

NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION BENEFITS

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 your workers' compensation benefits are reinstated as of - - , the date your
 MM DD YYYY
 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 your
 MM DD YYYY
 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
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