

**NOTICE OF WORKERS'  
COMPENSATION DENIAL**

EMPLOYEE SOCIAL SECURITY NUMBER

DATE OF INJURY

DATE OF NOTICE

MONTH DAY YEAR  
PA BWC CLAIM NUMBER (IF KNOWN)

MONTH DAY YEAR

**EMPLOYEE**

**EMPLOYER**

First Name	Name		
Last Name	Address		
Address	Address		
Address	City/Town	State	Zip
City/Town	State	Zip	County
County	Telephone	FEIN	
Telephone	<b>INSURER or THIRD PARTY ADMINISTRATOR (if self insured)</b>		

**ALLEGED INJURY INFORMATION**

Body Part(s) affected	Name
Type of Injury	Address
Description of Injury	Address
	City/Town
	State
	Zip
	Telephone
	Bureau Code
	County
Check if Occupational Disease	Claim #
	FEIN

**NOTICE:** The employer/insurer has decided to deny you workers' compensation benefits. You have the right to contest this denial by timely filing a petition with the bureau.

**Do not use this form to accept a medical-only claim.** This denial shall be sent to the employee or dependent and filed with the bureau no later than 21 days after notice or knowledge to the employer of the employee's disability or death.

Date employer received notice or knew of alleged injury or date of employee's claimed disability:

This date must be completed.

MONTH DAY YEAR

The employer/insurer declines to pay workers' compensation benefits to claimant because:

1. The employee did not suffer a work-related injury. The definition of injury also includes aggravation of a pre-existing condition, or disease contracted as a result of employment.
2. The injury was not within the scope of employment.
3. The employee was not employed by the defendant.
4. The employee has not suffered a loss of wages as a result of an already accepted injury.
5. The employee did not give notice of his/her injury or disease to the employer within 120 days within the meaning of Sections 311-313 of the Workers' Compensation Act.
6. Other good cause. Please explain fully in the space below.

**See Reverse Side For Employees' Rights To Contest Denial**

Name of Claims Representative \_\_\_\_\_

Signature of Claims Representative

Phone Number

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, 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).

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