NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW EMPLOYER'S WAGE VERIFICATION REPORT

NAME AND ADDRESS OF INSURER OR SELF- INSURER*				NAME, ADDRESS, AND PHONE NUMBER OF INSURER'S CLAIMS REPRESENTATIVE*			
DATE	POLICYHOLDER	PO	LICY NUMBER DATE		DATE OF A	CCIDENT	CLAIM NUMBER
NAME AND ADDRESS OF EMPLOYER*				EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY NO.			
DEAR EMI	PLOYER:						
INSURANG date indica	named person has applied for benice REPARATIONS ACT (NO-FAUL ated. We understand this person is yet due the applicant, please provide PLEASE COMPLETE AND SUBM AS POSSIBLE. PLEASE NOTE CLATER THAN 90 DAYS AFTER V	T LAW) as your employ us with the COMPLETE	a result of interest of the answer to the answer to the answer to the answer to Depart the answer to Depart the answer to the an	njuries sust r employee ne following R CLAIMS I UST BE SL	ained in a mo . To assist us . questions. REPRESENT JBMITTED TO	tor vehicle in determin	accident on the ning benefits SOON
Thank you	for your cooperation.						
					CLA	AIM REPRI	ESENTATIVE
1.	EMPLOYEE'S OCCUPATION:						
2.	DATES OF EMPLOYMENT :	FROM			THROUGH_		
3.	GROSS EARNINGS DURING 52 WAGE OR SALARY AS OF DAT		_	OR TO ACCIDENT: \$			
	\$		\$	KLY			FLIL X
	HOURLY		VVEE	:KLY		MON	IHLY
	NUMBER OF HOURS NORMAL NUMBER OF DAYS NORMALL						
4.	DATES ABSENT FOLLOWING AC FIRST DAY ABSENT FROM WO DATE RETURNED TO WORK	_					
5.	HAS EMPLOYEE RECEIVED, IS BENEFITS UNDER ANY WORKE						
	YES	NO		UNDETE	ERMINED		
	WORKER'S COMPENSATION I ADDRESS POLICY NUMBER	NSURER					

NYS FORM NF-6 (Rev 1/2004) Page 1 of 2

EMPLOYER'S WAGE VERIFICATION REPORT -- PAGE TWO

6.	•	EFITS AS A RESULT OF THIS ACCIDENT?	ILED TO RECEIVE
	YES	NO UNDETERMINED	
	IS THE EMPLOYEE REQUIRED TO PA	AY FOR DBL COVERAGE THROUGH PAYRO	DLL DEDUCTION?
	YES	NO	
	NYS DISABILITY INSURER ADDRESS		
	POLICY NUMBER		
7.	WAS OR WILL EMPLOYEE BE PAID E	BY EMPLOYER FOR THIS ABSENCE FROM V	WORK?
	YES NO		
	IF ANSWER TO QUESTION 7 IS "YE	S" PLEASE ANSWER QUESTIONS 8, 9, 10 a	and 11.
8.	HOW MUCH WAS OR WILL EMPLOYE	EE BE PAID \$	\$
		WEEKLY	MONTHLY
9.	WILL THE EMPLOYEE BE REQUIRED	TO REIMBURSE YOU ANY OF THE ABOVE	AMOUNT?
	YES NO		
10.	WILL THE EMPLOYEE LOSE ACCUM FOREGOING PAYMENT?	ULATED LEAVE CREDITS AS A RESULT OF	THE
	YES NO		
11.	WILL THE EMPLOYEE'S ELIGIBILITY INDICATED IN QUESTION 8 ABOVE?	FOR FUTURE WAGE BENEFITS BE AFFECT	ED BY PAYMENTS
	YES NO		
PERSON COMME INFORM FACT M CLAIM, ANOTH ANY MC AN INSI ALSO E	N FILES AN APPLICATION FOR COLERCIAL OR PERSONAL INSURA MATION, OR CONCEALS FOR THE MATERIAL THERETO, AND ANY PERSONAL INSURANCE OR KNOWNER TO MAKE A FALSE REPORT OF TOOR VEHICLE TO A LAW ENFORCURANCE COMPANY, COMMITS A FIRE SUBJECT TO A CIVIL PENALTY	HINTENT TO DEFRAUD ANY INSURANCE MMERCIAL INSURANCE OR A STATEM ANCE BENEFITS CONTAINING ANY PURPOSE OF MISLEADING, INFORMATION WHO, IN CONNECTION WITH WINGLY ASSISTS, ABETS, SOLICITS OF THE THEFT, DESTRUCTION, DAMAGEMENT AGENCY, THE DEPARTMENT OF RAUDULENT INSURANCE ACT, WHICH NOT TO EXCEED FIVE THOUSAND DO ATED CLAIM FOR EACH VIOLATION.	ENT OF CLAIM FOR ANY MATERIALLY FALSE TION CONCERNING ANY SUCH APPLICATION OR OR CONSPIRES WITH GE OR CONVERSION OF OF MOTOR VEHICLES OR IS A CRIME, AND SHALL
	PRINT NAME	TITLE	PHONE NO.
	SIGNATURE	FEDERAL EMPLOYER LD NO	DATE