

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the LIBC-336
“AGREEMENT FOR COMPENSATION FOR DISABILITY OR
PERMANENT INJURY”

Note: This document is for reference purposes only and is not intended to replace Pennsylvania’s Element Requirement Table (ERT). Please refer to the ERT for all requirements.

	LIBC-336 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
<i>HEADING INFORMATION</i>					
1	EMPLOYEE SOCIAL SECURITY NUMBER	Employee SSN	0042	148	6-19
2	DATE OF INJURY	Date of Injury	0031	148; A49	
3	PA BWC CLAIM NUMBER (IF KNOWN)	Jurisdiction Claim Number	0005	148; A49	
<i>EMPLOYEE INFORMATION</i>					
4	First Name	Employee First Name	0044	148; R22 R21; R22	6-24
	Last Name	Employee Last Name	0043		6-26
5	Address	Employee Mailing Primary Address	0046	R21	6-25
	Address	Employee Mailing Secondary Address	0047	R21	6-25
	City/Town	Employee Mailing City	0048	148	6-25
	State	Employee Mailing State Code	0049	148	6-25
	Zip	Employee Mailing Postal Code	0050	148	6-25
	County	Accident County	0118	R21	6-25
6	Telephone	Employee Phone Number	0051	R21	6-26
<i>EMPLOYER INFORMATION</i>					
7	Name	Employer Name	0018	R21	
	Address	Employer Mailing Primary Address	0168	R21	
	Address	Employer Mailing Secondary Address	0169	R21	
	City/Town	Employer Mailing City	0165	R21	
	State	Employer Mailing State Code	0170	R21	
	Zip	Employer Mailing Postal Code	0167	R21	
	County	Accident County	0118	R21	
8	Telephone	Employer Phone Number	0159	R21	
6	FEIN	Employer FEIN	0016	148; R22	

<i>INJURY INFORMATION</i>					
7	Body Part(s) affected	Part of Body Injured Code	0036	148	
8	Type of Injury	Nature of Injury Code	0035	148	
9	Description of Injury	Accident/Injury Description Narrative	0038	R21	
10	Check if Occupational Disease	Nature of Injury Code	0035	148	
<i>INSURER or THIRD PARTY ADMINISTRATOR (if self insured)</i>					
11	Name	Claim Administrator Name	0188	R21; R22	
12	Address	Claim Administrator Primary Address	0010	R21	
	Address	Claim Administrator Secondary Address	0011	R21	
	City/Town	Claim Administrator City	0012	148	
	State	Claim Administrator State Code	0013	148	
	Zip	Claim Administrator Postal Code	0014	148; A49	
	County		NA		
13	Telephone		NA		
14	Bureau Code		NA		
15	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22	
16	FEIN	Claim Administrator FEIN	0187	R21; R22	
<i>WAGE INFORMATION</i>					
17	DATE DISABILITY BEGAN	Initial Date Disability Began	0056	148; A49	
18	Compensation Rate	Calculated Weekly Compensation Amount	0134	R22	
19	Average weekly wage	Average Wage	0286	R22	
20	Beginning Date	Wage Effective Date	0088	R22	
21	Date first check mailed	Benefit Payment Issue Date	0192	R22	
22	Check if date exceeds the 21-Day rule	Late Reason Code	0077	R21; A49	
23	Compensation Payable weeks Days		N/A		
24	Compensation payable for Loss of use of	Permanent Impairment Body Part Code	0083	A49	
<i>CLAIM REPRESENTATIVE INFORMATION</i>					
25	Name of Claims Representative	Claim Administrator Claim Representative Name	0140	R22	
<i>FORM INFORMATION</i>					
26	DATE OF AGREEMENT	Award/Order Date	0299	R22	