Michigan Motor Vehicle No-Fault Insurance Law
Wage, Salary, and Benefits Verification

Date	Our Policy Number	Accident Date	File Number
March 26, 2024	412414122D	March ~~22~~ 21st, 2024	22-64X8-06W

James S Hosmer
6741 Scofield Dr
Grand Ledge MI 48837-8924

Employee's Name And Address
James S Hosmer
6741 Scofield Dr
Grand Ledge MI 48837-8924

363-96-1324
Social Security Number

The above named person has applied for benefits under the MICHIGAN MOTOR VEHICLE NO-FAULT law as a result of injuries sustained in an automobile accident on the date indicated. We understand this person is your employee or former employee. To assist us in determining benefits that may be due this person please provide us with the answers to the following questions. You are required to provide this information in accordance with the MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, p.a. 294 OF THE PUBLIC ACTS OF 1972.

Thank you for your cooperation.

PIPMPC E1 T1 TEAM
Claim Representative

State Farm Insurance Claim Office
PO BOX 106170
ATLANTA,GA 30348

Claim Office Phone Number:
844-292-8615 EXT 551

Job Titles and Description of Duties:

Dates of Employment	Employment Status				Dates Absent Following Accident
4/11/22 From : Through :	Active	☒ Full Time ☐ Lay Off	☐ Part-Time ☐ Seasonal	☐ Termination ☐ Leave of Absence	From : To:

Check Days Worked in Average Week	Hours Worked Per Day:	Hours Worked Per Week:
S ☐ M ☒ T ☒ W ☒ T ☒ F ☒ S ☐	8	40

Income Earned Last Calendar Year:	Wages:	
39K	☒ Hourly $ 20 ☐ Salary $	☐ (Include Cola and Shift Premium) ☐ Other (Specify)
Was Employee Working Overtime at the Time of Disability? ☐ Yes ☒ No	If Yes, Average Hours of Overtime Per Week: —	Rate of Pay for Overtime: $

Did Employee's Injury Arise out of and in the Course of His/Her Employment? ☐ Yes ☒ No	If Yes, Give Name of Workers Compensation Insurance Carrier —
Is Employee Covered by a Wage or Salary Continuance Plan? ☐ Yes ☒ No	If Yes, Give Name and Address of Provider or Benefits and Describe Nature of Plan —
Policy Number:	When Do Benefits Begin?
Amount Payable Per Week: $	How Long Benefits Payable?
Is Employee Covered By Medical Benefits Plan? ☐ Yes ☐ No	If Yes, Give Name and Address of Provider and Policy Number:
	Policy Number

Date: 4-2-24 Print Name and Title: Michael Bishop - Operations Manager

Phone: 517-321-4144 x355 Signature: Michael Bishop

2/12/2014