

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:	15. HOME PHONE:
5. INSURER MAILING ADDRESS: P.O. Box 11559 Portland, ME 04104-7559		16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

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