



If necessary, attach separate pages, each signed by all parties, to state fully the matters agreed upon at the conference. If a *Notice of Compensation Payable, Agreement for Compensation, or Supplemental Agreement* has/have been executed, attach such document(s). Complete all required EDI transactions in accordance with the provisions of the EDI Implementation Guide.

Date of this agreement

|    |  |   |    |  |   |      |  |  |  |
|----|--|---|----|--|---|------|--|--|--|
|    |  | - |    |  | - |      |  |  |  |
| MM |  |   | DD |  |   | YYYY |  |  |  |

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Insurer/Employer's Agent's signature

\_\_\_\_\_  
Employee's name (typed/printed)

\_\_\_\_\_  
Insurer/Employer's Agent's name (typed/printed)

\_\_\_\_\_  
Employee's Attorney's signature

\_\_\_\_\_  
Insurer/Employer's Attorney's signature

\_\_\_\_\_  
Employee's Attorney's name (typed/printed)

\_\_\_\_\_  
Insurer/Employer's Attorney's name (typed/printed)

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*