



Crime Victims Compensation Claim for Lost Wage Benefits for Employer

Crime Victims Compensation Program
PO Box 44520
Olympia WA 98504-4520
360-902-5355 or 800-762-3716

Claim Number: _____

If your injury, physical or emotional, resulted in your inability to work, you may qualify for Lost Wage Benefits. To apply, have your Employer complete and sign (by an authorized representative). The completed form must be received by L&I, before any determination of your eligibility can be made.

Employee Name		Job Title	
Social Security Number	Dates employed From:	Dates employed To:	Date of Injury
Was this person employed on the date of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has this person returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date returned _____			
Rate of Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Commission		Hours per day: _____	
\$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		Days per week: _____	
Was sick leave or disability insurance paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Last date paid: _____			
Does Employee have medical insurance from this employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company Name:			

Employer (Firm) Name:			
Address		City	State Zip Code
Phone Number		Email Address	
Employer's Representatives Name:			
Date	Employer's Representatives Signature		

The Crime Victims Compensation Program is not a part of the Department of Labor & Industries' Industrial Insurance Program. Benefits provided through the program for injuries that did not occur on the job will not affect your premium.