

## NOTICE OF WORKERS' COMPENSATION BENEFIT OFFSET

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

X	X	X	-	X	X	-													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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 NOTICE

		-			-				
MM			DD			YYYY			

**ATTORNEY FOR EMPLOYEE (if known)**

Name _____
Firm name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____ PA Attorney ID number _____

**ATTORNEY FOR INSURER/EMPLOYER (if known)**

Name _____
Firm name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____ PA Attorney ID number _____

Name _____
Signature _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____ FEIN _____

**A COPY OF THIS FORM AND ATTACHMENTS ARE TO BE PROVIDED TO THE EMPLOYEE AND THE EMPLOYEE'S ATTORNEY (IF KNOWN).  
(OVER)**

You are hereby notified that the workers' compensation insurance carrier/employer (specified previously) is taking a credit that will offset your workers' compensation wage-loss benefits as authorized by Section 204 of the Pennsylvania Workers' Compensation Act.

If you pay federal, state, or local taxes on an offset amount, provide a written statement to your employer/insurer showing the amount of the taxes you paid on the offset to receive reimbursement for these taxes. You may file for this reimbursement after the end of the calendar tax year.

Your offset is for the following:

- Old Age Social Security benefits which you began to receive following an injury which occurred on or after June 24, 1996. (This offset is for one-half or 50% of this Social Security benefit.)
- Unemployment compensation benefits. If you are eventually found to be ineligible for the unemployment compensation payment, you must notify the above insurer/employer which shall reinstate the offset workers' compensation benefits.
- Pension benefits to the extent funded by the employer directly liable for the payment of your workers' compensation benefits due to an injury occurring on or after June 24, 1996. This employer can also take credit for investment income which is attributable to this contribution.
- Severance benefits paid by the employer directly liable for compensation and received subsequent to a work-related injury occurring on or after June 24, 1996.

Your current workers' compensation wage-loss benefit is \$ \_\_\_\_\_,

paid:  Weekly  Bi-weekly  Other (specify):

The offset credit of \$ \_\_\_\_\_ will be deducted from this amount beginning on:  -  - , resulting in your receiving \$ \_\_\_\_\_ workers' compensation benefit payments.

MM DD YYYY

- An ending date of  -  -  has been established for this offset or a portion of it to recoup prior offsettable benefits you received. After that date you will continue to receive reduced workers' compensation benefits in the amount of \$ \_\_\_\_\_ per payment based on your continuing receipt of offsettable benefits.
- An ending date cannot yet be established for this offset due to the continuing nature of your benefits which are applicable to an offset.

You will receive an additional notice if a change occurs in this offset. This form is to provide you with at least twenty (20) calendar day's notice of this offset prior to a change in your workers' compensation benefits. The offset was calculated as follows and additional calculations may be attached:

Attached are the following documents supporting the basis for this offset:

You may challenge this offset by filing a Petition to Review Compensation Benefit Offset with the Pennsylvania Department of Labor & Industry, Workers' Compensation Office of Adjudication. Petitions can be obtained by calling the Bureau at 1-800-482-2383.

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