

7. Fringe Benefits
Specify amount in dollars paid by employer (annually) on behalf of injured employee:
- | | Pre-Injury/Accident | Post (if any) |
|---|---------------------|---------------|
| 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) | \$ _____ | \$ _____ |
8. Household Services: Kindly 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. |
9. Future Medical Maintenance Expenses
(Please attach Life Care Plan or Continuation of Care Plan if available - and/or - complete below)
- | | Type of Care Dollars / Year |
|---------------------------------------|-----------------------------|
| A. Physician Services | \$ _____ |
| B. Medications/Over-the-Counter Drugs | \$ _____ |
| C. Equipment and Supplies | \$ _____ |
| D. Hospitalizations | \$ _____ |
| E. Surgeries (Please specify) | \$ _____ |
| F. Other | \$ _____ |
10. If injured was not employed or a minor, please attach the school records and information regarding education and/or work experience of parents (years of schooling and degrees/certificates).
11. **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
 6. Savings / Assets – Ex: Mortgage Information of Property Owned, Money market Accounts, Interest Bearing Checking and/or Savings Accounts, etc.