



## WORKERS' COMPENSATION WAGE DESIGNATION FORM

I acknowledge, accept and understand that the Louisiana Construction & Industry Self Insurers Fund has based my annual workers' compensation premium by using \$23,700 as my maximum annual base payroll/wages for the purpose of determining my average weekly wage and corresponding workers' compensation indemnity rate should I be involved in a workrelated accident that is covered under the Louisiana Construction & Industry Self Insurers Fund policy that I have executed.

It is also acknowledged, accepted and understood that any actual payroll/wages less than the maximum will be used to calculate my average weekly wage and corresponding workers' compensation indemnity rate and that no actual payroll/wages greater than the maximum (\$23,700) will ever be used to make those calculations.

Date: \_\_\_\_\_

[COMPANYNAME] \_\_\_\_\_

[PRINTFULLNAME] \_\_\_\_\_

[SIGNATURE OF SOLE PROPRIETOR/OWNER/OFFICER/PARTNER] \_\_\_\_\_

[WITNESS] \_\_\_\_\_

[WITNESS] \_\_\_\_\_

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