MML Workers' Compensation Fund
Payroll Worksheet

PLEASE SUBMIT WITH FORM 100 WHEN LOST TIME WILL EXCEED SEVEN CALENDAR DAYS. Average weekly wage means all wages earned inclusive of overtime, premium pay, and cost of living adjustment, and exclusive of any fringe or other benefits which continue during disability. List the weekly gross earnings for the 52 weeks preceding the injury date, or list all earnings if employee has worked fewer than 52 weeks.

| Employee |  | Employer | Date of Injury |
| :--- | :--- | :--- | :--- |
| Date of Hire | Hourly Rate | Salary | Hours Per Week |


| Week Number |  | riod |  | Regular | Overtime | Gross |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Month | Day | Year | Earnings | Earnings | Total |
| 1 |  |  |  |  |  |  |
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| Week | Pay Period Ending |  |  | Regular Earnings | Overtime Earnings | Gross <br> Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Number | Month | Day | Year |  |  |  |
| 35 |  |  |  |  |  |  |
| 36 |  |  |  |  |  |  |
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| 52 |  |  |  |  |  |  |

FRINGE BENEFIT INFORMATION

|  | Type Of Benefit | Total Monthly Cost Of <br> Fringe Benefits | Amount Paid Per <br> Month By Employer | Discontinued? |
| :--- | :--- | :--- | :--- | :--- |
| 1. | Long Term Disability |  |  |  |
| 2. | Health Insurance |  |  |  |
| 3. | Retirement Benefits |  |  |  |
| 4. | Dental |  |  |  |
| 5. | Vacation Pay |  |  |  |
| 6. | Life Insurance |  |  |  |
| 7. | Vision |  |  |  |
| 8. | Uniforms |  |  |  |
| 9. | Short Term Disability |  |  |  |
| 10. | Sick Days |  |  |  |
| 11. | Holiday Pay |  |  |  |
| 12. | Other |  |  |  |
| 13. | Other |  |  |  |
| 14. | Other |  |  |  |
| 15. | Other |  |  |  |

Name of Person Disclosing the Above Information

Title

Date

Email Address

