pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

NOTICE OF TEMPORARY COMPENSATION PAYABLE

DATE OF NOTICE
MM - DD - YYYY

DATE OF INJURY
MM - DD - YYYY

SOCIAL SECURITY NUMBER

WID NUMBER

WCAIS CLAIM NUMBER

EMPLOYEE

Date of birth MM - DD - YYYY

County

Telephone

EMPLOYER

Name

Address

Address

City/Town State ZIP

County

Telephone FEIN

INSURER

Name

Address

Address

City/Town State ZIP

County

Telephone FEIN

NAIC code Insurer code

Insurer/Administrator claim #

TPA

Name

Address

Address

City/Town State ZIP

County

Telephone FEIN

Insurer/Administrator claim #

INJURY INFORMATION

Part of body injured

Nature of injury

Accident/injury description narrative

County

Check if occupational disease ☐

NOTICE TO EMPLOYEE: This notice of **temporary** compensation payments is for a period of up to 90 days and **is not** an admission by your employer that it is responsible for your injury. If any questions arise, contact the representative on the reverse side of this notice. If you need further information, call the bureau at 800-482-2383.

NOTICE TO EMPLOYER: This notice must be filed with the Bureau of Workers' Compensation via electronic format. In wage loss claims, a copy of the notice is to be sent to the injured employee with the first payment of **temporary** compensation. In wage loss claims, the 90 day period begins on the first day of disability. The employer's/insurer's failure to file a notice as provided in Section 406.1(d)(5) of the Act advising the employee that the employer is ceasing temporary compensation shall be deemed an admission of liability, and this notice shall be converted to a Notice of Compensation Payable. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

(OVER)

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. If employer stops temporary compensation in accordance with the Act, employer will not pay for treatment received on or after the stoppage date. For compensation for medical treatment only, you should not complete number 1.

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.

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.

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.

2. Ninety-day period begins on ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY) and ends on ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY)

Claims representative's name _____ Telephone _____

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

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

To view your claim file, log on to www.wcais.pa.gov

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