



Workers' Compensation Claim and Verification

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

Name (First, Middle, Last)	Social Security Number
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Mailing Address (City, State, ZIP+4)

This is my written request to claim the following periods of Workers' Compensation as credit in the Alaska Public Employees' Retirement System (PERS) pursuant to AS 39.35.330(c). I understand that I will be indebted to the PERS for the contributions that I would have made had I remained an active employee during the period of Workers' Compensation. The following are the approximate dates I was on Workers' Compensation:

Example:

_____	to	_____		_____	to	_____
Date WC Began		Date WC Ended		Date WC Began		Date WC Ended
_____	to	_____		_____	to	_____
Date WC Began		Date WC Ended		Date WC Began		Date WC Ended

Signature of Member	Date
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Note:

EMPLOYER VERIFICATION OF WORKERS' COMPENSATION

(Only periods of Workers' Compensation after June 12, 1987, are eligible to claim pursuant to AS 39.35.330(c).)

This is to certify that this employee was unable to work due to: 1) an on-the-job injury; or 2) an occupational illness; and 3) received benefits under AS 23.30. The following information correctly reflect this member's particular circumstance:

PERIODS OF WORKERS' COMPENSATION: (use different lines to separate Workers' Compensation between calendar years)

1.	_____	to	_____		_____	_____	_____
	Date WC Began		Date WC Ended		Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
2.	_____	to	_____		_____	_____	_____
	Date WC Began		Date WC Ended		Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation

Signature of Employer Representative	Date
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Printed Name of Employer Representative	Phone Number
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Note: Use reverse side if more than 2 segments are claimed. Examples of verification of Workers' Compensation are provided for on page 3.



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Member's Name _____ Social Security Number _____

1.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
2.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
3.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
4.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
5.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
6.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
7.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
8.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
9.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation
10.	_____	to	_____	_____	_____	_____
	Date WC Began		Date WC Ended	Hourly Rate of Pay	Sched Hours per Week	Hours on Workers' Compensation

Signature of Employer Representative		Date
Printed Name of Employer Representative		Phone Number

Example Page

Example one is a period of Workers' Compensation overlapping into the next year, example two is when there is a salary rate change during a period of Workers' Compensation.

1.	<u>11/1/2001</u> Date WC Began	to	<u>12/31/2001</u> Date WC Ended	<u>\$23.50</u> Hourly Rate of Pay	<u>40</u> Sched Hours per Week	<u>328</u> Hours on Workers' Compensation
2.	<u>1/01/2002</u> Date WC Began	to	<u>1/14/2002</u> Date WC Ended	<u>\$23.50</u> Hourly Rate of Pay	<u>40</u> Sched Hours per Week	<u>72</u> Hours on Workers' Compensation
3.	<u>4/11/2005</u> Date WC Began	to	<u>4/29/2005</u> Date WC Ended	<u>\$27.83</u> Hourly Rate of Pay	<u>37.5</u> Sched Hours per Week	<u>112.5</u> Hours on Workers' Compensation
4.	<u>5/1/2005</u> Date WC Began	to	<u>5/15/2005</u> Date WC Ended	<u>\$30.26</u> Hourly Rate of Pay	<u>37.5</u> Sched Hours per Week	<u>75</u> Hours on Workers' Compensation