

NOTICE OF ABILITY TO RETURN TO WORK

Social Security Number: _____ - _____ - _____

Date of Injury: ____/____/____
MM DD YYYY

PA BWC Claim Number: _____
(IF KNOWN)

Employee

First Name	Last Name		
Street 1			
Street 2			
City/Town	State	Zip Code	
County	Telephone () -		

DATE OF THIS NOTICE: ____/____/____
MM DD YYYY

Employer

Name		
Street 1		
Street 2		
City/Town	State	Zip Code
County	FEIN	
Telephone () -		

Insurer or Third Party Administrator (if self-insured)

Name		
Street 1		
Street 2		
City/Town	State	Zip Code
Telephone () -	Bureau Code	
County	FEIN	
Claim Number		

Section 306(b)(3) of the Pennsylvania Workers' Compensation Act requires insurers to notify the employee when they receive medical evidence indicating the ability to return to work in some capacity.

Receipt of medical evidence indicates your present physical condition or change of condition is:

Attached are all documents supporting these allegations.

YOU SHOULD ALSO KNOW

You have an obligation to look for available employment.

Proof of available employment may jeopardize your right to receive ongoing benefits.

You have the right to consult with an attorney in order to obtain evidence to challenge the insurer's contentions.

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program