pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

NOTICE OF COMPENSATION PAYABLE

DATE OF NOTICE
MM - DD - YYYY

DATE OF INJURY
MM - DD - YYYY

SOCIAL SECURITY NUMBER
___ - __ - ____

WID NUMBER

WCAIS CLAIM NUMBER

EMPLOYEE

Date of birth MM - DD - YYYY

County _____

Telephone _____

EMPLOYER

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

INSURER

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

NAIC code _____ Insurer code _____

Insurer/Administrator claim # _____

TPA

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

Insurer/Administrator claim # _____

INJURY INFORMATION

Part of body injured

_____

_____

_____

_____

Nature of injury

_____

_____

_____

Accident/injury description narrative

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

County _____

Check if occupational disease ☐

NOTICE TO EMPLOYER: This notice must be filed with the Bureau of Workers' Compensation via electronic format. A copy must be sent to the injured employee with the first payment of compensation. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

(OVER)

A Statement of Wages, Form LIBC-494A or a Statement of Wages, Form LIBC-494C must be filed with every indemnity NCP or TNCP unless wages are estimated.

Compensation is payable as follows:

☐ Check only if compensation for medical treatment **(medical only, no loss of wages)** will be paid subject to the Workers' Compensation Act. Compensation for medical treatment is payable from the date of injury. For compensation for medical treatment only, you should not complete numbers 1 through 4.

1. Weekly compensation rate $ ☐☐☐☐ . ☐☐ Based on an average weekly wage of $ ☐☐☐☐ . ☐☐

☐ This box is checked if AWW is estimated. ☐ This box is checked if wages paid in lieu of compensation.

2. Payments begin on ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY) (Compensation for loss of wages is payable for first seven days only if disability extends 14 or more days; compensation for medical treatment is payable from the date of injury.)

Section 308 of the PA Workers' Compensation Act generally provides that compensation shall be paid in periodic installments as the wages of the employee were payable before the injury.

Any termination, suspension, or modification of these payments must be made by agreement, final receipt, administrative or judicial determination, or as otherwise provided in the Workers' Compensation Act or Regulations of the department.

3. Date first check mailed ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY) This box is checked if date exceeds the 21-day Rule. ☐

4. If the injury involves a loss under Section 306(c) (except for disfigurement of the head, face, or neck) and the employee has returned to work, complete the following information:

(a) Compensation is payable for ☐☐☐☐ weeks ☐ days for loss or loss of use of _____

(b) Employee returned to work without loss of income on ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY)

(c) Healing period payable for ☐☐☐☐ weeks ☐ days (up to (b) above and subject to seven-day waiting period.)

(d) Total (a) and (c) payable ☐☐☐☐ weeks ☐ days

(e) Credit taken for disability benefits paid $ ☐☐☐☐ . ☐☐

Claims representative's name _____ Telephone _____

NOTICE TO EMPLOYEE: If any questions arise regarding these payments, contact the claims representative named above.

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

To view your claim file, log on to www.wcais.pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program