



**A Statement of Wages, Form LIBC-494A or a Statement of Wages, Form LIBC-494C must be filed with every indemnity NCP or TNCP unless wages are estimated.**

Compensation is payable as follows:

Check only if compensation for medical treatment (**medical only, no loss of wages**) will be paid subject to the Workers' Compensation Act. Compensation for medical treatment is payable from the date of injury. For compensation for medical treatment only, you should not complete numbers 1 through 4.

1. Weekly compensation rate \$       .   Based on an average weekly wage of \$       .

This box is checked if AWW is estimated.  This box is checked if wages paid in lieu of compensation.

2. Payments begin on   -   -     (Compensation for loss of wages is payable for first seven days only; disability extends 14 or more days; compensation for medical treatment is payable from the date of injury.)  
MM DD YYYY

Section 308 of the PA Workers' Compensation Act generally provides that compensation shall be paid in periodic installments as the wages of the employee were payable before the injury.

Any termination, suspension, or modification of these payments must be made by agreement, final receipt, administrative or judicial determination, or as otherwise provided in the Workers' Compensation Act or Regulations of the department.

3. Date first check mailed   -   -     This box is checked if date exceeds the 21-day Rule.   
MM DD YYYY

4. If the injury involves a loss under Section 306(c) (except for disfigurement of the head, face, or neck) and the employee has returned to work, complete the following information:

(a) Compensation is payable for     weeks   days for loss or loss of use of \_\_\_\_\_

(b) Employee returned to work without loss of income on   -      
MM DD YYYY

(c) Healing period payable for     weeks   days (up to (b) above and subject to seven-day waiting period.)

(d) Total (a) and (c) payable     weeks   days

(e) Credit taken for disability benefits paid \$       .

Claims representative's name \_\_\_\_\_ Telephone \_\_\_\_\_

**NOTICE TO EMPLOYEE:** If any questions arise regarding these payments, contact the claims representative named above.

Any intentional filing of 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**  
717.772.3702

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

**Hearing Impaired**  
toll-free inside PA TTY: 800.362.4228  
local & outside PA TTY: 717.772.4991

To view your claim file, log on to [www.wcais.pa.gov](http://www.wcais.pa.gov)

*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*