

# Pennsylvania SWIF Electronic Payment Option Selection

Payment Options Available:

You can choose how you receive your SWIF Workers' Compensation payments. Please mark your choice (pick only one) and mail this form to the address below.

**If you do not return this form with your choice of payment, your payments will continue as previously established.**

**Direct Deposit**

Please complete the enclosed "Claimant Authorization for Debit Deposit of SWIF Benefits" form.

**Pennsylvania US bank ReliaCard**

I authorize the Department of Labor and Industry to credit my Workers' Compensation payments to the Pennsylvania US bank ReliaCard. The card will be sent to me by mail. My payments will be held by the bank until I withdraw them using my Pennsylvania US bank ReliaCard. I understand the Pennsylvania ReliaCard is issued by US bank pursuant to a license by Visa International Incorporated.

- We will use your choice for all payments we send you.
- If you later decide that you want to change how you receive your payments, send us a new form with your new choice. Once we get your new form, it takes 10 business days to make a change. You can get copies of this form at your District Office or our Customer Service Unit at 570-963-4635.

Fill in this form, sign it, date it and return it to:

**Pennsylvania Department of Treasury  
SWIF Operations  
Room 400 Labor and Industry Building  
651 Boas Street  
Harrisburg, PA 17121**

**Accepting Workers' Compensation Benefits to which you are not entitled is in violation of the Workers' Compensation Act. Prosecution may result.**

(Choose one)       **New enrollment**       **Change in payment choice**

**Certification and enrollment information – All information below must be provided.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_