

You are hereby notified that the workers' compensation insurance carrier/employer (specified previously) is taking a credit that will offset your workers' compensation wage-loss benefits as authorized by Section 204 of the Pennsylvania Workers' Compensation Act.

If you pay federal, state, or local taxes on an offset amount, provide a written statement to your employer/insurer showing the amount of the taxes you paid on the offset to receive reimbursement for these taxes. You may file for this reimbursement after the end of the calendar tax year.

Your offset is for the following:

- Old Age Social Security benefits which you began to receive following an injury which occurred on or after June 24, 1996. (This offset is for one-half or 50% of this Social Security benefit.)
- Unemployment compensation benefits. If you are eventually found to be ineligible for the unemployment compensation payment, you must notify the above insurer/employer which shall reinstate the offset workers' compensation benefits.
- Pension benefits to the extent funded by the employer directly liable for the payment of your workers' compensation benefits due to an injury occurring on or after June 24, 1996. This employer can also take credit for investment income which is attributable to this contribution.
- Severance benefits paid by the employer directly liable for compensation and received subsequent to a work-related injury occurring on or after June 24, 1996.

Your current workers' compensation wage-loss benefit is \$ _____,

paid: Weekly Bi-weekly Other (specify):

The offset credit of \$ _____ will be deducted from this amount beginning on: - - , resulting in your receiving \$ _____ workers' compensation benefit payments.

An ending date of - - has been established for this offset or a portion of it to recoup prior offsettable benefits you received. After that date you will continue to receive reduced workers' compensation benefits in the amount of \$ _____ per payment based on your continuing receipt of offsettable benefits.

An ending date cannot yet be established for this offset due to the continuing nature of your benefits which are applicable to an offset.

You will receive an additional notice if a change occurs in this offset. This form is to provide you with at least twenty (20) calendar day's notice of this offset prior to a change in your workers' compensation benefits. The offset was calculated as follows and additional calculations may be attached:

Attached are the following documents supporting the basis for this offset:

You may challenge this offset by filing a *Petition to Review Compensation Benefit Offset* with the Pennsylvania Department of Labor & Industry, Bureau of Workers' Compensation. Petitions can be obtained by calling the Bureau at 1-800-482-2383.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov



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