

09/16/97 TUE 09:28 FAX 8 905 507 9712

ACS AUTOMATION

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**Workers' Compensation Board**

**Commission des accidents du travail**

200 Front Street West  
Toronto ON  
M5V 3J1

**Re-opened Claim Earnings (Nominal Rate)**



723739 ONTARIO INC  
1790 ALBION RD  
SUITE200  
ETOBICOKE ON CAN

M9V 4J8

Claim No. [REDACTED]	Desk 1263	Alloc. No. B25
Worker's Name PAUL TAYLOR		
Your Reference No. 1707		
Injury NECK BACK OF HEAD		
Date of Injury 06FEB97		
To Enquire, Contact M. BAIRD (416) 344-2657 For toll free number, check local directory		

Dear Sir or Madam:

This claim is being considered for additional compensation benefits and we need to determine the worker's average earnings as of the last day worked. Please complete and return this promptly.

Enter the worker's average gross earnings at the hourly or daily rate at which the worker was paid at the time of the latest layoff. If the hourly or daily rate varies, provide the rate most reflective of the weekly earnings. Include all earnings such as production bonuses, shift premiums, tips and gratuities. Do not include vacation pay, overtime or temporary expenses for out-of-town jobs, etc.		Average Gross Earnings	\$ 15.50	<input checked="" type="checkbox"/> hourly rate <input type="checkbox"/> daily rate				
If the worker received additional benefits such as room and board, meals or accommodation, please specify the benefit type and weekly value	Benefit Type	Weekly Value	Will these benefits continue for the period of disability? <input type="checkbox"/> no <input type="checkbox"/> yes					
Check the type of employment appropriate for the worker <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> independent operator <input type="checkbox"/> apprentice <input type="checkbox"/> casual (occasional) <input checked="" type="checkbox"/> <i>Temporary</i>								
To calculate the worker's benefit rate, we require the "Net Claim for Exemptions" and the applicable "Net Claim Code" from the Revenue Canada TDI Taxation form in effect at the time of layoff.	Net Claim for Exemption	Net Claim Code	Note: Where no exemption status is stated, a SINGLE status will be used.					
	\$ 6456.00	01						
Enter the normal working days with "F" representing a full day or "H" for each half day worked plus the total number of hours per week for which the worker is normally paid. Example: F,F,F,H (total = 36 hours)	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total Hours
		F	F	F	F	F		40
For rotating shift workers, state the average number of shifts per week and number of hours per shift.	Shifts per Week	Hours per Shift						
Date Last Worked day month year	Hour Last Worked to and of shift	What would have been the worker's normal working hours on the day of layoff. from varies to						
19 08 1997								
Earnings on the last day worked	Wages Paid	Normal Days Pay	If now working, provide date returned					
	\$ 124.00	\$ 124.00	day	month	year	Time returned to work		
If the worker will receive any benefits or payments from your company or any other insurance plan for the period of disablement, state the weekly gross value of these benefits and the dates covered.	Weekly Gross Value	Dates Covered: from day month year to day month year						
	\$							
Is payment being made by an insurance plan? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	If yes, name of insurer and phone number							

Date day month year 16 SEP 1997	Signature <i>L. Pawan</i>	Title WCB Admin	Area Code 905	Telephone No. 507-9711
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