

**PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION**  
**CLAIMS EDI - RELEASE 3**  
**Crosswalk of the LIBC-762**  
**“NOTICE OF SUSPENSION FOR FAILURE TO RETURN**  
**FORM LIBC”**

**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.

|                                    | <b>LIBC-762 FORM ELEMENT NAME</b> | <b>DATA ELEMENT NAME</b>           | <b>DATA # (DN)</b> | <b>RECORD</b> | <b>IAIABC R3 DICTIONARY (1-1-09) PAGE #</b> |
|------------------------------------|-----------------------------------|------------------------------------|--------------------|---------------|---|
| <b><i>HEADING INFORMATION</i></b>  |                                   |                                    |                    |               |   |
| 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      |   |
| <b><i>EMPLOYEE INFORMATION</i></b> |                                   |                                    |                    |               |   |
| 4                                  | First Name                        | Employee First Name                | 0044               | 148; R22      | 6-24<br>6-26                                |
|                                    | Last Name                         | Employee Last Name                 | 0043               | R21; R22      |   |
| 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  |
| <b><i>EMPLOYER INFORMATION</i></b> |                                   |                                    |                    |               |   |
| 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      |   |

| <b><i>INSURER or THIRD PARTY ADMINISTRATOR INFORMATION (if self insured)</i></b> |   |  |      |                    |  |
|--|---|--|------|--------------------|--|
| 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           |  |
| <b><i>CLAIM REPRESENTATIVE INFORMATION</i></b>                                   |   |  |      |                    |  |
| 13   | First Name                                  | Claim Administrator FEIN                                       | 0187 | R21                |  |
| 14   | Telephone                                   | Claim Administrator Claim Representative Business Phone Number | 0137 | R22                |  |
| <b><i>FORM INFORMATION</i></b>   |   |  |      |                    |  |
| 15   | Date Of Notice                              | Maintenance Type Code Date                                     | 0003 | 148; A49           |  |
| 16   | Failure to return the Employee Verification | Suspension Effective Date                                      | 0193 | R22                |  |