



PO Box 945927
Maitland, FL 32794-5927
321-214-5350 • Fax 321-214-0235
800-266-0666 • ffvamutual.com

WAGE STATEMENT LETTER

Dear Policyholder:

Please provide Gross Wages for the 52-week period prior to the date of accident. If the employee has not been employed 52 weeks, use wages of a similar employee of same class and grade. If there are weeks with no wages, please explain reason by using one of the following codes:

V	-	Vacation
I	-	Illness
L	-	Layoff
P	-	Personal Leave
O	-	Other

If you have any questions, please feel free to contact the undersigned at 1-800-226-0666 or (321) 214-5350.

Sincerely,