



The employee's new partial compensation is based on the employee's present weekly earnings and is calculated as follows:

Calculation: \_\_\_\_\_ Average weekly wage at time of injury

Minus: \_\_\_\_\_ Present weekly earnings

\_\_\_\_\_ Subtotal

x 2/3= \_\_\_\_\_ New partial compensation rate (subject to the maximum benefit)

Further matters agreed upon (list any previously unreported periods of compensation and/or actions in chronological order, as well as additional information):

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We, the undersigned, agree upon the matters represented herein by the above named employee and the above named employer.

\_\_\_\_\_  
Employee's signature

Date of agreement

		-			-				
MM			DD			YYYY			

\_\_\_\_\_  
Claims Representative's signature

\_\_\_\_\_  
Claims Representative's name (typed/printed)

Telephone \_\_\_\_\_

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**  
toll-free inside PA TTY: 800.362.4228  
local & outside PA TTY: 717.772.4991

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



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