

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the LIBC-761
“NOTICE OF WORKER’S COMPENSATION BENEFIT OFFSET”

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-761 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
HEADING INFORMATION					
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	
EMPLOYEE INFORMATION					
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
EMPLOYER INFORMATION					
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	
INSURER or THIRD PARTY ADMINISTRATOR INFORMATION (if self insured)					

7	Name	Claim Administrator Name	0188	R21; R22	
8	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		
9	Telephone		NA		
10	Bureau Code		N/A		
11	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22	
12	FEIN	Claim Administrator FEIN	0187	R21; R22	
13	DATE OF THIS NOTICE	Maintenance Type Code Date	0003	148; A49	
<i>CLAIM REPRESENTATIVE INFORMATION</i>					
14	First Name	Claim Administrator Claim Representative Name	0140	R22	
15	Telephone	Claim Administrator Claim Representative Business Phone Number	0137	R22	
<i>FORM INFORMATION</i>					
16	Reimbursement	Benefit Adjustment Code	0092	R22	
17	workers' compensation wage-loss benefit	Benefit Type Amount Paid	0086	R22	
18	The offset credit	Benefit Adjustment Weekly Amount	0093	R22	
19	Amount beginning	Benefit Adjustment Start Date	0094	R22	
20	Ending date	Benefit Adjustment End Date	0125	R22	
21	Modified to the rate of amount per week	Net Weekly Amount	0087	R22	
22	paid: L Weekly L Bi-Weekly L Other (specify):	Wage Period Code	0063	148; A49	