

PERMANENT TOTAL DISABILITY REPORT OF EMPLOYMENT

Pension No.

Please provide the earnings information for the periods shown below. Misrepresentation of the information requested is fraud and is a violation of Nevada law.

Earnings are defined as wages, including overtime, commissions, salary, vacation, holiday and sick leave, termination pay, bonuses, tips declared for the purpose of receiving workers' compensation insurance after July 1, 1985, or other remuneration received from an employer for services rendered.

	<u>MONTH</u>	<u>YEAR</u>	<u>AMOUNT OF EARNINGS</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____
11.	_____	_____	\$ _____
12.	_____	_____	\$ _____

I hereby declare that the earnings information provided above is correct to the best of my knowledge and that there has been no willful concealment, evasion, or enlargement of that information.

Signature Date (Month, Day, Year)

Name Social Security No.

Address (P.O. Box, Apt., Street)

City, State, Zip Code D-14 (rev. 7/99)