pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION BENEFITS

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

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 your workers' compensation benefits are reinstated as of ☐☐ - ☐☐ - ☐☐☐☐ , the date
MM DD YYYY
your *Employee Verification of Employment, Self-Employment or Change in Physical Condition* (LIBC-760) was received, which indicated NO changes of employment, self-employment or change in physical condition. **- OR-**

You are hereby notified that your workers' compensation benefits are resumed as of ☐☐ - ☐☐ - ☐☐☐☐ , the date
MM DD YYYY
your completed LIBC-760 form was received. A benefit offset will occur as indicated on the attached *Notice of Workers' Compensation Benefit Offset* (LIBC-761).

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	**Claims Information Services**	**Hearing Impaired**	**Email**
717.772.3702	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-li-bwc-helpline@pa.gov

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