

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the LIBC-502
“NOTICE STOPPING TEMPORARY COMPENSATION”

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-502 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD
HEADING INFORMATION				
1	Employee Social Security Number	Employee SSN	0042	R21 ;R22
2	WC ID Number	Employee ID Assigned by Jurisdiction	0154	R21;R22
3	Date of Injury	Date of Injury	0031	148; A49
4	WCAIS Claim Number	Jurisdiction Claim Number	0005	148; A49
EMPLOYEE INFORMATION				
5	First Name	Employee First Name	0044	148; R22
	Last Name	Employee Last Name	0043	R21; R22
6	Date of Birth	Employee Date of Birth	0052	148; R22
7	Address	Employee Mailing Primary Address	0046	R21
	Address	Employee Mailing Secondary Address	0047	R21
	City/Town	Employee Mailing City	0048	148
	State	Employee Mailing State Code	0049	148
	Zip	Employee Mailing Postal Code	0050	148
8	Telephone	Employee Phone Number	0051	R21
EMPLOYER INFORMATION				
9	Name	Employer Name	0018	R21
10	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
11	Telephone	Employer Phone Number	0159	R21
12	FEIN	Employer FEIN	0016	148; R22

<i>THIRD PARTY ADMINISTRATOR INFORMATION</i>				
13	Name	Claim Administrator Name	0188	R21; R22
14	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
15	Telephone	N/A	N/A	N/A
16	Insurer Code	N/A	N/A	N/A
17	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22
18	FEIN	Claim Administrator FEIN	0187	R21; R22
<i>INSURER INFORMATION</i>				
19	Name	Insurer Name (from Insurer profile record in WCAIS)	N/A	N/A
20	Address	Insurer Primary Address (from Insurer profile record in WCAIS)	N/A	N/A
	Address	Insurer Secondary Address (from Insurer profile record in WCAIS)	N/A	N/A
	City/Town	Insurer City (from Insurer profile record in WCAIS)	N/A	N/A
	State	Insurer State Code (from Insurer profile record in WCAIS)	N/A	N/A
	Zip	Insurer Postal Code (from Insurer profile record in WCAIS)	N/A	N/A
21	Telephone	N/A	N/A	N/A
22	Insurer Code	N/A	N/A	N/A
23	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22
24	FEIN	Insurer FEIN	0006	148; A49
<i>FORM INFORMATION</i>				
25	Payment of temporary compensation stopped as of	Benefit Period Through Date	0089	R22
<i>CLAIM REPRESENTATIVE INFORMATION</i>				
26	Name of Claims Representative	Claim Administrator Claim Representative Name	0140	R22
27	Phone Number	Claim Administrator Claim Representative Business Phone Number	0137	R22