

REPORT OF EARNINGS (DWC-25)

General Instructions:

- Completed by: Claim Administrator and Employee.
- Time Frame: No set time frame. However, whether fraud is suspected or not, the Report of Earnings should be sent out at the beginning and end of each claim and at reasonable intervals throughout every ongoing claim.
- Distribution: Original from employee to claim administrator. DO NOT SENT TO DLT.
- Attachments: None, unless additional pages were required.

Definitions:

1. *Employee Information:*

- *SSN:* Employee's Social Security Number.
- *Name:* Employee's full name.
- *Address (including city, state, zip):* Employee's current mailing address.
- *Phone:* Employee's current home telephone number.

2. *Claim Administrator or Self-Insured Employer:*

- *FEIN:* Federal Employer Identification Number of the company administering the claim.
- *Name:* Name of the WC insurance carrier, third party administrator, or self-insured employer responsible for administering the claim.
- *Address (including city, state, zip):* Mailing address of the claim administrator.
- *Phone/Ext:* Phone number and extension (if necessary) of the claim administrator.

- *This report cover the time period from/to PRESENT:* After *From*, enter the first day that the employee lost from work due to the injury. (Incapacity date)

3. *NOTICE TO EMPLOYEES RECEIVING WORKERS' COMPENSATION:* Notice should be read completely.

4. *Employee Complete:*

- 1. *State YES or NO:* When answering the question, the employee must write in either Yes or No.
- 2. *State YES or NO:* When answering the question, the employee must write in either Yes or No.
- *Employer Name:* Name of employer providing the earnings, as listed in Section 3.
- *Self-Employed?:* Check appropriate box.
- *Address(including city, state, zip, phone):* Address and telephone number of employer providing the earnings, as listed in Section 3.
- *Nature of Business:* General classification of what the business does on a daily basis. (Ex. Restaurant; Jewelry Manufacturing; etc.)

5. *Earning Received:*

- *Date Earned/Amount:* Enter the date the earnings were earned and the amount of earnings.
- *Employee Signature/Date:* Signature of employee and date form was signed.
- *Witness Signature/Date:* Signature of witness to employee's signature and date form was signed.