

NOTICE TO EMPLOYEE

Please read the attached Petition carefully. It could have an impact on your right to receive workers' compensation benefits — benefits include medical treatment.

The filing of this Petition means that your employer or its workers' compensation insurance carrier is asking permission to stop or reduce your workers' compensation benefits. This means that shortly, the Workers' Compensation Judge in your area will schedule a hearing. The attorney from the employer/insurance carrier will present evidence before the Workers' Compensation Judge to either stop or reduce your benefits. You have the right to respond and the right to be represented by an attorney. While you are not required to hire an attorney, you should understand that the employer/insurance carrier will be represented by an experienced workers' compensation attorney.

Following is an explanation of some of the terms used in these cases. Please read the enclosed Petition carefully to see what the employer/insurance company is asking the Workers' Compensation Judge to do in your case.

- A. **TERMINATION** — The employer/insurance company wants to stop paying workers' compensation benefits to you entirely because you have recovered from your injury and are able to return to work without restrictions.
- B. **SPECIAL SUPERSEDEAS HEARING** — If your employer or its insurance company has requested this type of hearing, the Workers' Compensation Judge will hold a hearing within twenty-one (21) days of the date the Petition and Request for the Special Supersedeas Hearing is assigned. If you disagree with the employer or its insurance carrier, you will need to present evidence at this hearing showing why you disagree. A medical report plus live or written testimony may be presented at this special hearing to support your position.
- C. **SUPERSEDEAS** — If the enclosed Petition shows that the employer/insurance company has requested a Supersedeas, the Workers' Compensation Judge will be asked at the first hearing to stop or reduce payment of workers' compensation benefits during the period of time you and your employer are submitting evidence on the petition filed by the employer/insurer. If you disagree with the employer/insurance company, you will need to present evidence showing why you disagree. A medical report plus your testimony live or in writing may be required to support your position.
- D. **MODIFICATION** — The employer/insurance company wishes to reduce the amount of workers' compensation benefits being paid to you on the basis of changed conditions in your case.
- E. **SUSPENSION** — The employer/insurance company wishes to stop payment of workers' compensation benefits to you although they acknowledge that you are not fully recovered from your work-related injury because your work injury does not prevent you from working.

This notice was prepared by the Bureau of Workers' Compensation in order to provide limited information. These explanations are for purposes of example only and are not intended to explain what the employer/insurance company is seeking in your individual case.

If you have questions concerning your legal rights, you should seek legal advice from an attorney of your choice. If you do not have an attorney and do not know whom to contact, you may call the Lawyer Referral Service listed in your local telephone book. If a lawyer referral service is not listed, you may call the Pennsylvania Lawyer Referral Service at 1-800-692-7375 (toll-free) in Pennsylvania outside the Harrisburg area, or (717) 238-6715 (Harrisburg area and out-of-state callers).

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