

Form 117

Please check your group from the list below.

- Massachusetts Retail Merchants Workers' Compensation Group, Inc.
- Massachusetts Care Self-Insurance Group, Inc. (nursing homes)
- Massachusetts Healthcare Self-Insurance Group, Inc. (hospitals)
- Massachusetts Manufacturing Self-Insurance Group, Inc.
- Massachusetts Trade Self-Insurance Group, Inc.

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AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE

PLEASE PRINT OR TYPE:

Date: (MM/DD/YY):

Employer Name and Address			Insurer Case File Number		
Employee Name		Children Under 18 Years Old		Dependents Other Than Children	
Date of Injury (MM/DD/YY) / /		First Date of Disability (MM/DD/YY): / /		Date Employed (MM/DD/YY): / /	
Has Employee been certified by U.S. Veterans Administration for any type of disability? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Indicate only those wages earned by the injured employee during the 52-week period immediately preceding the accident. If the injured employee has worked less than 52 weeks, report wages for the time worked and, for the remaining weeks on this schedule, substitute wages of a fellow employee in the same class of employment who has worked for one year or more.

Week No.	Year:		Gross Amount Paid Including Overtime	No. of Meals Per Week	Week No.	Year:		Gross Amount Paid Including Overtime	No. of Meals Per Week	Week No.	Year:		Gross Amount Paid Including Overtime	No. of Meals Per Week	
	Week Ending					Week Ending					Week Ending				
	Month	Day				Month	Day				Month	Day			
1					19					37					
2					20					38					
3					21					39					
4					22					40					
5					23					41					
6					24					42					
7					25					43					
8					26					44					
9					27					45					
10					28					46					
11					29					47					
12					30					48					
13					31					49					
14					32					50					
15					33					51					
16					34					52					
17					35										
18					36										
										TOTAL AVERAGE					

Was Room Furnished To Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Tips or Other Benefits Were Earned, Describe and State Value Per Week:
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Comments
 Average Weekly Wage computed above is based on _____ weeks wage data.

THIS IS A TRUE COPY OF PAYROLL RECORD OF THE ABOVE NAMED EMPLOYEE OR OF A FELLOW EMPLOYEE IN THE SAME CLASS OF EMPLOYMENT

Name of Fellow Employee	Employer Preparer's Signature	Preparer's Title
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