

**ALTERNATE EMPLOYER ENDORSEMENT WORKSHEET**

Policyholder \_\_\_\_\_

Policy Number \_\_\_\_\_

CLIENT	CLIENT'S GOVERNING CLASS* & TEMP JOB TYPE	NO. OF EMPLOYEES	ESTIMATED PAYROLL
NAME ADDRESS	GOV. CLASS  TEMP DUTIES		\$
PHONE NO	PCRB FILE #		
			\$
			\$
			\$
			\$

\* A client's governing class may be obtained by contacting the Pennsylvania Compensation Rating Bureau at 215-568-2371

**PLEASE NOTE:**

Please complete each box in detail. Failure to do so may result in delayed coverage or a potential denial of a claim. If you have questions or difficulty completing the form, please contact SWIF's Customer Service department at 570-963-4635.

**State Workers' Insurance Fund  
100 Lackawanna Ave.  
P.O. Box 5100  
Scranton, PA 18505**