

## INFORMAL CONFERENCE AGREEMENT FORM

EMPLOYE	EE SOCIAL SECURITY NUMBER OR WC ID NUMBER		DATE OF IN:		WCAIS CL	AIM NUMBER
EMPLO	YEE	MM <b>EMPLOYER</b>	DD	YYYY		
First n	ame	Name				
Last n	ame	Address				
Date o	f birth	Address				
Addres	55	City/Town _		State	ZIP	
Addres	55	County				
City/To	own State ZIP	Telephone _		FEIN		
County	/	INSURER o	r THTRD F	PARTY ADMINIST	RATOR (if	self-insured)
Telephone						
		Address				
				State		
		County				
				FEIN		
		Contact				
		NAIC code		or Insure	er code	
		Insurer/TPA	claim # _			
1.	This matter is currently pending on		TYPE OF PET	ITION(S)		
	before Workers' Compensation Judge					
		ADDRESS				
2.	On the parties filed a Not	ice of Reques	t for an In	formal Conference	e pursuant	to Section
	402.1 of the Pennsylvania Workers' Compensation Act.					
3.	An informal conference was conducted before	Norkers' Compensa	ition Judge	on MM	- DD -	YYYY
	At that conference, the employee was was not represented by counsel.	represented	l by counse	el, and the employe	r was	was not
4.	The parties have agreed upon the following matters at	the informal	conference	e:		

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

