

**DEFENDANT'S ANSWER TO  
OCCUPATIONAL DISEASE CLAIM  
PETITION SECTION 301(i) ONLY**

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 \_\_\_\_\_

**VS.**

**Commonwealth of Pennsylvania  
Department of Labor & Industry  
Harrisburg, Pennsylvania**

**TO THE HONORABLE WORKERS' COMPENSATION JUDGE:**

Answers must be identified by numerical order in direct response to corresponding numbered allegation on claim petition.

The answer of the defendant to the above-captioned claim petition respectfully represents:

As a further matter of defense, the defendant states the following:

Wherefore, the defendant requests that the claim petition be dismissed.

Enter my appearance for defendant (typed)

\_\_\_\_\_  
Attorney's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Assistant counsel's signature

Bureau of Workers' Compensation

I verify that the foregoing answer is true and correct upon information and belief. I understand false statements are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

This answer should be filed direct with the office of the Workers' Compensation Judge to whom the case is assigned. Answer must be filed within 20 days. Every allegation in the claim petition not specifically denied will be deemed to be admitted. But the failure to deny a fact so alleged shall not preclude the Workers' Compensation Judge before whom the petition is heard from requiring of his or her own motion proof of such fact.

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*