pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

NOTICE STOPPING TEMPORARY COMPENSATION

DATE OF NOTICE
MM - DD - YYYY

EMPLOYEE

DN0044 & DN0043
DN0046
DN0047
DN0048, DN0049, & DN0050

DATE OF INJURY
DN0031 MM - DD - YYYY

SOCIAL SECURITY NUMBER
DN0042 - - -

WC ID NUMBER
DN0154

WCAIS CLAIM NUMBER
DN0005

Date of birth DN0052 MM DD YYYY

County

Telephone DN0051

EMPLOYER

Name DN0018
Address DN0168
Address DN0169
City/Town DN0165 State DN0170 ZIP DN0167
County
Telephone DN0159 FEIN DN0016

INSURER

Name
Address
Address
City/Town State ZIP
County
Telephone FEIN DN0006
NAIC code Insurer code
Insurer/Administrator claim # DN0015

TPA

Name
Address DN0010
Address DN0011
City/Town DN0012 State DN0013 ZIP DN0014
County
Telephone FEIN DN0187
Insurer/Administrator claim # DN0015

NOTICE TO INSURER: This notice must be filed in WCAIS via electronic format no later than five days after the last payment of temporary compensation. A copy must be sent to the employee. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

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

(OVER)

NOTICE TO EMPLOYEE: This notice is being sent because payment of compensation, being paid pursuant to the Notice of Temporary Compensation Payable, is being stopped as of **DN0089**

MM DD YYYY

The payment of temporary compensation does not mean that your employer assumed responsibility for your injury. Your employer and you retain all rights, defenses and obligations with regard to the claim. Further, the payment of temporary compensation may not be used to support a claim for benefits in a future proceeding.

WE HAVE DECIDED NOT TO ACCEPT LIABILITY AND ATTACHED IS A *NOTICE OF WORKERS' COMPENSATION DENIAL*. IF YOU BELIEVE YOU SUFFERED A WORK-RELATED INJURY, YOU WILL BE REQUIRED TO FILE A *CLAIM PETITION* WITH THE WORKERS' COMPENSATION OFFICE OF ADJUDICATION IN ORDER TO PROTECT YOUR FUTURE RIGHTS.

You have three years from the date of injury, or discovery of your condition, to file Claim Petition for benefits. Since ime limits can vary depending on the facts of your situation, you may wish to contact an attorney if you believe you may have a claim.

Claims representative's name DN0140 Telephone DN0137

Any individual filing misleading or incomplete information knowingly and with the intent to def aud 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	**Claims Information Services**	**Hearing Impaired**
717.772.3702	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	toll-free inside PA TTY: 800.362.4228 local & outside PA TTY: 717.772.4991

To view your claim file, log on to www.wcais.pa.gov

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