Weekly compensation is reduced when a person continues to earn during a period when they are receiving weekly compensation from ACC.

|  |
| --- |
| Client details  |
| Name [Claimant full name] Claim number [Claim number] (if known)Phone………………………… Date of Brith: …………………….  |
| Earnings details |
| What were the **gross weekly taxable earnings** you received? Include all overtime, taxable allowances, and taxable benefits. Do not include non-taxable items. |
| Week | Employer | From | To | Gross Amount paid  |
| One |  |  / /  |  / /  | $  |
| Two  |  |  / /  |  / /  | $ |
|  |
| Normal work pattern |
| What is your normal work pattern? **Please update.**M, T, W, T, F, S, S Full days M, T, W, T, F, S, S Part days |
| Client declaration |
| I declare that to the best of my knowledge the information given on this form is complete, true and correct, and that I shall advise ACC of any variation in earnings, or any factor likely to affect my entitlement to compensation.Name………………………………    |