

01 One good reason to think twice about workers' compensation fraud



EMPLOYERS® actively investigates suspected workers' compensation fraud and reports such cases to law enforcement authorities.

fraud costs

Workers' compensation fraud costs \$7.2 billion annually.¹

Filing a fraudulent workers' compensation claim could lead to serious civil or criminal consequences, such as fines, incarceration and/or restitution.

If you suspect workers' compensation fraud, please contact EMPLOYERS' Fraud Investigations Department. Call the Fraud Hotline at 1-800-750-3939 or e-mail fraudfighters@employers.com.

EMPLOYERS®

America's small business insurance specialist®

Copyright © 2015 EMPLOYERS. All rights reserved. Insurance is offered through Employers Compensation Insurance Company, Employers Insurance Company of Nevada, Employers Preferred Insurance Company, and Employers Assurance Company. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster. Not all insurers do business in all jurisdictions.

¹ Source: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

Una buena razón para pensarlo dos veces antes de cometer fraude en una demanda de indemnización laboral



EMPLOYERS® investiga de manera activa casos sospechosos de cometer fraude en una demanda de indemnización laboral y reporta dichos casos a las autoridades policiales.

costos del fraude

Fraude en demandas de indemnización laboral cuesta \$7.2 mil millones al año.¹

Presentar una demanda de indemnización laboral fraudulenta puede acarrear graves consecuencias civiles o penales, tales como multas, cárcel y/o indemnizaciones.

Si sospecha que existe fraude en una demanda de indemnización laboral, póngase en contacto con el Departamento de Investigación de Fraude de EMPLOYERS. Llame a la línea directa de fraude al 1-800-750-3939 o escriba al correo electrónico fraudfighters@employers.com.

EMPLOYERS®

America's small business insurance specialist®

Copyright © 2015 EMPLOYERS. Todos los derechos reservados. El seguro se ofrece a través de las siguientes empresas: Employers Compensation Insurance Company, Employers Insurance Company of Nevada, Employers Preferred Insurance Company y Employers Assurance Company. EIG Services, Inc. (en California, dba EIG Insurance Services) es una agencia afiliada y ajustadora. No todas las aseguradoras operan en todas las jurisdicciones.

1 Fuente: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

TYPE OF INJURY CODE

PART OF BODY AFFECTED CODE

CAUSE OF INJURY CODE (ENTER CODES, IF KNOWN)

Grid for injury codes: TYPE OF INJURY CODE (3 columns), PART OF BODY AFFECTED CODE (3 columns), CAUSE OF INJURY CODE (3 columns).

TYPE OF INJURY OR ILLNESS

Grid for type of injury or illness (24 columns).

PARTS OF BODY AFFECTED

Grid for parts of body affected (24 columns).

CAUSE OF INJURY

Grid for cause of injury (24 columns).

DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES?

YES
NO

IF OUT OF STATE, SPECIFY STATE OF INJURY

Grid for state of injury (2 columns).

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?

YES
NO

WERE SAFEGUARDS OR SAFETY EQUIPMENT USED?

YES
NO

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

Large text box for equipment, materials, or chemicals used.

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES DIRECTLY RESPONSIBLE.

Large text box for description of injury or illness occurrence.

IF FATAL, GIVE DATE OF DEATH

Grid for date of death: MONTH, DAY, YEAR.

INITIAL TREATMENT:

- NO MEDICAL TREATMENT
- MINOR BY EMPLOYEE
- CLINIC / HOSPITAL
- PANEL PHYSICIAN
- EMPLOYEE PHYSICIAN
- EMERGENCY CARE
- HOSPITALIZED MORE THAN 24 HOURS

PHYSICIAN/HEALTH CARE PROVIDER

Form for physician/health care provider: FIRST NAME, LAST NAME, STREET, CITY, STATE, ZIP.

POLICY PERIOD FROM:

Grid for policy period from: MONTH, DAY, YEAR.

HOSPITAL NAME:

Form for hospital name: STREET, CITY, STATE, ZIP.

POLICY PERIOD TO:

Grid for policy period to: MONTH, DAY, YEAR.

POLICY/SELF INSURED NUMBER:

Grid for policy/self insured number (24 columns).

WITNESS FIRST NAME

Grid for witness first name (24 columns).

WITNESS PHONE NUMBER

Grid for witness phone number (12 columns).

WITNESS LAST NAME

Grid for witness last name (24 columns).

PERSON COMPLETING THIS FORM:

NAME:
TITLE:
PHONE:

INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (IF SELF-INSURED)

NAME:
STREET
CITY STATE ZIP
BUREAU CODE: FEIN:

DATE PREPARED

Grid for date prepared: MONTH, DAY, YEAR.



344 1197-2

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.

**LA LEY DEL DERECHO A SABER
DEL TRABAJADOR Y
COMUNIDAD DE PENNSYLVANIA
AVISO PARA SER COLOCADO EN EL CENTRO
DE TRABAJO SECTOR PÚBLICO**

La Ley del Derecho a Saber del Trabajador y la Comunidad de Pennsylvania obliga a que la información sobre sustancias peligrosas en el centro de trabajo y en el medio ambiente esté disponible para los empleados del sector público y los del sector privado que no están cubiertos bajo los Estándares de OSHA (Administración Federal de Seguridad Ocupacional y Salud, por sus siglas en inglés) y para todos aquellos viviendo o trabajando en el Estado. Los derechos de los trabajadores mencionados abajo están aún más definidos en la Ley del Derecho a Saber del Trabajador y Comunidad (L. P. 734, nro. 159) y en la regulaciones relacionadas. Para mayor información contacte con el *Department of Labor & Industry, Bureau of Workers' Compensation, Health & Safety Division, 1171 S. Cameron Street, Room 324, Harrisburg, Pennsylvania 17104-2501; (717) 772-1635; email: RA-LI-BWC-SAFETY@pa.gov.*

Aviso en el centro de trabajo:

Los empleadores del sector público (incluidas las agencias gubernamentales locales y estatales y las escuelas y universidades públicas) y los empleadores del sector privado que no están cubiertos por los Estándares de Comunicación de Peligros de OSHA deberán exhibir este aviso para informarles a los trabajadores de sus derechos bajo la ley en un lugar visible en el centro de trabajo donde los avisos son generalmente puestos.

Capacitación:

Los empleadores de los sectores público y privado que no están cubiertos por los Estándares de Comunicación de Peligros de OSHA deberán proveer un programa anual de instrucción y capacitación a los empleados expuestos a sustancias peligrosas. El programa de capacitación podría ser por escrito o en sesiones de instrucción.

Hoja de datos sobre sustancias peligrosas:

El Formulario de informe de sustancias peligrosas (HSSF, en inglés) provee una lista de las sustancias peligrosas en existencia en el centro de trabajo en el año anterior. Todo empleador deberá llenar un HSSF anualmente. Los empleadores de los sectores público y privado que no están cubiertos por OSHA deberán exhibir el HSSF visiblemente en el centro de trabajo y proveer una copia de éste al empleado que lo pida.

Lista en el centro de trabajo:

Esta lista menciona las sustancias peligrosas usadas o producidas en un área específica en el centro de trabajo. Los empleadores del sector público o privado que no están cubiertos por los Estándares de Comunicación de Peligros de OSHA deberán actualizar una lista del área de trabajo como mínimo anualmente, deberán proveerle una copia de ésta al empleado de esa área que la solicite, y ofrecérsela a todo nuevo empleado asignado a esa área de trabajo.

Hoja de datos de sustancias peligrosas:

La Hoja de información de seguridad de los materiales (MSDS) provee información detallada sobre una sustancia peligrosa. En los centros de trabajo de los sectores públicos y privados que no están cubiertos por los Estándares de Comunicación de Peligros de OSHA, un MSDS deberá estar accesible en el área de trabajo donde la sustancia peligrosa nombrada esté localizada. El MSDS deberá estar disponible para ser visto por los empleados sin la intervención o permiso del supervisor o gerente, y cualquier trabajador puede obtener y examinar un MSDS en cuanto a sustancias peligrosas localizadas en el centro de empleo. Si el pedido del trabajador de obtener una copia del MSDS es por

escrito y después de cinco días laborales desde la fecha del pedido, el empleador no ha presentado el MSDS al trabajador o no le presenta al trabajador una prueba de que ha tratado de obtener dicho MSDS del fabricante, importador, abastecedor o distribuidor y del Departamento de Labor e Industria, el trabajador pidiendo puede rehusar a trabajar con dicha sustancia.

Hoja de datos sobre peligros en el medio ambiente:

El Formulario de informe de peligros en el medio ambiente (EHSF, en inglés) le informa sobre peligros en el medio ambiente emitidos, descargados o desechados del centro de trabajo. Todos los empleadores están obligados a llenar el EHSF si la orden viene del Departamento de Labor e Industria. Si el EHSF ha sido llenado por un empleador del sector público o privado que no está cubierto por los Estándares de Comunicación de Peligros de OSHA, una copia deberá ser proveída al empleado que lo solicite.

Etiquetas o rótulos:

Todos los envases y entradas/salidas de tuberías de elementos peligrosos y no peligrosos localizados en los centros de trabajo de los sectores públicos y privados que no están cubiertos por los Estándares de Comunicación de Peligros de OSHA deberán estar debidamente etiquetados. Los empleadores deberán asegurar de que toda señal, rótulo, etiqueta u otras instrucciones se exhiban visiblemente en el envase o entrada/salida de la tubería para que los empleados puedan fácilmente identificar los elementos contenidos.

Récords médicos y de exposición:

Los empleadores del sector público o privado que no están cubiertos por los Estándares de Comunicación de Peligros de OSHA deberán mantener y permitir a los empleados acceso a récords de exposición de los empleados a sustancias tal cómo es requerido por OSHA (bajo el 29 CFR 1910.1200) o por la Administración de la Protección de la Salud en las Minas (bajo 30 CFR 70.210 y 71.210).

No discriminación:

Si un empleado del sector público o el centro de trabajo de un empleado del sector privado no cubierto por los Estándares de Comunicación de Peligros de OSHA piensa que ha sido despedido, sancionado o discriminado por un empleador al haber hecho uso de sus derechos de acuerdo a la Ley del Derecho a Saber del Trabajador y la Comunidad de Pennsylvania, dicho empleado tiene hasta 180 días—desde la fecha de la alegada acción—para presentar una queja por escrito ante el Departamento de Labor e Industria, Bureau of PENNSAFE.

EMPLOYEE WORKPLACE NOTICE PUBLIC SECTOR Pennsylvania Worker and Community Right To Know Act

The Pennsylvania Worker and Community Right to Know Act requires that information about hazardous substances in the workplace and in the environment is available to public sector employees and employees of private sector workplaces not covered by the Federal Occupational Safety and Health Administration (OSHA) Hazard Communication Standard and to all persons living or working in the state. Employee rights listed below are further defined in the Worker and Community Right to Know Act (P.L. 734, No. 159) and Regulations. For additional information, contact the Department of Labor & Industry, Bureau of Workers' Compensation, Health & Safety Division, 1171 S. Cameron Street, Room 324, Harrisburg, Pennsylvania 17104-2501; (717) 772-1635; E-mail: RA-LI-BWC-SAFETY@pa.gov.

Employee Workplace Notice:

Public sector employers (including state and local government agencies and public schools and public universities) and private sector employers not covered by the OSHA Hazard Communication Standard must post this notice informing employees of their rights under the law. This notice must be posted prominently in the workplace at a location where employee notices are normally posted.

Training:

Public sector employers and private sector employers not covered by the OSHA Hazard Communication Standard must provide an annual education and training program to employees exposed to hazardous substances. The training program may be presented either in written form or in training sessions.

Hazardous Substance Survey Form:

The Hazardous Substance Survey Form (HSSF) provides an inventory of the hazardous substances found in the workplace during the prior calendar year. All employers must complete a workplace HSSF annually. Public sector employers and private sector employers not covered by OSHA must post the HSSF prominently in the workplace and must provide a copy to any employee upon request.

Work Area List:

The Work Area List names the hazardous substances used or produced in a specific work area in the workplace. Public sector employers and private sector employers not covered by the OSHA Hazard Communication Standard must update a Work Area List at least annually, must provide a copy to any employee of the work area upon request, and must offer a copy to any employee newly assigned to that work area.

Material Safety Data Sheet:

The Material Safety Data Sheet (MSDS) provides detailed information about a hazardous substance. In public sector workplaces and private sector workplaces not covered by the OSHA Hazard Communication Standard, an MSDS must be accessible in the work area where the hazardous substance it describes is used. MSDSs must be readily available to employees without the intervention or permission of management or supervisors, and any employee may obtain and examine an MSDS for any hazardous substance in the workplace. If an employee's request to obtain a copy of an MSDS is made to the

employer in writing and, after five working days from the date the request is made, the employer fails to furnish the employee with an MSDS in the employer's possession or fails to provide the employee with proof of the employer's effort to obtain the requested MSDS from the manufacturer, importer, supplier or distributor and from the Department of Labor & Industry, the requesting employee may refuse to work with the substance.

Environmental Hazard Survey Form:

The Environmental Hazard Survey Form (EHSF) provides information about any environmental hazards emitted, discharged or disposed of from the workplace. All employers are required to complete an EHSF when and if requested to do so by the Department of Labor & Industry. If an EHSF has been completed by a public sector employer or a private sector employer not covered by the OSHA Hazard Communication Standard, a copy must be provided to any employee upon request.

Labeling:

All containers and parts of pipelines of hazardous and non-hazardous substances in public sector workplaces and private sector workplaces not covered by the OSHA Hazard Communication Standard must be properly labeled. Employers must ensure that each label, sign, placard or other operating instruction is prominently affixed and displayed on the container or part of a pipeline system so that employees can easily identify the contents.

Health and Exposure Records:

Public sector employers and private sector employers not covered by the OSHA Hazard Communication Standard must maintain and allow employee access to records of employee chemical exposure to the extent required by OSHA (under 29 CFR 1910.1200) or by the Mine Safety Health Administration (under 30 CFR 70.210 and 71.210).

Non-discrimination:

If a public sector employee or an employee of a private sector workplace not covered by the OSHA Hazard Communication Standard believes that he or she has been discharged, disciplined or discriminated against by an employer for exercising his or her rights granted under the Pennsylvania Worker and Community Right to Know Act, that employee has 180 days from the date of the alleged violation to file a written complaint with the Department of Labor & Industry, Bureau of PENNSAFE.

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name: _____ **Date Posted:** _____

IF INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of Insurance Company:

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

IF SELF-INSURED
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of person handling claims at
the self-insured:

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

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

**NOTIFICATION TO EMPLOYEES OF THEIR RIGHTS AND DUTIES UNDER SECTION
306 (f.1)(1)(i) OF THE PA. WORKERS' COMPENSATION ACT**

The Pennsylvania Workers' Compensation Act requires that employees be given written notification of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. Below are your rights and duties under Sec. 306 (f.1)(1)(i) and an acknowledgment signature line. This acknowledgment, signed by you, is to be returned to your employer.

A brief summary: You have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that your employer is not liable for the medical bills incurred.

As an employee of the Commonwealth working at a location where a list of designated health care providers has been established and posted, you have:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be **at your expense** for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties
under Sec. 306 (f.1)(1)(i) and that I understand them
to the extent that they are explained above.

Print Name

Employee Signature

Date

See reverse for a complete text of Section 306 (f.1)(1)(i)
If you have any questions, ask your human resources office representative or call
The Bureau of Workers' Compensation at 1-800-482-2383

PENNSYLVANIA WORKERS' COMPENSATION ACT
SECTION 306 (f.1)(1)(i)

The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

STATEMENT OF WAGES (FOR INJURIES OCCURRING ON OR AFTER JUNE 24, 1996)

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF INJURY

MM	-	DD	-	YYYY			

WCAIS CLAIM NUMBER

--	--	--	--	--	--	--	--	--	--

EMPLOYEE

First name _____
Last name _____
Date of birth _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____ Telephone _____

EMPLOYER

Name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____
Telephone _____ FEIN _____

INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____
Telephone _____ FEIN _____
Contact _____
NAIC code _____ or Insurer code _____
Insurer/TPA claim # _____

CONCURRENT EMPLOYMENT ONLY

Check if Primary employer OR
 Concurrent employer

INSTRUCTIONS

The Statement of Wages must be clearly completed in accordance with the Pennsylvania Workers' Compensation Act and uploaded in accordance with the provisions of the EDI Implementation guide when submitting certain EDI transactions. A copy must be sent to the injured employee.

The "average weekly wage" is used to determine the amount of weekly compensation wage-loss benefits payable under the Pennsylvania Workers' Compensation Act. A chart is available from the Bureau of Workers' Compensation to aid in determining the weekly compensation rate, online at www.dli.state.pa.us

CONCURRENT EMPLOYMENT

If the employee had more than one employer at the time of injury, a separate Statement of Wages form must be completed for each employer. Submit these forms together. Using #8 on the Primary Employer's form **only** (employer with whom the injury occurred): show the addition of the average weekly wages from all employers, show the combined average weekly wage to the right of the equal sign and show the appropriate workers' compensation rate. Check the Primary employer box for the Primary employer and the Concurrent employer box for all other employers.

Computation: Compute the appropriate items below for the employee to determine the average weekly wage.

- | | Wage | | Weekly Board/
Lodging | | Weekly Federal
Reported
Gratuities | | Annual
Bonus,
Incentive or
Vacation | | Average
Weekly Wage |
|-------------------------------------|-----------------|---|--------------------------|---|--|---|--|------|------------------------|
| 1. If wages are fixed by the week: | _____ | + | _____ | + | _____ | + | _____ | = \$ | _____ |
| 2. If wages are fixed by the month: | _____ x 12 ÷ 52 | + | _____ | + | _____ | + | _____ | = \$ | _____ |
| 3. If wages are fixed by the year: | _____ ÷ 52 | + | _____ | + | _____ | + | _____ | = \$ | _____ |
4. If paid in another manner, then complete the following for each of the last four consecutive periods of 13 calendar weeks preceding the injury.

	From	Through	Wages		Board/Lodging		Federal Reported Gratuities		Period Weekly Wage
1st Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____
2nd Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____
3rd Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____
4th Period	_____	_____	_____	+	_____	+	_____	÷ 13	= \$ _____

(Sum of three highest periods)

Annual bonus, incentive and vacation \$ _____ ÷ 52 = \$ _____ (Weekly bonus, etc) Average Weekly Wage

Sum of the highest three period weekly averages = \$ _____ ÷ 3 + \$ _____ (Weekly bonus, etc) = \$ _____

5. If the employee has not been employed by the employer for at least three consecutive periods of 13 calendar weeks in the 52 weeks preceding the injury, use #4 above and put in the wages for any completed period(s) of 13 weeks immediately preceding the injury and average the total amounts = \$ _____
6. If the employee worked less than a complete period of 13 calendar weeks and does not have fixed weekly wages: hourly wage rate \$ _____ x the number of hours the employee was expected to work per week under the terms of employment _____ = \$ _____ + weekly board/lodging of \$ _____ + weekly federal reported gratuities \$ _____ + (annual bonus, incentive or vacation pay ÷ 52) \$ _____ = \$ _____
7. For seasonal occupations, the average weekly wage is one-fiftieth of the total wages earned from all occupations during the 12 months immediately preceding the injury. Twelve months prior earnings \$ _____ ÷ 50 = \$ _____ + weekly board/lodging \$ _____ + weekly federal reported gratuities \$ _____ = \$ _____
8. If the calculation in #7, or any other calculation above, does not fairly ascertain the earnings of the employee, the period of calculation is extended to give a fair calculation of their average weekly wage. Show this calculation here **OR** use the space below to show calculations for concurrent employment. = \$ _____

COMPENSATION PAYABLE PER WEEK: = \$ _____

Employer/Defendant Representative's signature

Employer/Defendant Representative's name (typed/printed)

Telephone

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
toll-free inside PA TTY: 800.362.4228
local & outside PA TTY: 717.772.4991

Email
ra-li-bwc-helpline@pa.gov



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