Completing a 13-Week Wage Statement

The Division of Risk Management
Bureau of Risk Financing and Loss Prevention

CFO JIMMY PATRONIS

Average Weekly Wage

s.440.14, F.S., Rule 69L-3.30046, F.A.C.

Average Weekly Wage (AWW)

- The amount of money the injured worker (IW) earns each week
- It is the basis for all monetary benefits being paid to the injured worker for lost wages
- It is an important factor in calculating the value of the workers' compensation claim

Wage Statement – DWC1a

Wage Statement

- The employer reports all required wage information for the injured worker and submits the completed form within 7 days to the Division of Risk Management adjuster.
- The wage statement is to be completed for 13 weeks of prior wages starting with the week before the injury and counting backwards. The form should be completed as soon as someone has exhausted their disability leave and is taken out of work; given restrictions that are unable to be accommodated; or if the injured worker has been assigned a permanent impairment rating.

AWW (continued)

• If 13 weeks of the injured worker's wages are not available, then at least 75% of the form must be completed for the wage statement to be valid. Reporting 10 weeks is acceptable in this case.

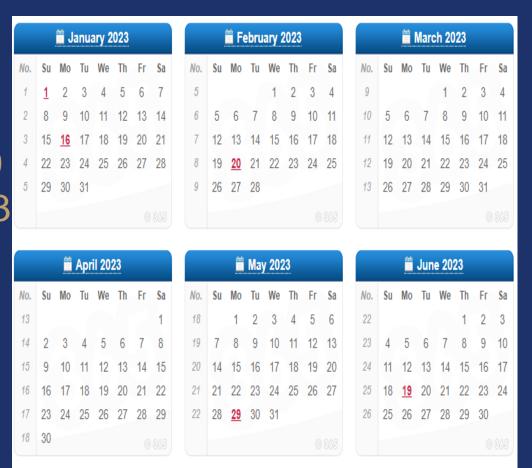
	WAGE STATEMENT							RECEIVED BY CLAIMS-HANDLING ENTY		
		DIVISION	OF WORKERS	FINANCIAL S	TION					
employs 342-174	er or claim-handling	If you have any entity. If further a	y questions about the ssistance is needed,	e information contain contact the Division's	ed on this form, pl Employee Assistan	ease contact your on Office at 1-800-				
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		PREPARER'S NAME			TELEPHONE #		DATE			
From 200	E ES DINES I - INSPINA	OLD								

AWW (continued)

• If the IW has not been employed for the full 13 weeks prior to the injury, a similar employee may be used.

w	AGE STAT	TEMENT			RECEIVED BY CLAR	S-HANDLING ENITY
FLORIDA DEPA DIVISION O		FINANCIAL S				
NOTICE TO EMPLOYEE: If you have any quemployer or claim-handling entity. If further assistate 342-1741.	uestions about the istance is needed,	information contain contact the Division's	ed on this form, pl Employee Assistan	ease contact your ce Office at 1-800-		
PLEASE PRINT OR TYPE						
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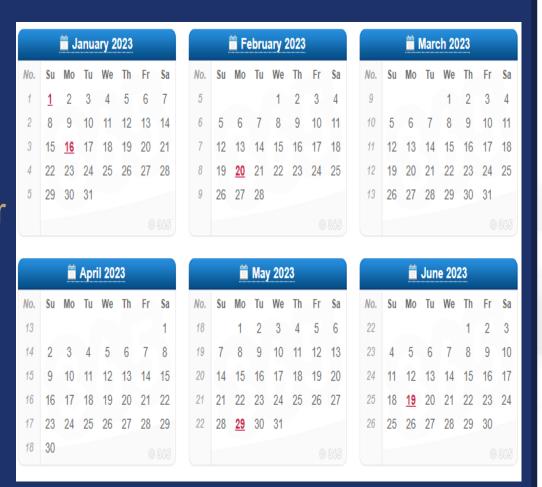
- Date of Injury: May 8, 2023
- Date of Employment: June 1, 2020
- Disability Exhausted: May 15, 2023
- Initial 40 hours Disability Leave:
- May 9, 2023 to May 15, 2023



- Date of injury May 8, 2023.
- Indemnity benefits for Lost Wages would begin on May 16, 2023.
- Initial one week indemnity benefit 5/16/23 to 5/22/23.
- Biweekly benefits starting 5/23/23 to 6/5/2023 and forward.

WAGE STATEMENT	RECEIVED BY CLAMS-HANDLING ENTY
FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION	
NOTICE TO EMPLOYEE: If you have any questions about the information contained on this fo employer or claim-handling entity. If further assistance is needed, contact the Division's Employee As 342-1741.	rm, please contact your sistance Office at 1-800-
PLEASE PRINT OR TYPE	
EMPLOYEE NAME (First, Middle, Last)	DATE OF ACCIDENT (Month-Gay-Year)
EMPLOYER NAME & ADDRESS CONCURRENT EMPLOYER NAME &	ADDRESS (Fapplicable) ARE THE WAGES LISTED BELOW
	FOR A SIMILAR EMPLOYEE?
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after knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. Wage Statement with your claims-handling entity within 7 days of such termination, reflecting the type and amou	If you discontinue providing any fringe benefits, you must file a corrected
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RETURN THIS FORM TO: (Claims-handling entity Name, Address & Telephone #) TOTAL	WILL EMPLOYER CONTINUE TO PROVIDE ABOVE BENEFITS?
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	TOTAL FRINGE BENEFITS \$
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(FOR CLAMS+HA	IDLING ENTITY USE ONLY)
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance false or misleading information commits insurance fraud, punishable as provided in s. 817.234. Section 440.105	company, or self-insured program, files a statement of claim containing any 71. F.S.
PREPARER'S NAME TELEPHO Form DFS-F2-DWC-1a (03/2009) Rule 69L-3.025, F.A.C.	NE # DATE
Participation of a paradoxy float debutato, FAC.	

- DWC1a Instructions A calendar week starts on Sunday and ends on Saturday per the DW1a instructions.
- With the date of injury on May 8, 2023; the 13th benefit (the week prior to the accident) would be April 30, 2023 to May 6, 2023. Place these dates in box 13 of the Wage Statement and work backwards week by week until all 13 weeks are completed.



DEPARTMENT OF FINANCIAL SERVICES

- Complete the number of hours worked each week
- Complete the number of days worked each week
- Calculate the gross pay for each week

	OF WORKERS						
NOTICE TO EMPLOYEE: If you have an employer or claim-handling entity. If further a 342-1741.	y questions about the essistance is needed,	e information contain contact the Division's	ed on this form, p Employee Assistan	lease contact your ce Office at 1-800-			
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PREPARER'S NAME Form DFS-F2-DWC-1a (03/2009) Rule 69L-3.025, FJ	A.C.		TELEPHONE #		DATI		

- Complete column for "Gratuities" or "Fringe Benefits" other taxable income not included in gross pay. Examples: shift differential, on call pay, CJIP, uniforms etc.
- Complete the <u>employer</u> <u>contribution</u> for Health Insurance and Rent/Housing if applicable.

			WAGE STAT	TEMENT			RECEIVED BY CLAIR	S-HANDLING ENITY
NOTICE TO E	MPLOYEE:	DIVISION If you have any	OF WORKERS	FINANCIAL S S' COMPENSA e information contain contact the Division's	TION ed on this form, pl	ease contact your ce Office at 1-800-		
342-1741.								
PLEASE PRINT O	OR TYPE			EMPLOYEE NAME (FI	rst, Middle, Last)		DATE OF ACCIDENT (Aonth-Day-Year)
EMPLOYER NAM	4E & ADDRES	S		CONCURRENT EMPL	OYER NAME & ADDRE	ISS (Fapplicable)	ARE THE WAGES LISTED BELOW FOR A SIMILAR EMPLOYEE?	
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Any person who, false or misleading	, knowingly a ing informatio	nd with intent to inju n commits insurance	re, defraud, or deceive fraud, punishable as pr	any employer or emplo rovided in s. 817.234. S	yee, insurance compa lection 440.105(7), F.5	ny, or self-insured pro S.	gram, files a statement	of claim containing any
		PREPARER'S NAME			TELEPHONE #		DATE	
Form DFS-F2-DW	VC-1a (03/200)	9) Rule 69L-3.025, F.A	CG.					

For our example the employee grossed \$1,000 per week, There were not any "Gratuities" or Fringe Benefits" so, our Average Weekly Wage (AWW) is \$1,000 and \$1,000 X .6667 =\$666.70 is the weekly Comp Rate (CR) and the amount of the injured workers' weekly benefit. The IW will be paid \$666.70 per week or \$1,333.40 biweekly.

		RECEIVED BY CLAIMS-HANDLING ENITY						
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NOTICE omployer 342-1741	or claim-handling	: If you have any g entity. If further a	y questions about the essistance is needed,	e information contain contact the Division's	ed on this form, pl Employee Assistan	ease contact your ce Office at 1-800-		
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after know	viedge of any accid	dent that has caused	your employee to be d	isabled for more than 7	calendar days. If you	u discontinue providin	g any fringe benefits, yo paid, and the last date to	a must file a correcte
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Any perso	n who, knowingly a	and with intent to inte	defeated as decreion	any employer or emplo	ose, insurance compa	ny, or self-insured pro	gram, files a statement o	of claim containing an
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false or mi	isleading information	on commits insurance	fraud, punishable as p	rovided in s. 817.234. S	ection 440.105(7), F.S		DATE	

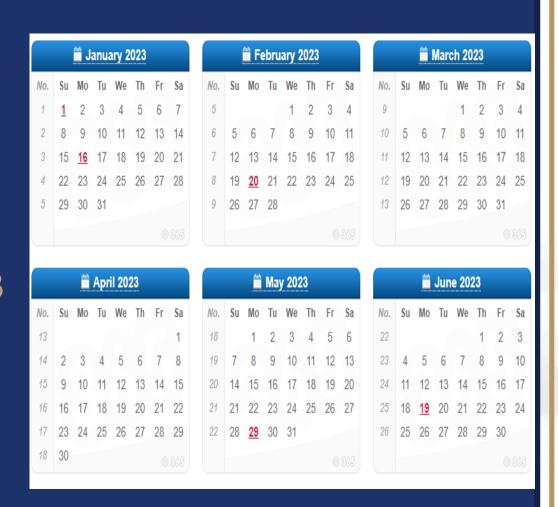
If the IW would like to use their sick and or annual leave to keep them at 100% of their gross weekly wages:

\$1,000/40 = \$25.00 per hour \$1,000.00 AWW -\$666.70 CR

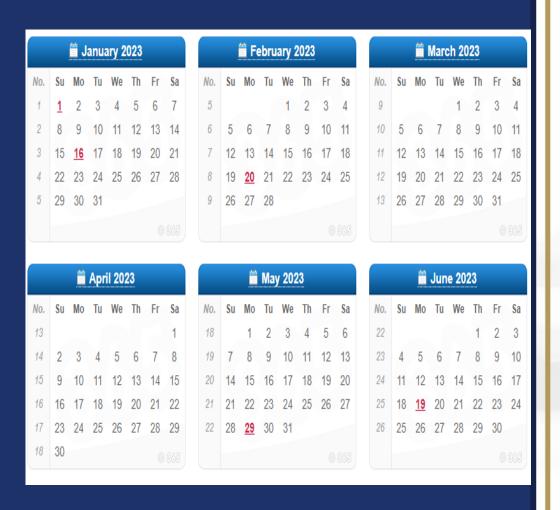
=\$333.30 \$333.30/\$25 = 13.33 hours needed to keep IW at 100%.

WAG	E STA	TEMENT			RECEIVED BY CLAR	S-HANDLING ENITY
FLORIDA DEPARTM DIVISION OF W NOTICE TO EMPLOYEE: If you have any question	ORKER	S' COMPENSA	TION	ease contact :		
employer or claim-handling entity. If further assistance 342-1741.	e is needed,	contact the Division's	Employee Assistan	ce Office at 1-800-		
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EMPLOYER NAME & ADDRESS		CONCURRENT EMPLO	OYER NAME & ADDRE	ISS (Fapplicable)	ARE THE WAGES LIST FOR A SIMILAR EMPLI	ED BELOW OYEE?
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Please list wages earned for the 13 calendar weeks (Sunday	through Satu	rday) immediately prece	ding the accident.	GRATUITES AS REPORTED TO THE	FRINGE BENEFI	TS (employee rec'd)
Do Not Report Any Wages Earned During The Week of the Acci The Accident	dent – Use Th	e 13 Calendar Weeks Imm	ediately Preceding	REPORTED TO THE	EMPLOYER	COST ONLY
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Any person who, knowingly and with intent to injure, defrau false or misleading information commits insurance fraud, pu	d, or deceive nishable as p	any employer or employ rovided in s. 817.234. S	ection 440.105(7), F.5	ny, or self-insured pro S.	gram, files a statement	of claim containing any

- Date of Injury: May 8, 2023
- Date of Employment: March 20, 2023
- Disability Exhausted: May 15, 2023
- Initial 40 hours Disability Leave:
- May 9, 2023 to May 15, 2023
- Indemnity benefits would begin on May 16, 2023.



- Employee has not had 13 weeks of employment so you will need to use a similar employee or contract.
- If there are not at least 10 weeks of full employment or a similar employee, the contract letter of hire may be used. John Doe you have been offered the job of Bureau Chief for \$65,000.00 annually = 1,250 weekly (\$65,000/52 weeks).





CFO JIMMY PATRONIS



CFO JIMMY PATRONIS