

State of Connecticut
Workers' Compensation Commission
FILING STATUS AND EXEMPTION FORM
 THIS FORM MUST BE EXECUTED IN EVERY CASE OF
 COMPENSABLE DISABILITY, FOR INJURIES OCCURRING ON OR AFTER
OCTOBER 1, 1991

Name: _____ SS#: _____

Address: _____

In order for this company to determine your weekly benefit rate, as per Public Act 93-228, an Act concerning comprehensive Workers' Compensation reform, we need the following information:

1. There are four (4) filing statuses provided. You must select one, based upon your IRS filing status on the date of your injury and the position you took in filing your prior year's Federal and State Tax Returns. (i.e. D.O.I. 6/15/96, last tax return 12/31/95)

- A. Single B. Head of Household C. Married filing jointly D. Married, filing separately

2. How many exemptions (include yourself) did you list on your last Federal and State Tax Returns? _____

3. Check all appropriate boxes:

- 65 years of age or older legally blind spouse - 65 years of age or older spouse - legally blind

4. List name (yourself first), date of birth and relationship to you for all exemptions listed on your last Federal and State Tax Returns: (Question #2 above):

	Name	Birth Date	Relationship
1.	_____	_____	SELF
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

5. IMPORTANT: To be certain that you receive all the benefits to which you are entitled please provide the following information if you were engaged in any other employment at the time of your injury or are currently engaged in any other employment. If you have no other employment insert the word "none".

Other Employers: Names _____ Addresses _____

Weekly hours: _____ Weekly wages: _____ Date of hire: _____

Are you currently working: _____ Type of Work Performed: _____

6. This form must be completed in its entirety. Any person who intentionally misrepresents or fails to disclose any material fact related to a claimed injury may be guilty of a felony.

EMPLOYEE'S SIGNATURE

DATE