

AFFIDAVIT OF COMPENSATION RATE LESS THAN \$154

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| AWCB Case Number: |
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| 1. Employee's Name (Last, First, Middle Initial) | 2. Insurer Claim No. | 3. Date of Injury |
| 4. Employer | 5. Insurer/Adjusting Company | |

6. HAVING FIRST BEEN DULY SWORN, I STATE

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| <p>a. I am the adjuster assigned to handle this workers' compensation case.</p> <p>b. To the best of my knowledge, the employee has provided documentation for all the wages the employee earned in the two calendar years before injury.</p> <p>c. According to the employee or the employee's former employers, the employee worked more than six months in the two calendar years before injury.</p> <p>d. Based on the wage documentation, under AS 23.30.220(a)(1) the employee's gross weekly earnings are \$ _____ and the employee's weekly compensation rate is \$ _____.</p> |
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| 7. Name of Affiant (Print or Type) | 8. Affiant's Signature |
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SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

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|----------------------------|---------------------------|
| 9. Notary Public Signature | 10. My Commission Expires |
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I certify that I have mailed the original of this affidavit to the employee and a copy to the Alaska Workers' Compensation Board.

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| 11. Name of Person Mailing Affidavit | 12. Signature | 13. Date Mailed |
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ATTACH TO COMPENSATION REPORT