pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

COMMUTATION OF COMPENSATION

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

___ - __ - ____ _____

DATE OF INJURY

__ - __ - ____
MM DD YYYY

WCAIS CLAIM NUMBER

_____

EMPLOYEE

First name _____

Last name _____

Date of birth _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____

EMPLOYER

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

NAIC code _____ or Insurer code _____

Insurer/TPA claim # _____

DATE OF THIS NOTICE:

__ - __ - ____
MM DD YYYY

A copy of this notice of *Commutation of Compensation* is to be sent to the employee with full payment of compensation commuted.

Pursuant to Section 412 of the Pennsylvania Workers' Compensation Act, future installments of compensation payable to the above employee not being in excess of 52 weeks, the employer/insurer indicated above hereby advises the above employee of its intent to immediately pay in one sum such future installments without discount.

Compensation for this injury, _____ , is presently payable under
NATURE OF INJURY

Notice of Compensation Payable or Agreement for _____ weeks _____ days.

Compensation paid to date of this notice: _____ weeks _____ days.

Compensation due in future: _____ weeks _____ days @ $ _____ per week for a total of

$ _____ to be paid in one sum without discount.

Employer

First name _____

Last name _____

Signature _____

Authorized Agent for Insurer or TPA (if self-insured)

First name _____

Last name _____

Signature _____

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
717.772.3702

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

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