pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
WORKERS' COMPENSATION OFFICE OF ADJUDICATION

PETITION FOR JOINDER OF ADDITIONAL DEFENDANT

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 _____

If deceased - Dependent/Guardian/Personal Representative

First name _____

Last name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____

" FUND" SHALL MEAN THE UNINSURED EMPLOYERS GUARANTY FUND, SUBSEQUENT INJURY FUND, SELF-INSURANCE GUARANTY FUND OR PRE-SELF-INSURANCE GUARANTY FUND.

EMPLOYER

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

VS. INSURER, FUND or THIRD PARTY ADMINISTRATOR (if self-insured)

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

NAIC code _____ or Insurer code _____

Insurer/TPA claim # _____

☐ Employee ☐ Employer hereby petitions for joinder in connection with the pending _____ petition(s):

Additional Employer

Name

Address

Address

City/Town State ZIP

County

Telephone

FEIN

Additional Insurer

Name

Address

Address

City/Town State ZIP

County

Telephone FEIN

NAIC code or Insurer code

Attorney (if known)

Name

Firm name

Address

Address

City/Town State ZIP

Telephone

PA Attorney ID number

Additional Employer

Name

Address

Address

City/Town State ZIP

County

Telephone

FEIN

Additional Insurer

Name

Address

Address

City/Town State ZIP

County

Telephone FEIN

NAIC code or Insurer code

Attorney (if known)

Name

Firm name

Address

Address

City/Town State ZIP

Telephone

PA Attorney ID number

Additional Employer	Additional Insurer	Attorney (if known)
Name	Name	Name
Address	Address	Firm name
Address	Address	Address
City/Town State ZIP	City/Town State ZIP	Address
County	County	City/Town State ZIP
Telephone	Telephone FEIN	Telephone
FEIN	NAIC code or Insurer code	PA Attorney ID number

Counsel for Employee
Attorney's name _____
PA Attorney ID number _____
Firm name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____

Counsel for Employer/Insurer (if known)
Attorney's name _____
PA Attorney ID number _____
Firm name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____

Petitioner or Representative's signature

Petitioner or Representative's name (typed/printed)

Date filed
MM - DD - YYYY

Notice: This petition must be filled out as fully as possible. If not filing electronically, the original must be sent to the Workers' Compensation Office of Adjudication, 1010 N. Seventh St, Suite 202, Harrisburg, PA, 17102-1400. You must serve a copy on all other parties, and on the attorneys of all other parties, if the attorneys are known. A Proof of Service must be attached. A Proof of Service is a signed statement signed by you verifying that you have sent a copy of the petition to all parties and their attorneys, if known. Questions regarding the completion of this form may be directed to the Bureau of Workers' Compensation Claims Information Services.

Joinder is requested for the following reasons:

If not filing electronically,

Attached are:
- ☐ Claim and/or other petitions
- ☐ All answers filed
- ☐ All exhibits
- ☐ The names/addresses of all parties and their counsel
- ☐ A statement of all hearings held or scheduled and depositions taken with dates and locations

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	**Claims Information Services**	**Hearing Impaired**	**Email**
717.772.3702	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-li-bwc-helpline@pa.gov

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