

Compensation was paid beginning - - and ending - - for the employee's disability prior to death.
MM DD YYYY MM DD YYYY

The compensation payable under the agreed facts, based on the average weekly wage of \$ _____, is as follows:

WEEKLY RATE	FROM MM-DD-YYYY	THROUGH MM-DD-YYYY	#WEEKS/#DAYS	REASON FOR CHANGE	AMOUNT
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	_____	\$ _____

Amount expended for medical \$ _____ Amount expended for burial \$ _____

Further matters agreed upon:

 Dependent/Guardian/Personal Representative's signature

Date of agreement
 - -
MM DD YYYY

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

 Employer/Insurer Representative's signature

 Employer/Insurer Representative's telephone number

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