



Description of compensable injury:

Multiple horizontal lines for describing the injury.

This is an Act 46 (firefighter cancer) claim

The referenced Insurer/Employer requests the Bureau of Workers' Compensation to select a physician for an Impairment Evaluation to be conducted with Section 306(a.3) of the Workers' Compensation Act.

Copies of this request have been served on all parties.

Claims Representative's signature

Claims Representative's name (typed/printed)

Telephone

Date of this notice form with MM, DD, and YYYY boxes.

Mail to: 1171 S. Cameron Street, Harrisburg, PA 17104

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