

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS AND ADJUDICATION FORMS (revised 10/11)

I. CLAIMS HANDLING

A. RESPONSE TO CLAIM

LIBC-344	1-01	EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR DISEASE (<i>To be filed with the Bureau within 10 days of the Employer's notice of disability or death</i>)
LIBC-494A	12-97	STATEMENT OF WAGES (for injuries occurring on or before June 23, 1996) (<i>See below (LIBC-494C).</i>)
LIBC-494C	4-04	STATEMENT OF WAGES (for injuries occurring on or after June 24, 1996) (<i>To be filed with the Notice of Compensation Payable or Agreement for Compensation - also accepted by judges as evidence of the average weekly wage in litigation cases.</i>)
LIBC-495	9-03	NOTICE OF COMPENSATION PAYABLE (NCP) (<i><u>Must</u> be filed within 21 days of receipt of notice of an alleged compensable claim for disability or specific loss if claim is being accepted-also now allows for acceptance of "medical only" claims.</i>)
LIBC-496	3-11	NOTICE OF WORKERS' COMPENSATION DENIAL (NCD) (<i><u>Must</u> be filed and sent to the Employee within 21 days of receipt of notice of any alleged compensable claim if claim is being denied.</i>)
LIBC-501	3-07	NOTICE OF TEMPORARY COMPENSATION PAYABLE (<i>Sent to the Employee with the first payment of temporary compensation with a copy to the Bureau - good for 90 days from first date of disability (which is the first date the employee is unable to continue at work)</i>)

LIBC-502	12-97	<p>NOTICE STOPPING TEMPORARY COMPENSATION (<i>Must be sent to Employee no later than 5 days after last payment of temporary compensation with a copy to Bureau. Must also be accompanied with a Notice of Compensation Payable, Notice of Workers' Compensation Denial or Agreement for Compensation. Failure to send this form within 90 days of the first date of disability results in a conversion to a Notice of Compensation Payable by the Bureau.</i>)</p>
LIBC-601	4-04	<p>UTILIZATION REVIEW REQUEST (<i>Filed within 30 days of receipt of reports and bills where a challenge to their reasonableness and necessity has been raised. Acts as an automatic supersedeas</i>)</p>
n/a		<p>NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS (<i>Used for Employee to sign at time of hire <u>and</u> after an injury for panel physician requirement to apply</i>)</p>

B. AGREEMENTS

LIBC-336	11-97	AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY (<i>Used for original acceptance of disability or specific loss claim by agreement</i>)
LIBC-337	12-10	SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DISABILITY OR PERMANENT INJURY (<i>Used when conditions change pursuant to the Act, in subrogation situations and resolution of cases.</i>)
LIBC-338	12-97	AGREEMENT FOR COMPENSATION .FOR DEATH (<i>When a work injury resulting in death has been accepted, this form is used.</i>)
LIBC-339	12-97	SUPPLEMENTAL AGREEMENT FOR COMPENSATION FOR DEATH (<i>When circumstances change in a fatal claim, such as the death of a dependent or remarriage of a spouse.</i>)
LIBC-340	11-97	AGREEMENT TO STOP WEEKLY WORKERS' COMPENSATION PAYMENTS (FINAL RECEIPT) (<i>Used when a Claimant agrees he has fully recovered.</i>)
LIBC-380	03-06	THIRD PARTY SETTLEMENT AGREEMENT (<i>Used in subrogation cases where an agreement has been reached by the parties as to the reimbursement of the Employer's/Insurance carrier's lien accompanied by a Supplemental Agreement.</i>)
LIBC-755	1-11	COMPROMISE AND RELEASE AGREEMENT (<i>Used to resolve workers' compensation cases; can be used to settle indemnity, medical, fatal claim benefits, etc.</i>)
LIBC-749	2-11	DEATH CLAIM SUPPLEMENT TO COMPROMISE AND RELEASE AGREEMENT (<i>Used with fatal claims</i>)

C. REPORTING

(1) Employee to Insurer

LIBC-750 12-97 **EMPLOYEE REPORT OF WAGES AND PHYSICAL CONDITION** *(This is the form that Employees are to use to report other wages. Failure to provide can subject Employee to fraud provisions. Can be sent to Employee at any time.)*

LIBC-756 12-97 **EMPLOYEE'S REPORT OF BENEFITS FOR OFFSETS** *(This is the form that Employees are to use to report other benefits. Failure to provide can subject Employee to fraud provisions. Can be sent to Employee at any time.)*

(2) Insurer to Employee

LIBC-500 5-09 **GENERAL NOTICE FORM** *(This is the form that is required to be posted under §305(e) of the Act by every employer at all sites of employment, including all areas used for treatment of injured workers.)*

LIBC-757 5-04 **NOTICE OF ABILITY TO RETURN TO WORK** *(Must be sent to Claimant any time Insurer/Employer receives notice of any change in the Employee's ability to return to work (including information from treating doctors, IME's, etc.) Failure to send can be a defense to a subsequent Modification/Suspension Petition.)*

LIBC-760 3-07 **EMPLOYEE VERIFICATION OF EMPLOYMENT, SELF-EMPLOYMENT OR CHANGE IN PHYSICAL CONDITION** *(Can be sent to Employee in any claim being paid or where a petition has been filed - every 6 months. Failure by the Employee to return this form results in the suspension of Employee's benefits, but you must file LIBC-762 form to suspend benefits. If Employee then returns form, you must reinstate benefits as of the return date and file form LIBC-763.)*

LIBC-751	5-06	NOTIFICATION OF SUSPENSION OR MODIFICATION PURSUANT TO §§413(C) & (D) (with INSURER'S AFFIDAVIT - formerly LIBC-752) <i>(Must be filed within 7 days of taking a suspension or modification after Employee has returned to work. The trigger date is date suspension/modification is taken - not the return to work date. Has the same effect as a Supplemental Agreement unless Employee files a challenge within 20 days of receipt of the Notice.)</i>
LIBC-761	8-01	NOTICE OF WORKERS' COMPENSATION BENEFIT OFFSET <i>(Must file when an offset is taken under §204. Is to be sent at least 20 days prior to taking offsets)</i>
LIBC-762	12-97	NOTICE OF SUSPENSION FOR FAILURE TO RETURN FORM LIBC-760 (employer verification) <i>(See above.)</i>
LIBC-763	12-97	NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION BENEFITS <i>(See above.)</i>

D. IRE'S

(1) Sent by Insurer

LIBC-766 3-08 **REQUEST FOR DESIGNATION OF A PHYSICIAN TO PERFORM AN IMPAIRMENT RATING EVALUATION***(Can be filed at any time subsequent to the 104 week total disability period for an initial IRE only. Must be sent to Employee and his/her attorney)*

LIBC-765 12-97 **IMPAIRMENT RATING EVALUATION APPOINTMENT** *(Used by Insurer to request Employee's attendance at IRE. Send to Employee, Employee's attorney and IRE physician.)*

LIBC-764 12-97 **NOTICE OF CHANGE OF WORKERS' COMPENSATION DISABILITY STATUS** *(Filed by Insurer when adjusting status from total to partial based on IRE. Must be sent to Employee and his/her attorney)*

(2) Sent by Physician

LIBC-767 5-06 **IMPAIRMENT RATING DETERMINATION FACE SHEET** *(IRE physician will complete. This form and report are to be sent to Employee, Employee's attorney, Insurer and Bureau within 30 days of IRE.)*

E. MISCELLANEOUS

LIBC-392A	9-08	STATEMENT OF ACCOUNT OF COMPENSATION PAID <i>(To be filed annually in any cases in pay status and whenever compensation ends in some circumstances)</i>
LIBC-498	12-97	COMMUTATION OF COMPENSATION <i>(When less than 52 weeks remain of compensation payable, the Employer/Insurer may commute without agreement of Claimant. Form is filed and sent to Employee with lump sum payment.)</i>
LIBC-662	7-07	APPLICATION FOR SUPERSEDEAS FUND REIMBURSEMENT <i>(File with Bureau when applying for a reimbursement from the Fund after receipt of an Order that compensation was not payable and no appeal is pending.)</i>
LIBC-753	12-97	NOTICE OF REQUEST FOR AN INFORMAL CONFERENCE <i>(When case is in litigation and all parties agree to attempt to resolve with help from the Judge.)</i>
LIBC-754	12-97	INFORMAL CONFERENCE AGREEMENT FORM <i>(After conference is held the parties list matters (if any) agreed upon and file with any necessary Bureau documents.)</i>

II. LITIGATION

A. FILED BY DEFENDANT

LIBC-374	8-11	DEFENDANT’S ANSWER TO EMPLOYEE CLAIM PETITION UNDER THE PENNSYLVANIA WORKERS’ COMPENSATION ACT (<i>Filed with judge within 20 days of assignment of Claim Petition.</i>)
LIBC-497	12-97	PHYSICIAN’S AFFIDAVIT OF RECOVERY (<i>Filed with Termination Petition under §431(A.2) of the Act within 21 days of the date of a medical evaluation at which Employee is found to be fully recovered.</i>)
LIBC-758	2-11	NOTICE TO EMPLOYEE (<i>Filed with all defense petitions.</i>)
LIBC-364B	12-97	DEFENDANT’S ANSWER TO CLAIM PETITION UNDER PENNSYLVANIA OCCUPATIONAL DISEASE ACT (<i>See LIBC-374.</i>)
LIBC-499	12-97	PETITION FOR PHYSICAL EXAMINATION OR EXPERT INTERVIEW OF EMPLOYEE (SECTION 314) (<i>Filed when Employee fails to attend either an IME or an expert interview.</i>)
LIBC-376	12-97	PETITION FOR JOINDER OF AN ADDITIONAL DEFENDANT (<i>Must be filed within 15 days of first hearing at which evidence is received regarding reason for which joinder is sought, unless time is extended by judge for good cause. Note: There is no form for the Answer to a Joinder Petition. The Claim Petition Answer form is usually used as the form or a form can be developed by the answering party.</i>)

B. FILED BY CLAIMANT OR DEFENDANT

LIBC-378	4-04	PETITION TO: (Review, Terminate, Modify, Suspend, Reinstate, Set Aside Final Receipt or Seek C& R Approval) <i>(File when you want to attempt to change status quo - Termination under §431(A.2) must be filed within 21 days of the IME.)</i>
LIBC-377	11-04	ANSWER TO PETITION TO: (Review, Terminate, Modify, Suspend, Reinstate, or Set Aside Final Receipt - No Compromise and Release) <i>(File within 20 days of assignment of Petition under LIBC-378.)</i>
LIBC-25/26	8-94	APPEAL FROM JUDGE’S FINDINGS OF FACT AND CONCLUSIONS <i>(Must be filed within 20 days of the decision’s circulation date and specificity needed.)</i>
LIBC-620	8-96	PEER REVIEW REQUEST <i>(Can be filed by any party to pending litigation or the judge or the provider to determine the necessity and frequency of treatment.)</i>
LIBC-603	7-11	REVIEW OF UTILIZATION REVIEW DETERMINATION <i>(filed to challenge a UR determination; must have competent medical evidence at the time the petition is filed – Provider can also file)</i>
LIBC-606	6-11	REQUEST FOR HEARING TO CONTEST FEE REVIEW DETERMINATION <i>(Provider can also file in order to litigate the matter with a Workers’ Compensation Judge)</i>
LIBC-480	8-10	SUBPOENA EMPLOYEE STATEMENT <i>(concerning child support – must be submitted with lien search results in all litigation that could result in an award)</i>

C. FILED BY CLAIMANT

LIBC-362	6-08	CLAIM PETITION FOR WORKERS' COMPENSATION (<i>Must be filed within 3 years of date of injury.</i>)
LIBC-686	6-04	PETITION FOR PENALTIES (<i>Filed whenever a party alleges a violation of the Act. Note: There is no answer form to a Penalty Petition. The Claim Petition Answer form is generally used.</i>)
LIBC-396	10-09	OCCUPATIONAL DISEASE CLAIM PETITION (for disability under Section 301(i) only).
LIBC-363	6-04	FATAL CLAIM PETITION FOR COMPENSATION BY DEPENDENTS OF DECEASED EMPLOYEES
LIBC-384	4-04	FATAL CLAIM PETITION FOR COMPENSATION BY DEPENDENTS FOR DEATH RESULTING FROM OCCUPATIONAL DISEASE (only silicosis, anthraco-silicosis or asbestosis)
LIBC-386	2-05	FATAL CLAIM PETITION FOR COMPENSATION BY DEPENDENTS FOR DEATH RESULTING FROM OCCUPATIONAL DISEASE (any except silicosis, anthraco-silicosis or asbestosis)
LIBC-375	2-10	CLAIM PETITION FOR ADDITIONAL COMPENSATION FROM SUBSEQUENT INJURY FUND
LIBC-550	6-11	CLAIM PETITION FOR BENEFITS FROM THE UNINSURED EMPLOYER GUARANTY FUND AND UNINSURED EMPLOYER
LIBC-551	6-11	NOTICE OF CLAIM AGAINST UNINSURED EMPLOYER