AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY

EMPLOYEE SOCIAL SECURITY NUMBER

DATE OF INJURY

MONTH DAY PA BWC CLAIM NUMBER (IF KNOWN) YEAR

EMPLOYEE EMPLOYER First Name Name Address Last Name Address Address Address City/Town State Zip City/Town State County Zip County Telephone FEIN Telephone INSURER or THIRD PARTY ADMINISTRATOR (if self insured) INJURY INFORMATION Name Body Part(s) affected Address Type of Injury Address City/Town State Zip Description of Injury Telephone Bureau Code County Claim # FEIN Check if Occupational Disease NOTICE: Wage information must be completed in accordance with Section 309 of the Pennsylvania Workers' Compensation Act, and attached to this Agreement. DATE DISABILITY BEGAN NOTICE: Agreement should be clearly completed, (preferably typed)

				and original mailed to the Bureau at the address in the upper left corner and a copy to employee.						
МОМТН	DAY	YEAR								
Said employe	r shall pa	y said emp	loyee comp	pensation at a rate of \$				per week based on an		
						MONTH	DAY	YEAR		
average weekly wage of \$				beginning						
		MONTH	DAY	YEAR						
Date first check mailed			. If the date exceeds the 21-				1-Day Rule, checl	this box	and	
explain below	' .									

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 in accordance with the Act.

Compensation payable for

weeks days for loss or loss of use of under Section 306(c).

Further matters agreed upon:

We, the undersigned, agree upon the facts represented on this page as to the injuries sustained by the above named employee and their above named employer:

SIGNATURE OF EMPLOYEE SIGNATURE OF CLAIMS REPRESENTATIVE Name of Claims Representative ___

DATE OF AGREEMENT

MONTH

DAY

YEAR

and may also be subject to criminal and civil penalties through Pennsylvania Act 165. LIBC-336 REV 11-97

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