

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the LIBC-340
“AGREEMENT TO STOP WEEKLY WORKERS'
COMPENSATION PAYMENTS (FINAL RECEIPT)”

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-340 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	6-24
	Last Name	Employee Last Name	0043	R21; R22	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	0048	148	
6	FEIN	Employer FEIN	0048	148	

<i>INSURER or THIRD PARTY ADMINISTRATOR INFORMATION (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>BENEFIT INFORMATION</i>					
17	Total amount of compensation received	Benefit Type Amount Paid	0086	R2	
18	Weeks	Benefit Type Claim Weeks	0090	R22	
19	Days	Benefit Type Claim Days	0091	R22	
<i>COMPENSATION / WAGE INFORMATION</i>					
20	Date disability began on	Initial Date Disability Began	0056	148; A49	
21	Return to work on	Initial Return to Work Date / Current Return to Work Date	0068 / 0072	148; R22; A49	
<i>FORM INFORMATION</i>					
22	Date of Agreement	Award/Order Date	0299	R22	
<i>CLAIM REPRESENTATIVE INFORMATION</i>					
23	Claims Representative Name	Claim Administrator Claim Representative Name	0140	R22	
24	Claim Representative Phone Number	Claim Administrator Claim Representative Phone Number	0137	R22	