



Wage Information

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Claim Information

Claimant Name:

MICHAEL AYRIS ANTHONY ALSOP

Claim ID:

DI-1013-321-830

Expected Return to Work Date:

06-10-2025

Claim Effective Date:

03-31-2025

Benefit Summary

Daily Benefit Amount (\$):

131.29

Weekly Benefit Amount (\$):

919.00

Maximum Benefit Amount (\$):

40342.00

Total Benefit Amount Paid (\$):

3938.58

Remaining Benefit Amount (\$):

36403.42



Employer	Quarter 1 (Oct - Dec 2025) (\$)	Quarter 2 (Jan - Mar 2025) (\$)	Quarter 3 (Apr - Jun 2025) (\$)	Quarter 4 (Jul - Sep 2025) (\$)
BAY AREA EXPRESS	9873.08	8088.87	9109.47	13270.37
Quarter Total (\$):	9,873.08	8,088.87	9,109.47	13,270.37

Year Total (\$): 40,341.79

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