INJURY INFORMATION

Part of body injured ________________________________

Nature of injury ________________________________

Accident/injury description narrative ________________________________

Check if occupational disease □

NOTICE: Agreement should be clearly completed, (preferably typed) and uploaded in accordance with the provisions of the EDI Implementation Guide. A copy must be sent to the employee. Wage information must be completed in accordance with the Pennsylvania Workers’ Compensation Act, and sent to the employee.

DATE DISABILITY BEGAN MM - DD - YYYY

The employer shall pay the employee compensation at a rate of $ __________ per week on an average weekly wage of $ ____________ beginning MM - DD - YYYY.

Date first check mailed ________________________________.

Payment of medical and hospital expenses are subject to the limits of time and amount provided by the Pennsylvania Workers’ Compensation Act and subject to modification or termination with the Act.

Compensation payable for ____ weeks ____ days for loss or loss of use of __________ under Section 306(c).

Compensation payable for ____ weeks ____ days for healing period for loss or loss of use of __________ under Section 306(c).

Compensation payable for ____ weeks ____ days for disfigurement under Section 306(c). Please describe the disfigurement.
Further matters agreed upon:

We, the undersigned, agree upon the matters represented herein by the above named employee and the above named employer.

Employee's signature

Date of agreement

MM DD YYYY

Claims Representative's signature

Claims Representative's name (typed/printed)

Telephone

NOTICE TO EMPLOYEE: If temporary compensation was being paid prior to this agreement, the payment of temporary compensation was not an admission of liability of the employer with respect to the injury described in a previously-issued Notice of Temporary Compensation Payable. The employee must file a petition to establish additional liability of the employer not set forth in this Agreement for Compensation for Disability or Permanent Injury. The payment of temporary compensation may not be used to support a claim for benefits in a future proceeding.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Claims Information Services

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program