO Box 35
Macon, GA 31294-9643

1. Occupation: _____

2. Date of Employment: From: _____ Through: _____

3. Dates absent following accident: From: _____ Through: _____

4. Was employee paid during this absence?   Yes___ No___ If Yes, Amount Paid $_____

5. Is employee entitled to benefits under a wage or salary continuation plan? Yes___ No___

6. Name of your Workers' Compensation Insurer: _____

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

Texas law requires the following to appear on this form.
"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

EMPLOYER: _____ DATE: _____ PHONE #: _____ TITLE: _____

SIGNED: _____ PRINT NAME_____

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