



You are hereby notified that your workers' compensation benefits are reinstated as of  -  - , the date  
MM DD YYYY, the date  
your *Employee Verification of Employment, Self-Employment or Change in Physical Condition* (LIBC-760) was received, which  
indicated NO changes of employment, self-employment or change in physical condition. - **OR-**

You are hereby notified that your workers' compensation benefits are resumed as of  -  - , the date  
MM DD YYYY, the date  
your completed LIBC-760 form was received. A benefit offset will occur as indicated on the attached *Notice of Workers'  
Compensation Benefit Offset* (LIBC-761).

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*