ONE80 INTERMEDIARIES
The Sandner Group
Claims Management

333 West Wacker Drive* Suite 1200 * Chicago IL 60606 * Phone (800) 419-3205 * SandnerGroup.com

WAGE STATEMENT

Claim #: WC -

Claimant: **Adjuster:**

SS#: **Date of Loss:**

Please complete the wage statement below for wages earned by the above-named employee for the entire year prior to the date of loss. Please return to our office by mail or fax as soon as possible. Thank you.

Hourly wage: **Contracted wage:** **Salary:**

Date	Gross Earnings	OT Hours	OT Earnings		Date	Gross Earnings	OT Hours	OT Earnings

Employee worked _____weeks during the last year.

Signature & Title: _____ _____

Date:_____