

Donor Shield Lost Wage Reimbursement Guide – Liver

Document Last Revised: 6/18/2026

Requesting Lost Wage Reimbursement

1) Wage Reimbursement Request:

- a. Select “Request Wage Reimbursement.”

The screenshot displays the 'Welcome to Donor Shield' interface. It features a 'Donor Shield Profile' section with two sub-sections: 'Donation Information' and 'Personal Details'. The 'Donation Information' section shows a 'Donation Date: 03/25/2026' and a 'Status: ✓ Confirmed'. The 'Personal Details' section shows a 'Name: Betty Fett' and a 'Date of Birth: 6/27/1959', with a 'Show additional details' link. Below these sections is a blue 'UPDATE PROFILE' button. The 'Wage Reimbursement' section contains a paragraph explaining the process and a blue 'REQUEST WAGE REIMBURSEMENT' button, which is highlighted with a red rectangular border.

Welcome to Donor Shield

Donor Shield Profile

Donation Information
Donation Date: 03/25/2026 Status: ✓ Confirmed

Personal Details
Name: Betty Fett Date of Birth: 6/27/1959
[Show additional details](#) ▾

UPDATE PROFILE

Wage Reimbursement
Get reimbursed for lost wages during your donation recovery period. You can request wage reimbursement once you've completed your Donor Shield Profile and are within 3 weeks of your donation date.

REQUEST WAGE REIMBURSEMENT

b. Answer survey question #1.

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Need Assessment Survey

Please answer the following question to help us understand your needs

 The answer to this survey question is for later analysis, will not be seen by reviewer, and will not impact eligibility.

Please choose one of the following responses that best describes your situation:

☐

I plan to donate regardless, and my lost wages and/or expense costs will NOT be a financial hardship.

☐

I plan to donate regardless, but my lost wages and/or expense costs will be a financial hardship.

☐

I will not be able to donate without reimbursement for my lost wages and/or expense costs.

Cancel

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c. Answer survey question #2.

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Reimbursement Expectations

Please let us know about any other reimbursement arrangements

*** Are you expecting to be reimbursed in any other way?**

- ☐ Yes, my employer will reimburse my lost wages.
- ☐ Yes, the person I'm donating for will reimburse my lost wages.
- ☐ Yes, another person/group will reimburse my lost wages.
- ☐ Yes, my employer provides me unlimited Paid Time Off (PTO) and/or vacation days.
- ☐ Yes, I will use my vacation days.
- ☐ No, I will not be reimbursed for my lost wages.

Cancel

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- d. Answer survey questions #3 and #4. *Note: If you are receiving other sources of reimbursement, you must enter them later on page 12.

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 **Employment Information**
Please provide your employment details

Which best describes your employment situation?

☐ Hourly

☐ Salaried

☐ Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

☐ Yes

☐ No

Cancel

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- e. After question #4, you will be prompted to enter pay stub information and upload example. *Tip: Date ranges are very important. If you input the wrong dates, it may affect your wage reimbursement.

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Employment Information

Please provide your employment details

Which best describes your employment situation?

☐ Hourly

☒ Salaried

☐ Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

☐ Yes

☒ No

Pay Stub Information

Required: 1 pay stub uploaded as PDF

Gross Pay Amount

Start Date

End Date

\$ 0.00

MM/DD/YYYY

MM/DD/YYYY

Upload Pay Stub File *

Choose File

PDF files only

A file is required

Cancel

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- f. Salaried employees only require their most recent pay stub. Files must be uploaded before you can proceed to the next page. *All files must be in PDF format and 10 MB or less.

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 **Employment Information**

Please provide your employment details.

Which best describes your employment situation?

☐ Hourly

☒ Salaried

☐ Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

☐ Yes

☒ No

 **Pay Stub Information**

Required: 1 pay stub uploaded as PDF

Gross Pay Amount	Start Date	End Date
\$ 1500	03/02/2026	03/13/2026

Upload Pay Stub File *

 Training.pdf
0.02 MB

[Replace](#) [Remove](#)

Cancel

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Next [Next](#)

- g. Hourly employees must submit their three most recent pay stubs. Please merge all three onto a single PDF prior to uploading. *Tip: This can be done in the iPhone notes app, the Lens app, or on your home computer. *Tip: Date ranges are very important. If you input the wrong dates, it may affect your wage reimbursement.

Which best describes your employment situation?

- ☒ Hourly
- ☐ Salaried
- ☐ Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

- ☐ Yes
- ☒ No

Pay Stub Information

 Required: 3 pay stubs uploaded as PDF (merge into a single PDF file)

 **Important:** Please enter information for your last 3 pay stubs and merge them into a single PDF file before uploading. Only PDF files are accepted. You can use a scanner or phone app (like Microsoft Office Lens) to combine multiple documents into one PDF file.

Pay Stub Information

Gross Pay Amount	Start Date	End Date
\$ 1,500	02/09/2026	02/20/2026

Pay Stub Information

Gross Pay Amount	Start Date	End Date
\$ 1,500	02/23/2026	03/06/2026

Pay Stub Information

Gross Pay Amount	Start Date	End Date
\$ 1,500	03/09/2026	03/20/2026

Upload merged pay stubs file (last 3 pay stubs) *

 Training.pdf 0.02 MB  Replace  Remove

 Tip: Merge all 3 pay stubs into a single PDF file before uploading. PDF files only.

Cancel

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- h. Enter your gross wages and upload tax document.

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Tax Information & Income Verification

Please provide your tax information and annual income details



Income Verification Required

To validate your individual, annual gross income, you will need to upload your tax documents as a PDF file. Only PDF files are accepted. If you have multiple documents, you can use a scanner or your phone to combine them into a single PDF file. We recommend Microsoft's **Office Lens** app for combining documents into a PDF.

What was your last year's gross income (individual)?

\$ 0.00

What year are you reporting from?

2025

Please upload all tax documents for your last completed tax return in a single PDF file (W-2 preferred). Only PDF files are accepted.

Upload Tax Documents *

 Choose File

 PDF files only

 A file is required

Cancel

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- i. You will not be able to proceed to the next page until a PDF has been uploaded.

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 **Tax Information & Income Verification**

Please provide your tax information and annual income details

 **Income Verification Required**

To validate your individual, annual gross income, you will need to upload your tax documents as a PDF file. Only PDF files are accepted. If you have multiple documents, you can use a scanner or your phone to combine them into a single PDF file. We recommend Microsoft's **Office Lens** app for combining documents into a PDF.

What was your last year's gross income (individual)?

\$

39000

What year are you reporting from?

2025

Please upload all tax documents for your last completed tax return in a single PDF file (W-2 preferred). Only PDF files are accepted.

Upload Tax Documents *

 Training.pdf
0.02 MB

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j. Select the number of weeks for which you are seeking wage reimbursement.

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📅

Coverage Details

Please provide details about your reimbursement coverage

What weeks post-surgery will you need to be reimbursed for?

3 weeks

EXPECTED WEEKLY AMOUNT
\$833.33

Weekly Reimbursement Details

WEEK	EXPECTED WEEKLY
Week 1	\$833.33
Week 2	\$833.33
Week 3	\$833.33

You will be able to request additional weeks after your current claim has been reimbursed and you are within 1 week of the next eligible week to request reimbursement for. Please see the Donor Shield Reimbursement Policy if you have any questions.

Please provide any additional income reimbursement coverage details:

Enter additional details...

Cancel

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- k. If you are receiving reimbursement from other sources, enter it here. You will see your adjusted expected weekly reimbursement.

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 **Coverage Details**

Please provide details about your reimbursement coverage

What weeks post-surgery will you need to be reimbursed for?

3 weeks

EXPECTED WEEKLY AMOUNT
\$2,000.00

Weekly Reimbursement Details

📘 **Note:** Please fill in the "Other Reimbursed Amount" field for each week. If you have no other reimbursements, enter "0".

WEEK	OTHER REIMBURSED	EXPECTED WEEKLY
Week 1	\$ 1000	\$1,000.00 Max weekly amount reached
Week 2	\$ 1000	\$1,000.00 Max weekly amount reached
Week 3	\$ 0	\$2,000.00 Max weekly amount reached

You will be able to request additional weeks after your current claim has been reimbursed and you are within 1 week of the next eligible week to request reimbursement for. Please see the Donor Shield Reimbursement Policy if you have any questions.

- l. Please read and save the Donor Shield Reimbursement Policy and confirm that you have provided accurate information.

Wage Reimbursement Request

✓

✓

✓

✓

✓

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Review & Confirmation

Please review all your information before submitting

①

Payment Information: Please be advised that the reimbursement will be directly deposited into your account via ACH, coming from Best Match Corporation.

Form Summary

📋 Need Assessment

Reimbursement Importance
I plan to donate regardless, but my lost wages and/or expense costs will be a financial hardship.

🔍 Reimbursement Expectations

Other Reimbursement
No, I will not be reimbursed for my lost wages.

🛡️ Final Confirmation

☒ I have read the [Donor Shield Reimbursement Policy](#)

☒ I confirm that all the information I have provided is accurate to the best of my knowledge.

Cancel

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Submit Request →

- m. Your lost wage reimbursement request is now submitted. If the Donor Shield team has any questions or identifies any typos or inaccuracies, they may deny your claim until these issues can be corrected or clarified. You will be notified via email if this occurs.

2) Requesting Additional Weeks:

- a. After your initial six weeks of lost wage reimbursement, you must request additional weeks one at a time. You can do this by going to your Donor Shield profile and clicking “Request Additional Weeks.”

Welcome to Donor Shield

Donor Shield Profile

Donation Information

Donation Date: 04/21/2026

Status: ✓ Confirmed

Personal Details

Name

Lisa McDougal

Date of Birth

4/9/1980

Show additional details ▾

UPDATE PROFILE

Wage Reimbursement

Get reimbursed for lost wages during your donation recovery period. You can request wage reimbursement once you've completed your Donor Shield Profile and are within 3 weeks of your donation date.

REQUEST ADDITIONAL WEEKS

Travel & Expense Reimbursement

Submit your travel details and expenses for reimbursement. This includes mileage, hotel, meals, and other travel-related costs.

⚠ Travel Reimbursement Status

Travel Request Already Submitted: You have already submitted a travel reimbursement request. Only one travel request is allowed per donation.

REQUEST EXPENSE REIMBURSEMENT

- b. Once you click on “Request Additional Weeks,” you will be led to this page, which shows all weeks of reimbursement. *Note: Once you submit, your center must approve your additional weeks based on manual labor job or prolonged recovery period. *Note: “Compensation from another source” applies only if you are receiving reimbursement from any source other than Donor Shield. If Donor Shield is your only source of lost wage reimbursement, leave this section blank.

Request Additional Weeks

Week-by-Week Breakdown

WEEK	BASE WEEKLY AMOUNT	OTHER AMOUNT	ADJUSTED AMOUNT
Week 1	\$1,042.00	\$0.00	\$1,042.00
Week 2	\$1,042.00	\$0.00	\$1,042.00
Week 3	\$1,042.00	\$0.00	\$1,042.00
Week 4	\$1,042.00	\$0.00	\$1,042.00

Formula: Base Weekly Amount = Actual Wage Reimbursement Amount (capped at \$2,000)

Adjusted Amount = Base Weekly Amount - Other Amount (capped at \$2,000)

Review the information below and complete the form to request your additional week reimbursement.

Week 5 request

Base weekly amount \$1,042.00

Compensation from another source (offset) (optional) \$ 0.00

You'll receive \$1,042.00

Other sources of reimbursement

If you are receiving (or will receive) reimbursement for this week's lost wages from any source other than vacation pay, enter that amount above. It will be deducted from your reimbursement.