



Compensation was paid beginning   -   -     and ending   -   -     for the employee's disability prior to death.

The compensation payable under the agreed facts, based on the average weekly wage of \$ \_\_\_\_\_, is as follows:

WEEKLY RATE	FROM MM-DD-YYYY	THROUGH MM-DD-YYYY	#WEEKS/#DAYS	REASON FOR CHANGE	AMOUNT
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____

Amount expended for medical \$ \_\_\_\_\_ Amount expended for burial \$ \_\_\_\_\_

Further matters agreed upon:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of agreement  
  -   -      
 MM DD YYYY

Dependent/Guardian/Personal Representative's signature \_\_\_\_\_

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

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

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*