

Workers' Compensation Claim and Verification

Division of Retirement and Benefits
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FOR OFFICE USE ONLY

NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER																																
MAILING ADDRESS (CITY, STATE, ZIP+4)																																	
<p>This is my written request to claim the following periods of Workers' Compensation as credit in the Alaska Public Employees' Retirement System (PERS) pursuant to AS 39.35.330(c). I understand that I will be indebted to the PERS for the contributions that I would have made had I remained an active employee during the period of Workers' Compensation. The following are the approximate dates I was on Workers' Compensation:</p> <p>Example:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">to</td> <td style="text-align: center;">_____</td> <td style="border-left: 1px solid black; text-align: center;">_____</td> <td style="text-align: center;">to</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date WC Began</td> <td></td> <td style="text-align: center;">Date WC Ended</td> <td style="border-left: 1px solid black;"></td> <td></td> <td style="text-align: center;">Date WC Ended</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">to</td> <td style="text-align: center;">_____</td> <td style="border-left: 1px solid black; text-align: center;">_____</td> <td style="text-align: center;">to</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date WC Began</td> <td></td> <td style="text-align: center;">Date WC Ended</td> <td style="border-left: 1px solid black;"></td> <td></td> <td style="text-align: center;">Date WC Ended</td> </tr> </table>		_____	to	_____	_____	to	_____	Date WC Began		Date WC Ended			Date WC Ended	_____	to	_____	_____	to	_____	Date WC Began		Date WC Ended			Date WC Ended								
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Date WC Began		Date WC Ended			Date WC Ended																												
SIGNATURE OF MEMBER	DATE																																
Note:																																	
<p style="text-align: center;">EMPLOYER VERIFICATION OF WORKERS' COMPENSATION</p> <p style="text-align: center;">(Only periods of Workers' Compensation after June 12, 1987, are eligible to claim pursuant to AS 39.35.330(c).)</p> <p>This is to certify that this employee was unable to work due to: 1) an on-the-job injury; or 2) an occupational illness; and 3) received benefits under AS 23.30. The following information correctly reflect this member's particular circumstance:</p> <p>PERIODS OF WORKERS' COMPENSATION: (use different lines to separate Workers' Compensation between calendar years)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">1.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">to</td> <td style="text-align: center;">_____</td> <td style="width: 15%;"></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">Date WC Began</td> <td></td> <td style="text-align: center;">Date WC Ended</td> <td></td> <td style="text-align: center;">Hourly Rate of Pay</td> <td style="text-align: center;">Sched Hours per Week</td> <td style="text-align: center;">Hours on Workers' Compensation</td> </tr> <tr> <td style="width: 5%;">2.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">to</td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">Date WC Began</td> <td></td> <td style="text-align: center;">Date WC Ended</td> <td></td> <td style="text-align: center;">Hourly Rate of Pay</td> <td style="text-align: center;">Sched Hours per Week</td> <td style="text-align: center;">Hours on Workers' Compensation</td> </tr> </table>		1.	_____	to	_____		_____	_____	_____		Date WC Began		Date WC Ended		Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation	2.	_____	to	_____		_____	_____	_____		Date WC Began		Date WC Ended		Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
1.	_____	to	_____		_____	_____	_____																										
	Date WC Began		Date WC Ended		Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation																										
2.	_____	to	_____		_____	_____	_____																										
	Date WC Began		Date WC Ended		Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation																										
SIGNATURE OF EMPLOYER REPRESENTATIVE	DATE																																
PRINTED NAME OF EMPLOYER REPRESENTATIVE	PHONE NUMBER																																

Note: Use reverse side if more than 2 segments are claimed. Examples of verification of Workers' Compensation are provided for on page 3.

MEMBER'S NAME _____

SOCIAL SECURITY NUMBER _____

1.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
2.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
3.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
4.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
5.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
6.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
7.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
8.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
9.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
10.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
Signature of Employer Representative				Date		
Printed Name of Employer Representative					Phone Number	

Example Page

Example one is a period of Workers' Compensation overlapping into the next year, example two is when there is a salary rate change during a period of Workers' Compensation.

1.	<u>11/1/2001</u> Date WC Began	to	<u>12/31/2001</u> Date WC Ended	<u>\$23.50</u> Hourly Rate of Pay	<u>40</u> Sched Hours per Week	<u>328</u> Hours on Workers' Compensation
2.	<u>1/01/2002</u> Date WC Began	to	<u>1/14/2002</u> Date WC Ended	<u>\$23.50</u> Hourly Rate of Pay	<u>40</u> Sched Hours per Week	<u>72</u> Hours on Workers' Compensation
3.	<u>4/11/2005</u> Date WC Began	to	<u>4/29/2005</u> Date WC Ended	<u>\$27.83</u> Hourly Rate of Pay	<u>37.5</u> Sched Hours per Week	<u>112.5</u> Hours on Workers' Compensation
4.	<u>5/1/2005</u> Date WC Began	to	<u>5/15/2005</u> Date WC Ended	<u>\$30.26</u> Hourly Rate of Pay	<u>37.5</u> Sched Hours per Week	<u>75</u> Hours on Workers' Compensation