pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

FINAL STATEMENT OF ACCOUNT OF COMPENSATION PAID

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 # _____

NOTICE: A Final Statement of Account shall be filed after the final payment of compensation.

This is to certify that the above named employer or insurer has paid compensation under the Pennsylvania Workers' Compensation Act in the above case as follows:

Rate	From Date (MM-DD-YYYY)	To Date (MM-DD-YYYY)	#Wks	#Days	Total
$ _____	__-__-____	__-__-____	_____	_____	$ _____
$ _____	__-__-____	__-__-____	_____	_____	_____
$ _____	__-__-____	__-__-____	_____	_____	_____

*Additional payment periods or remarks should be indicated on the reverse side of this form.

Medical Payments $ _____

Indemnity Payments $ _____

Other Payments $ _____

TOTAL COMPENSATION PAID **$** _____

Remarks/Additional Information:

Employer/Insurer Representative signature

Employer/Insurer Representative (typed/printed)

Date

MM - DD - YYYY

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