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| Date of Letter | **Calculation of Monthly Wage as a Basis for Time-Loss Compensation** |

Enter Claimant Name

Claimant Address Line 1

Claimant Address Line 2

Claimant Address Line 3

RE: Claim Enter Claim Number

Dear Enter Claimant Name,

I’ve attached a worksheet (SIF-5A), which has a detailed explanation of how your wages are calculated for paying your time-loss compensation. Please review the information carefully to ensure there are no errors.

**How your benefits are calculated:**

Your time-loss benefits are based on your monthly wage from all jobs at the time of your injury. If your wage is not fixed by the month, then it is determined by considering other factors, such as the hours you work per day. The monthly wage includes income earned from all employment. If you have income from any additional jobs, please let us know.

Wages may also include tips/gratuities, commission, mileage, piecework, bonuses, or the value of any employer-provided housing if appropriate. The loss of your employer’s contributions to health care benefits is also considered part of your wages. Let us know if we didn’t include a part of your wages.

Time-loss benefits are also based on your marital and dependent status. You will receive 60% of your gross wages if you are single with no dependents. If you are married, an additional 5% will be paid. 2% more is added for each dependent child up to five children, not to exceed the maximum time-loss rate.

If you have questions about the action being taken, or have additional information you’d like to provide, please contact me at the phone number listed below.

Sincerely,

|  |  |  |
| --- | --- | --- |
| Name |  | Enter Phone Number |
| Name |  | Phone Number |

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| **If you dispute the action being taken, you may write the Department of Labor & Industries within 60 days at:**  **Department of Labor & Industries**  **PO Box 44892**  **Olympia WA 98504-4892**  **Fax: 360-902-6900**  **Or go to: https://secure.Lni.wa.gov/ReportSelfInsuredEmployer/#** |