

6. Names of employers for whom you have worked since your date of injury:

Name _____
 Address _____
 Address _____
 City/Town _____ State ____ ZIP _____
 Period of employment:
 From - -
 MM DD YYYY
 To - -
 MM DD YYYY
 Amount of wages \$ _____ . _____

Name _____
 Address _____
 Address _____
 City/Town _____ State ____ ZIP _____
 Period of employment:
 From - -
 MM DD YYYY
 To - -
 MM DD YYYY
 Amount of wages \$ _____ . _____

Name _____
 Address _____
 Address _____
 City/Town _____ State ____ ZIP _____
 Period of employment:
 From - -
 MM DD YYYY
 To - -
 MM DD YYYY
 Amount of wages \$ _____ . _____

IF SELF-EMPLOYED

From - -
 MM DD YYYY
 To - -
 MM DD YYYY
 Amount of wages \$ _____ . _____

I verify that this information is true and correct based upon my knowledge, information and belief. I understand false statements are subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Employee

First name _____
 Last name _____
 Signature _____

DATE OF NOTICE
 - -
 MM DD YYYY

Section 311.1(A) of the Workers' Compensation Act requires employees who are receiving workers' compensation, or who have filled a petition to receive workers' compensation, to report earnings from employment or self-employment. You must complete and return this form to the sender within thirty (30) days of beginning such employment or self-employment.

EMPLOYEE IS TO RETURN THIS COMPLETED FORM TO THE INSURER OR THIRD PARTY ADMINISTRATOR SHOWN ON THE FRONT.

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*