

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

| | | | | | |
|---|--|--------------------------------|--|----------------------------|----------|
| 1. INSURER FILE NUMBER: | | 6. SOCIAL SECURITY NUMBER | | 7. WCB FILE NUMBER: | |
| 2. EMPLOYER NAME: Roman Catholic Bishop of Portland | | 8. EMPLOYEE LAST NAME: | | 9. FIRST NAME: | |
| 3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER: P.O. Box 11559 Portland, ME 04104-7559 (207)-773-6471 | | 11. ADDRESS-NUMBER AND STREET: | | | |
| 4. INSURER NAME: Roman Catholic Bishop of Portland | | 12. CITY: | | 13. STATE: | 14. ZIP: |
| 5. INSURER MAILING ADDRESS: P.O. Box 11559 Portland, ME 04104-7559 | | 16. DATE OF INJURY: | | 17. DESCRIPTION OF INJURY: | |
| | | | | 15. HOME PHONE: | |

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|---|--|---|--|---|--|---|--|
| 18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | 19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
|---|--|---|--|---|--|---|--|

| 20. WEEK 52 IS THE WEEK BEFORE THE INJURY | | | | | | | | |
|---|-------------|----------------|----|-------------|----------------|---------------------------|-------------|----------------|
| WK | WEEK ENDING | GROSS EARNINGS | WK | WEEK ENDING | GROSS EARNINGS | WK | WEEK ENDING | GROSS EARNINGS |
| 1 | | | 19 | | | 37 | | |
| 2 | | | 20 | | | 38 | | |
| 3 | | | 21 | | | 39 | | |
| 4 | | | 22 | | | 40 | | |
| 5 | | | 23 | | | 41 | | |
| 6 | | | 24 | | | 42 | | |
| 7 | | | 25 | | | 43 | | |
| 8 | | | 26 | | | 44 | | |
| 9 | | | 27 | | | 45 | | |
| 10 | | | 28 | | | 46 | | |
| 11 | | | 29 | | | 47 | | |
| 12 | | | 30 | | | 48 | | |
| 13 | | | 31 | | | 49 | | |
| 14 | | | 32 | | | 50 | | |
| 15 | | | 33 | | | 51 | | |
| 16 | | | 34 | | | 52 | | |
| 17 | | | 35 | | | TOTAL EARNINGS | | \$ |
| 18 | | | 36 | | | GROSS AVERAGE WEEKLY WAGE | | \$ |

| | | | | | |
|--|--|-----------------------|--|------------------|--|
| 23. PREPARER NAME AND TITLE (TYPE OR PRINT): | | 24. TELEPHONE NUMBER: | | 25. DATE MAILED: | |
| | | | | | |

THIS DOCUMENT MAY BE PRODUCED IN ALTERNATIVE FORMATS SUCH AS BRAILLE, LARGE PRINT AND AUDIOTAPE.