

NOTICE OF ABILITY TO RETURN TO WORK

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 _____
 NAIC code _____ or Insurer code _____
 Insurer/TPA claim # _____

DATE OF NOTICE
 - -
 MM DD YYYY

Section 306(b)(3) of the Pennsylvania Workers' Compensation Act requires insurers to notify the employee when they receive medical evidence indicating the ability to return to work in some capacity.

Receipt of medical evidence indicates your present physical condition or change of condition is:

Attached are all documents supporting these allegations.

YOU SHOULD ALSO KNOW

You have an obligation to look for available employment.
 Proof of available employment may jeopardize your right to receive ongoing benefits.
 You have the right to consult with an attorney in order to obtain evidence to challenge the insurer's contributions.

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*