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……………………………… | | | | |