

ANSWER TO PETITION FOR COMMUTATION

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER	DATE OF INJURY -	WCAIS CLAIM NUMBER		
EMPLOYEE	EMPLOYER			
First name	Name	_		
Last name	Address			
Date of birth	Address			
Address	City/Town State _	ZIP		
Address	County			
City/Town State ZIP	Telephone FEIN _			
County	VS. INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)			
Telephone	Name			
INJURY INFORMATION	Address			
Provide the following information if Employer has accepted liability for this injury:	Address			
	City/Town State _	ZIP		
Part of body injured	County			
Nature of injury	Telephone FEIN _			
Accident/injury description narrative	Contact			
	NAIC code or Insu	rer code		
	Insurer/TPA claim #			
Check if occupational disease				
Compensation Presently Payable Under: Notice of Compensation Payable Supplemental Agreement Award				
TO YOUR HONORABLE JUDGE:				
In answer to the petition presented to your Honorable Judge by				

requesting commutation of future installments of compensation payable in the captioned case, (I) (we) submit for your consideration the following facts:

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
	incomplete information knowingly and with the inter subject to criminal and civil penalties under 18 Pa. (nnsylvania Workers' Compensation Act
Respondent's signature		Respondent's name (typed/printed)	
Attorney's signature		Attorney's name (typed/printed)	
тетернопе			
City/Town Telephone	State ZIP _		
Audress City/Town	State 7ID	MM	DD YYYY
			-
			Date filed
•			
Attorney's name			
PLEASE ENTER MY APPEA	RANCE FOR RESPONDENT:		
You must send a copy to all unre attached. A Proof of Service is a	ed out as fully as possible. If not filing electronicall epresented parties, and to the attorney of record fo signed statement signed by you verifying that you the assignment of the petition. Questions regarding	or all other parties which are represented by count have sent a copy of the petition to all parties and	sel. A Proof of Service must be their attorneys, if known. Answers
WHEREFORE, the respond	dent requests that the petition be dismis	sed or in the alternative disallowed.	
солинисасіон ін спе сарис	onca case.		
For the above reasons, (I commutation in the caption)(we) request that your Honorable Judg	e	the said petition fo
(I)(we) further submit for	r your consideration the following addition	onal facts:	
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