

## COMMUTATION OF COMPENSATION

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER  
 -  -

DATE OF INJURY  
  -   -      
 MM DD YYYY

WCAIS CLAIM NUMBER

### EMPLOYEE

First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 County \_\_\_\_\_  
 Telephone \_\_\_\_\_

### EMPLOYER

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 County \_\_\_\_\_  
 Telephone \_\_\_\_\_ FEIN \_\_\_\_\_

### INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 County \_\_\_\_\_  
 Telephone \_\_\_\_\_ FEIN \_\_\_\_\_  
 NAIC code \_\_\_\_\_ or Insurer code \_\_\_\_\_  
 Insurer/TPA claim # \_\_\_\_\_

DATE OF THIS NOTICE:  
  -   -      
 MM DD YYYY

A copy of this notice of *Commutation of Compensation* is to be sent to the employee with full payment of compensation commuted.

Pursuant to Section 412 of the Pennsylvania Workers' Compensation Act, future installments of compensation payable to the above employee not being in excess of 52 weeks, the employer/insurer indicated above hereby advises the above employee of its intent to immediately pay in one sum such future installments without discount.

Compensation for this injury, \_\_\_\_\_, is presently payable under  
 NATURE OF INJURY

Notice of Compensation Payable or Agreement for \_\_\_\_\_ weeks \_\_\_\_\_ days.

Compensation paid to date of this notice: \_\_\_\_\_ weeks \_\_\_\_\_ days.

Compensation due in future: \_\_\_\_\_ weeks \_\_\_\_\_ days @ \$ \_\_\_\_\_ per week for a total of

\$ \_\_\_\_\_ to be paid in one sum without discount.

### Employer

First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Signature \_\_\_\_\_

### Authorized Agent for Insurer or TPA (if self-insured)

First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Signature \_\_\_\_\_

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*