Department of Labor and Industries
Claims Section
PO Box 44291
Olympia WA 98504-4291

WORKER VERIFICATION FORM

Claim number
Date of request
Date of injury

Instructions to worker: Complete this form so we can consider paying time loss benefits. If you can't work due to your workplace injury or disease AND your employer is not paying your full wages: 1) Fill out this form. 2) Sign and date it. 3) Mail it to the address above within 14 days.

Name	Phone Number
Address	
City State ZIP	

Fill in ONLY if you have a new address and/or phone number.

Worker's Statement

Due to my work-related injury/illness, I didn't work, and I wasn't able to work from _____ to _____
This means you didn't perform **any** type of work – paid or unpaid – such as volunteer work, self-employment, COPES or CHORE Services. Please DON'T include the last date worked in the range above.

I will/did return to work on _____	I am now working _____ Hours per day _____ Days per week My current wage is: $_____ per ☐ Hour ☐ Week ☐ Day ☐ Month

I have applied for the following benefits:
☐ Unemployment ☐ Food stamps only ☐ Retirement benefits
☐ Social Security benefits ☐ Other public assistance ☐ None

On the date of injury, was your employer paying any part of your and/or your family's medical, dental and/or vision insurance benefits, or providing housing, board and/or fuel (utilities)? ☐ Yes ☐ No

Are you still receiving these benefits? ☐ Yes ☐ No, **last date covered** _____

By signing below, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and further that: I understand that if I make a false statement about my activities or physical condition, I will be required to refund my benefits and I may face civil or criminal penalties. I understand I must immediately notify my claim manager if I perform any work (paid or unpaid), if my doctor releases me for work, if I am incarcerated and under sentence, or if the custody of my children changes.

Phone #	Date	Worker's name (please print)	Worker's signature