



## EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

DATE OF INJURYWCAIS CLAIM NUMBER

## EMPLOYEE

**EMPLOYER****INSURER or THIRD PARTY ADMINISTRATOR** (if self-insured)

## INJURY INFORMATION

NOTICE: Agreement should be clearly completed, (preferably typed) and uploaded in accordance with the provisions of the EDI Implementation Guide. A copy must be sent to the employee. Wage information must be completed in accordance with the Pennsylvania Workers' Compensation Act, and sent to the employee.

The employer shall pay the employee compensation at a rate of \$ \_\_\_\_\_ per week on an average weekly wage of \$ \_\_\_\_\_ beginning 

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MM                  DD                  YYYY

Payment of medical and hospital expenses are subject to the limits of time and amount provided by the Pennsylvania Workers' Compensation Act and subject to modification or termination with the Act.

Compensation payable for \_\_\_\_\_ weeks \_\_\_\_\_ days for loss or loss of use of \_\_\_\_\_ under Section 306(c).

Compensation payable for \_\_\_\_ weeks \_\_\_\_ days for healing period for loss or loss of use of \_\_\_\_\_ under Section 306(c).

Compensation payable for \_\_\_\_ weeks \_\_\_\_ days for disfigurement under Section 306(c). Please describe the disfigurement.

Further matters agreed upon:

We, the undersigned, agree upon the matters represented herein by the above named employee and the above named employer.

\_\_\_\_\_  
Employee's signature

Date of agreement  
[ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]  
MM DD YYYY

\_\_\_\_\_  
Claims Representative's signature

\_\_\_\_\_  
Claims Representative's name (typed/printed)

\_\_\_\_\_  
Telephone

**NOTICE TO EMPLOYEE:** If temporary compensation was being paid prior to this agreement, the payment of temporary compensation was not an admission of liability of the employer with respect to the injury described in a previously-issued **Notice of Temporary Compensation Payable**. The employee must file a petition to establish additional liability of the employer not set forth in this **Agreement for Compensation for Disability or Permanent Injury**. The payment of temporary compensation may not be used to support a claim for benefits in a future proceeding.

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*