

6. Fringe Benefits
Specify amount paid by employer (annually) on behalf of injured employee.

	Pre-Injury/Accident	Post
1. Group Health/Hospitalization Insurance	\$ _____	\$ _____
2. Life Insurance	\$ _____	\$ _____
3. Retirement Plan (401K, IRA, or other)	\$ _____	\$ _____
4. Stock Options	\$ _____	\$ _____
5. Social Security	\$ _____	\$ _____
6. Workman's Compensation	\$ _____	\$ _____
7. Vacation	\$ _____	\$ _____
8. Sick Pay	\$ _____	\$ _____
9. Other(explain)	\$ _____	\$ _____

7. Household Services: Please specify number of hours per (week):

	Pre-Injury/Accident	Post
1. Cleaning	_____ hrs.	_____ hrs.
2. Laundry	_____ hrs.	_____ hrs.
3. Cooking	_____ hrs.	_____ hrs.
4. Shopping	_____ hrs.	_____ hrs.
5. Auto Maintenance	_____ hrs.	_____ hrs.
6. Painting/Decorating	_____ hrs.	_____ hrs.
7. Household Repairs	_____ hrs.	_____ hrs.
8. Family Bookkeeping	_____ hrs.	_____ hrs.
9. Babysitting	_____ hrs.	_____ hrs.
10. Driving Services	_____ hrs.	_____ hrs.
11. Lawn/Yard Care	_____ hrs.	_____ hrs.
12. Other – ADL's (specify)	_____ hrs.	_____ hrs.

8. Future Medical Maintenance Expenses
(Please attach Life Care Plan or Continuation of Care Plan if available - or – complete below)

Type of Care	Dollars per Year
A Physician Services	\$ _____
B. Medications/Over-the-Counter Drugs	\$ _____
C. Equipment and/or Supplies	\$ _____
D. Hospitalizations	\$ _____
E. Surgeries (Please specify)	\$ _____
F. Other	\$ _____

9. If injured was not employed or is a minor, please attach school records and information regarding education and/or work experience of parents (years of schooling and degrees/certificates).

10. Other Considerations:

Please include any of the following records if possible.

1. Interrogatories
2. Deposition transcripts of parties
3. Fringe benefit booklets
4. Retirement booklets
5. Other relevant documents as needed/specified