

Group Marketing Services, Inc.
P.O. BOX 19040 • Kalamazoo MI 49019-0040 • (269)343-2611
WEEKLY INDEMNITY BENEFITS
EMPLOYER'S STATEMENT

EMPLOYER'S NAME: _____

EMPLOYEE'S NAME: _____

POSITION: _____

FULL TIME HIRE DATE: _____

LAST DAY WORKED: _____

GROSS WEEKLY COMPENSATION: \$ _____

NET WEEKLY COMPENSATION: \$ _____

DOES COMPENSATION INCLUDE:

BONUS: NO OR YES; AMOUNT: \$ _____

PROFIT SHARING: NO OR YES; AMOUNT: \$ _____

OVERTIME: NO OR YES; AMOUNT: \$ _____

COMMISSIONS: NO OR YES; AMOUNT: \$ _____

OTHER: NO OR YES; AMOUNT: \$ _____

DESCRIPTION: _____

HAS EMPLOYEE COLLECTED ANY WAGES SINCE DISABILITY BEGAN (I.E. VACATION, SICK OR PERSONAL PAY): YES OR NO;

AMOUNT: \$ _____ DESCRIPTION: _____

AMOUNT: \$ _____ DESCRIPTION: _____

AMOUNT: \$ _____ DESCRIPTION: _____

AMOUNT: \$ _____ DESCRIPTION: _____

AMOUNT: \$ _____ DESCRIPTION: _____

AMOUNT: \$ _____ DESCRIPTION: _____

PERCENTAGE OF **DISABILITY** PREMIUM EMPLOYEE CONTRIBUTES: _____

%; IS CONTRIBUTION DEDUCTED ON A PRE-TAXED BASIS: YES OR NO

EMPLOYEE'S DUTIES: _____

EMPLOYEE CAN PERFORM JOB DUTIES: WITH **NO** RESTRICTION

WITH RESTRICTIONS

CANNOT PERFORM

EXPLAIN RESTRICTIONS: _____

WHAT JOB DUTIES CAN THIS EMPLOYEE NOT PERFORM DUE TO THEIR CONDITION? _____

DOES EMPLOYEE'S RESPONSIBILITIES INCLUDE HEAVY LIFTING OR HEAVY MANUAL LABOR? YES OR NO

IS THERE A POSITION AVAILABLE FOR THIS EMPLOYEE IF THEY CAN RETURN TO WORK UNDER RESTRICTED OR LIGHT DUTY? YES OR NO

IS THE DISABLING CONDITION DUE TO, OR RELATED TO, THE EMPLOYEE'S EMPLOYMENT? YES OR NO

WAS A WORKER'S COMPENSATION CLAIM FILED FOR THIS DISABILITY: YES OR NO; IF YES, ATTACH WORKERS COMP CARRIERS DETERMINATION

TOTAL DISABILITY DATES: FROM: _____

TO: _____

HAS THIS EMPLOYEE BEEN OFFERED: FMLA EXTENSION: YES OR NO

COBRA EXTENSION: YES OR NO

HAS THIS EMPLOYEE ELECTED: FMLA EXTENSION: YES OR NO

COBRA EXTENSION: YES OR NO

The following is required in certain states: Any person who, knowingly and with intent to defraud or deceive any insurance company, files statement of claim containing any materially false, incomplete or misleading information is guilty of committing a fraudulent insurance act which is a crime and subject to criminal prosecution.

NAME: _____
(PRINT)

TITLE: _____

SIGNATURE: _____

DATE: _____