

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the LIBC-764
“NOTICE OF CHANGE OF WORKERS’ COMPENSATION
DISABILITY STATUS”

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-764 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 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
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	

<i>INSURER or THIRD PARTY ADMINISTRATOR (if self insured)</i>					
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	
<i>FORM INFORMATION</i>					
13	Claimant Name	Employee First Name	0044	148; R22	
14	Claimant Name	Employee First Name	0043	148; R22	
15	Social Security Number	Employee SSN	0042	R21; R22	
16	Date Of Injury	Date Of Injury	0031	148; A49	
17	Impairment Examining Physician	Permanent Impairment Percentage	0084	A49	
18	Benefits are resumed as of	Benefit Period Start Date	0088	R22	
<i>CLAIM REPRESENTATIVE INFORMATION</i>					
19	First Name	Claim Administrator Claim Representative Name	0140	R22	
20	Last Name	Claim Administrator Claim Representative Name	0140	R22	
21	Street 1	Claim Administrator Primary Address	0010	R21	
22	Street 2	Claim Administrator Secondary Address	0011	R21	
23	City/ Town	Claim Administrator City	0012	148	
24	State	Claim Administrator State Code	0013	148	
25	Zip Code	Claim Administrator Postal Code	0014	148; A49	
26	Date of Notice	Maintenance Type Code Date	0003	148; A49	