

Preferred Worker Wage Reimbursement Application for Employers

Insurance Services Administration
PO Box 44291
Olympia WA 98504-4291

Apply separately for **expense** reimbursement

For workers granted preferred worker status on or after January 01, 2016

Employer Business Name	Preferred Worker Name
L&I Account Number	L&I Claim Number
Mail Reimbursement To Mailing Address	Job Description Before Injury <i>Example: Warehouse Worker – produce packing</i>
City State Zip Code	Preferred Worker Job Description <i>Example: Inventory Control Clerk</i>

Apply here for reimbursement of 50% of base wages you paid for up to 66 days or \$10,000 (whichever comes first).

Hints: Don't include tips, commissions, bonuses, board, housing, fuel, health care benefits, etc. (See page 2 for more on base wages.)

I pay my worker a fixed salary Yes No **I keep track of the number of hours worked** Yes No

Hints: Gather worker's pay records including daily timesheets showing hours worked each day. These records will help you complete this section. You'll also need to send copies of the records with this form. (See page 2.)	Time period of work: _____ to _____ mm/dd/yyyy mm/dd/yyyy Worked swing or graveyard shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Base wage: \$ _____ per _____ (See page 2 for more on base wages.) Total # of days requested (employee actually worked light duty) _____ Total base wage paid this period for work: \$ _____ 50% amount you're requesting: \$ _____	Hints: When you enter base wages: • Include only hours and wages paid for work performed. • Don't include holiday pay, vacation pay, sick leave or similar payments or benefits.
--	--	--

Hints: Enter dates, # of hours, and total daily wage paid for each day's work. Example: 8 hrs x \$11/hr = \$88.00 total daily wage. You must apply within one year of the date the work was performed.		Date (mm/dd/yy)	# Hrs	Total Daily Wage		Date (mm/dd/yy)	# Hrs	Total Daily Wage		Date (mm/dd/yy)	# Hrs	Total Daily Wage

Please sign below. I certify that the information provided in this request is true and accurate.

Signature	Printed Name and Title
Signature Date (mm/dd/yyyy)	Phone Number in case we need to contact you

Fax completed form to **360-902-6100** or mail to the address above. **Important:** Attach *required documents list on page 2.*
Questions? Call **1-800-845-2634**

Preferred Worker wage reimbursement: What does it cover?

50% of your preferred worker's **base wages**:

- For up to **66 days** in which work was actually performed. (*Fewer than 8 hours still counts as one day.*)
- Within a consecutive, 24-month period.
- Up to \$10,000 per claim.

Base wages include wages paid for work actually performed at the preferred worker job, and can include variations in hourly rate such as overtime or shift differential.

Base wages don't include tips, commissions, bonuses, board, housing, fuel, health care benefits (including dental and vision), per diem, reimbursements for work-related expenses, or any other payments. Base wages also don't include pay for work not actually performed, such as holiday pay, vacation pay, sick leave, or similar payments or benefits.

To be eligible for this program, the employer must:

- Have an L&I-approved [Preferred Worker Request](#).
- Be paying workers' compensation premiums to L&I, if a State Fund employer. (A self-insured employer is eligible only if employing a worker certified under a State Fund claim.)
- Continue any health care benefits the worker had, unless these benefits are inconsistent with the employer's current benefit program for workers.
- Apply *within one year* of incurring the eligible expenses.

Required Attachment for This Form:

Important: Write the L&I claim number on each attached page.

- **Payroll information:** Copy of payroll records including daily timesheets—documenting the hours worked each day and the base wage paid, each day, for the hours the worker performed the preferred worker job.

Instructions for sending this application to L&I:

- Print your completed form.
- Sign.
- Gather required documentation. *Write the claim number on each page.*
- Fax form and documentation to **360-902-6100** or mail to address on page 1.

Questions? Call toll-free 1-800-845-2634