Instructions for Completing the Employer’s Wage Statement Form

Departments must use the wage statement form to provide the employee’s average weekly wage to establish benefits due to the employee or a beneficiary as a result of compensable workplace injury or illness. In general, an employee is eligible for wage replacement benefits on the employee’s eighth day of disability resulting from the workplace injury/illness.

The average wage is based on the wages the employee earned in the 13 weeks prior to the date of the injury or illness. “Wages” include all forms of compensation, including fringe benefits such as health benefits, stipends for clothing and uniforms, fuel allowances, etc.

Important: This form should be completed by an HR Liaison. Submission of the completed form should be emailed as an attachment to HSC-Workerscomp@tamhsc.edu.

Please follow these steps when completing the Employer’s Wage Statement (DWC-3) form.

You will need to first indicate whether the DWC-3 is being submitted for the first time or if it is an amendment to a previously submitted DWC-3 by placing an “X” in either the “Initial” box or the “Amended” box.

Step 1: EMPLOYEE AND EMPLOYER INFORMATION
Boxes are self-explanatory. Please complete all boxes.

Employee Information
- Provide the requested information including the employee’s date of hire and date of injury.
- Check the applicable boxes regarding the employee’s return to work date with or without restrictions.

Employer Information
- Employer’s Business Name should be listed at the HSC Risk Management address:
  Texas A&M Health Science Center
  200 Technology Way, Suite 2079
  College Station, Texas 77845-3424
- Federal Tax I.D. Number: 74-2907553

Indicate the employee’s status according to the guidelines included on the form. Sign and date the form.

Step 2: EMPLOYMENT STATUS AT TIME OF INJURY
Indicate the employment status prior to the work injury. Check all of the applicable boxes that apply to the employee’s employment status on the date of the injury/illness; more than one box may be applicable.

Step 3: SAME OR SIMILAR EMPLOYEE
If the employee was not employed for 13 continuous weeks before the date of the injury, you will need to base the injured employee’s wages on an employee performing similar services. If using a similar employee, put a check in the appropriate box. For purposes of this form, “similar” means another employee who has training, experience, skills, and wages comparable to the injured employee AND who performs tasks comparable in nature and in number of hours. If no similar employee exists, report the limits available wages earned by the injured employee prior to the injury.

Step 4: PECUNIARY WAGE INFORMATION
Pecuniary wages are those wages which are paid in the form of money. Earnings to be included under "Gross Weekly Pay" are: Benefit Replacement Pay, Longevity Pay, Hazard Pay, Sick or Annual Paid, and Shift Differential Pay. Do not include any fringe benefits in these calculations. Do not include the date of injury or any days after the date of injury.

Hourly Employees
- For purposes of this form, an hourly employee’s work week will begin on Thursday and end on Wednesday.

Thirteen (13) boxes are provided to record the employee’s past pecuniary wages.
Box 1 should begin with wages earned in the workweek previous to the workweek in which the injury occurred, and conclude with wage information through box 13.

Salaried Employees
- For purposes of this form, a salaried employee’s work week will begin on Monday and end on Sunday.

Thirteen (13) boxes are provided to record the employee’s past pecuniary wages.
Box 1 should begin with wages earned in the workweek previous to the workweek in which the injury occurred, and conclude with wage information through box 13.
**Example for Pecuniary Wage Information**: John Doe was injured on 8/7/11 after falling off a step ladder. John has a monthly Gross Wage of $1,500. John was a full-time state employee and worked Monday thru Friday. To calculate his wages, take the following steps:

First and second rows: fill in the dates for all 13 weeks prior to the date of injury, starting with the date before the injury occurred.
Third row: Fill in the number of hours paid for all 13 weeks prior to the date of injury, starting with the date before the injury occurred.
Fourth row: Calculate the Gross Weekly Pay by dividing the Monthly Gross Wages by 4.34821.

\[ \frac{1,500}{4.34821} = \$344.97 \]

**Step 5: NON-PECUNIARY WAGE INFORMATION**

Non-pecuniary wages are those wages paid to the employee in a form other than money. These include, but are not limited to, health insurance benefits, laundry/cleaning allowances, vehicle/fuel and meals. The most common type of non-pecuniary wage available to HSC employees is the value of their A&M System health insurance.

- If the injured employee is entitled to any of the fringe benefits listed, the HR Liaison should check “Yes” in the appropriate box.
- In boxes 1-13 state the value or dollar of the benefit(s) paid each week prior to the injury. **When provided with a monthly amount the benefits paid, divide the monthly amount by 4.34821 for the weekly fringe benefit. Please give the amount of the state contribution for health insurance, not the total charge for health insurance. Do not include the employee contributions. Please note that the state contribution for health insurance can be affected by the Family Medical Leave Act. Check with your Human Resources office if in doubt of any benefits.**
- Indicate whether the employer will continue to provide the fringe benefit(s).
- Indicate the date the fringe benefit(s) were or will be suspended.

If a fringe benefit is identified as being continued, and the employer later suspends that benefit, the employer must file an amended DWC-3 form within three (3) calendar days of reporting the date of suspension.

**Example for non-pecuniary wage information**: Jane Doe received a state contribution of $176.93 a month for health insurance. To convert this figure to a weekly amount, use the following formula:

\[ \frac{\text{Monthly Fringe Benefit Amount}}{4.34821} = \text{Weekly Fringe Benefit Amount} \]

\[ \frac{176.93}{4.34821} = \$40.69 / \text{week} \]

Write the figure "$40.69" for all 13 weeks beside the Health Insurance box.

**AGENCY VIOLATIONS**

**DWC-3, Employers Wage Statement Texas Labor Code 408.063 and DWC Rule 128.2**

An employer shall file a signed wage statement with the carrier and the employee within 30 days of the date benefits begin to accrue and with the commission within 7 days of receiving a request from the commission.

An employer that fails to file a complete wage statement as required by this rule without good cause may be assessed an administrative penalty, not to exceed $500 unless it is part of a pattern of practice which is subject to a penalty not to exceed $10,000.

**NEED HELP?**

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