COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383
TTY 800-362-4228

NOTICE OF TEMPORARY COMPENSATION PAYABLE

EMPLOYEE SOCIAL SECURITY NUMBER ___ - ___ - ___

DATE OF INJURY ___ - ___ - ___ (MONTH DAY YEAR)

PA BWC CLAIM NUMBER (IF KNOWN) ___

DATE OF NOTICE ___ - ___ - ___ (MONTH DAY YEAR)

EMPLOYEE

First Name ___
Last Name ___
Address ___
Address ___
City/Town ___ State ___ Zip ___
County ___
Telephone ( )

EMPLOYER

Name ___
Address ___
Address ___
City/Town ___ State ___ Zip ___
County ___
Telephone ( ) FEIN ___

INJURY INFORMATION

Body Part(s) affected ___
Type of Injury ___
Description of Injury ___

Check if Occupational Disease ☐

INSURER or THIRD PARTY ADMINISTRATOR (if self insured)

Name ___
Address ___
Address ___
City/Town ___ State ___ Zip ___
Telephone ( ) Bureau Code ___
County ___
Claim # ___ FEIN ___

John T. Hofrichter & Associates

NOTICE TO EMPLOYER: In wage loss claims, a copy of this Notice is to be sent to the injured employee with the first payment of **temporary** compensation, the original to be filed with the Department of Labor & Industry. In wage loss claims, 90 days begins on the first day of disability. The employer's/insurer's failure to file a notice as provided in Section 406. 1(d)(5) of the Act advising the employee that the employer is ceasing temporary compensation shall be deemed an admission of liability, and this notice shall be converted to a Notice of Compensation Payable.
NOTICE TO EMPLOYEE: This Notice of **temporary** compensation payments is for a period of up to 90 days and **is not** an admission by your employer that it is responsible for your injury. If any questions arise, contact the representative at the bottom of this Notice. If you need further information, call the Bureau at 800-482-2383.

Compensation is payable as follows:

☐ Check only if compensation for medical treatment (**medical only, no loss of wages**) will be paid subject to the Workers' Compensation Act. Compensation for medical treatment is payable from date of injury. If Employer stops temporary compensation in accordance with the Act, employer will not pay for treatment received on or after the stoppage date.
For compensation for medical treatment only, you should not complete numbers 1 or 3.

1. Weekly compensation rate $ ____ . __

   Based on an average weekly wage of $ ______ . __ (A statement of wages must accompany this form.)

2. Ninety-day period begins on ___ - ___ - ___ (MONTH DAY YEAR) and ends on ___ - ___ - ___ (MONTH DAY YEAR)

3. Payments will hereafter be made: ☐ Weekly ☐ Biweekly ☐ Other (Specify)
   until payments cease or the ninety-day maximum period for temporary compensation expires.

501 0307

Name of Claims Representative ___ Phone Number ( ) ___

___
Signature of Claims Representative

(OVER)