STONETRUST
COMMERCIAL INSURANCE COMPANY

5615 CORPORATE BLVD., 7th FLOOR
BATON ROUGE, LA 70808
PHONE | 225.923.1050

TOLL FREE PHONE | 800.311.0997
TOLL FREE FAX | 866.923.1871
STONETRUSTINSURANCE.COM

LOUISIANA WORKERS COMPENSATION CLAIM
REQUEST FOR WAGE INFORMATION – UNIT WORKER

(Complete and return if injured employee misses more than 7 days from work)

FAX BACK TO US AT 1-866-923-1871

TO:_____

FAX NO:_____ Date: _____

Employer: _____

Employee: _____

Date of Accident: _____

Please provide our office with the gross earnings for the above employee for 26 WEEKS PRIOR TO THE ACCIDENT DATE. Fax completed form to us immediately.

	PERIOD COVERED	DAYS WORKED	GROSS WAGES
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			
26)			

_____

Signature of Person Completing This Form (with Job Title)