

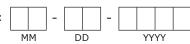
NOTICE OF WORKERS' COMPENSATION DENIAL

EDI-generated form should not be uploaded or sent to the Bureau.

	DATE OF NOTICE
EMPLOYEE	
	MM DD YYYY
	DATE OF INJ' RY
	MM DD YYY.
	SOCIA SECURITY NU BER
Date of birth	
MM DD YYYY	W ID NUMBER
County	
Telephone	WCAIS CLAIM NUMBER
EMPLOYER	
Name	
Address	A' LEGEL IN. JRY INFORMATION
	Pat of body injured
Address	
City/Town State ZIP	
County	
Telephone FEIN	Nature of injury
INSURER	
Name	Accident/injury description narrative
Address	
Address	
City/Town StateZIP	
County	
Telephone FEIN	
NAIC code I. surer crite	
Insurer/Administrator clain #	County
	Check if occupational disease
ТРА	
Name	NOTICE TO EMPLOYEE: The employer/insurer has decided to
Address	deny you workers' compensation benefits. You have the right to contest this denial by timely filing a petition. Petitions may
Address	be either electronically filed in WCAIS or sent to the Workers'
Cit /TownStateZIP	Compensation Office of Adjudication, 1010 N. Seventh St., Suite 202, Harrisburg, PA 17102-1400.
Courrey	
Telephone FEIN	Do not use this form to accept a medical-only claim. This notice shall be sent to the employee or dependent and filed with
Insurer/Administrator claim #	the Bureau of Workers' Compensation via electronic format no
	later than 21 days after notice or knowledge to the employer of the employee's disability or death. A separate paper copy of this

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

Date the employer received notice or knew of alleged injury or date of employee's claimed disability: This date must be completed.



The employer/insurer declines to pay workers' compensation benefits to claimant because:

- 1. The employee did not suffer a work-related injury. The definition of injury also includes aggravation of a pre-existing condition or disease contracted as a result of employment.
- \square 2. The injury was not within the scope of employment.
- \Box 3. The employee was not employed by the defendant.
- 4. The employee did not give notice of his/her injury or disease to the employer within 120 days within the meaning of Sections 311-313 of the Workers' Compensation Act.
- \Box 5. Other good cause; please explain fully in the space below.

Telephone

EMPLOYEES' RIGHTS TO CONTEST DENIAL

Claims representative's name

You have the right to contest this denial of your claim for workers' compensation by defits. Your petition will be heard by a workers' compensation judge. You and your employer will have the opportunity to testify and provide medical evidence with respect to your claim. Both you and your employer will have the right to bring with esses. You may retain an attorney to represent you in this proceeding although representation by an attorney is not required by law. Because of the legal complications that can arise in occupational disease and workers' compensation cases, you may wint consider legal advice. If you do not know how to contact an attorney, please contact your local Bar Association or the Penn. Ivania Bar Association at 800-692-7375 for guidance in obtaining an attorney.

The procedure for filing a petition is as follows:

- 1. To file a petition you may access WCAIS from www.wc. s.pa.gov, or upon request a petition, Form LIBC-362, will be mailed to you. You or your attorney may file your petition on the set and return the original petition to the Workers' Compensation Office of Adjudication by electronically attaching the document to a claim in WCAIS or by mail to the the Workers' Compensation Office of Adjudication, 1010 N. Seventh St., Suite 202, Harris urg, PA 17102-1400.
- 2. A petition for an injury must be filed within three years of the date of injury. Filings for occupational disease claims, disability, or death must occur within 300 weeks compast exposure. A petition must be filed no later than three years from that date. Failure to file a petition within these rules may record of your claim.
- 3. You must give notice of your we'r-related injury or disease to your employer within 120 days of the date you knew (or should have known) that you were in uncountracted a work-related disease.
- 4. When your petition is file ' .ith the Workers' Compensation Office of Adjudication, it will be assigned to a judge for a hearing. You will be notified of you hear og date. All parties are requested to be fully prepared prior to the first hearing.

If you need petition, rms r have questions, please go to www.wcais.pa.gov or contact one of the Information Services numbers listed below.

Any indicident filing seading 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 nay also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Émployer 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

To view your claim file, log on to <u>www.wcais.pa.gov</u>

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