

WELCOME!!

Your moderators today are:

Tim White – Manager, Special Funds

Sarah Kemmerer – Administrative Assistant,
Special Funds

Callie Dow – Chief, Special Funds & Compliance

Some housekeeping rules:

- Please remain on mute
- Chat is available for questions and is actively being monitored.
- If you have a question, please raise your hand (in Teams) or enter it in the chat. We will pause and address questions at specified times during the training.
- We will not address specific SFR applications

SFR = Supersedeas Fund Reimbursement

SFR is a method by which an insurer or self-insured employer may recover benefits they were ordered to pay on a claim, and which are ultimately determined not to have been payable.

Who is eligible?

- Insurers
- Self-Insured Employers

Since 2013, all Supersedeas Fund Applications must be submitted from the claim in WCAIS.

Paper applications will be returned unprocessed.

Getting Started



Home | Search | Helpline | My Matters | WCAB | WCOA | Healthcare | UEGF | Profile

Claim Summary - External

MATTER INFORMATION

WCAIS Claim #: 8724713 ⓘ

Claimant/Employee Name	Defendant/Employer Name	Claim Status	Date of Injury
PULLI, KRISTYN	THE ARTHUR JACKSON COMPANY	Comp Denied	09/12/2021

Claim History | Interested Parties | Injury Details | Dispute | Appeal Case Information | Benefits Information | **SFR Application** | Healthcare Services Requests

Payment History | Actions | Documents and Correspondences | EDI Transaction

Claim History (4)

Action ↑	Claim Status ↓	Received Date ↓	Original Filing Date ↓	Status ↓
Claim Petition (LIBC-362) is filed		10/08/2021		Processed
Notice of Workers' Compensation Denial (LIBC-496) was generated by EDI	Comp Denied	09/28/2021		Accepted
EDI Transaction SROI-04 was received	Comp Denied	09/28/2021		

Getting Started



- Home
- Search
- Helpline
- My Matters
- WCAB
- WCOA
- Healthcare
- UEGF
- Profile

Claim Summary - External

MATTER INFORMATION

WCAIS Claim #: 8724713



Claimant/Employee Name PULLI, KRISTYN	Defendant/Employer Name THE ARTHUR JACKSON COMPANY	Claim Status Comp Denied	Date of Injury 09/12/2021
--	--	-----------------------------	------------------------------

- Claim History
- Interested Parties
- Injury Details
- Dispute
- Appeal Case Information
- Benefits Information
- SFR Application**
- Healthcare Services Requests
- Payment History
- Actions
- Documents and Correspondences
- EDI Transaction

Submit a New SFR Application

Please select the Submit SFR Application link to file a new SFR Application

[Submit SFR Application \(LIBC-662\)](#)



SFR Application (0)

S No.	SFR Application	Filed By ↑	Filed Date ↓	Submitter Name ↓	Contact Phone Number ↓	Status
There are no records to show						

Where's My Application?



If you believe an application should already be on the claim and you don't see it, please contact our office before submitting another application.

We can confirm if an application has been filed previously, perhaps by another attorney.

If you should be the handling attorney, we can assist you with gaining the access you need.

(Stakeholder meeting is 10 AM - 7/29)

- Home
- Search
- Helpline
- My Matters
- WCAB
- WCOA
- Healthcare
- UEGF
- Profile

SFR Application

You are currently preparing to file an application in relation to the appeal and the dispute below. The instructions for filing an application are available for your review by clicking [here](#).

MATTER INFORMATION	WCAIS Claim #: 8724713 ? View Claim Summary +			
	Claimant/Employee Name PULLI, KRISTYN	Defendant/Employer Name THE ARTHUR JACKSON COMPANY	Claim Status Comp Denied	Date of Injury 09/12/2021

Application for Supersedeas Fund Reimbursement (LIBC - 662)

PROGRESS

- 1** Select Request
- 2 Compensation Information
- 3 Preview
- 4 Confirmation

Please complete the Application information below

This application is filed on behalf of (required)

Insurer Self-Insured Employer 

As Insurer/Self-Insurer in the above case, we herewith request reimbursement of compensation paid to claimant pursuant to Section 443 of the Pennsylvania Workers' Compensation Act.

Page 1 – The details

[Home](#) [Search](#) [Helpline](#) [My Matters](#) [WCAB](#) [WCOA](#) [Healthcare](#) [UEGF](#) [Profile](#)

This application is filed on behalf of **(required)**
 Insurer Self-Insured Employer

As Insurer/Self-Insurer in the above case, we herewith request reimbursement of compensation paid to claimant pursuant to Section 443 of the Pennsylvania Workers' Compensation Act.

IN SUPPORT OF THE REQUEST, WE OFFER THE FOLLOWING FACTS

Request for supersedeas filed on **(required)**  MM/DD/YYYY

in connection with **(required)**  

- Select One -
Petition
Appeal Filed

filed on  MM/DD/YYYY

and/or for modification as of  MM/DD/YYYY

for suspension as of  MM/DD/YYYY

Insurer Self-Insured Employer

As Insurer/Self-Insurer in the above case, we herewith request reimbursement of compensation paid to claimant pursuant to Section 443 of the Pennsylvania Workers' Compensation Act.

IN SUPPORT OF THE REQUEST, WE OFFER THE FOLLOWING FACTS

Request for supersedeas filed on **(required)**  MM/DD/YYYY

in connection with **(required)**  

filed on  MM/DD/YYYY

and/or for modification as of  MM/DD/YYYY

for termination as of  MM/DD/YYYY

for suspension as of  MM/DD/YYYY

If this request is in connection with a petition, the date on which the petition was terminated, modified, or suspended must be entered and the petition uploaded to the application. (One of the three fields MUST be completed for your application to be successfully submitted.) Also, if this request is in connection with a Claim Petition, it must be uploaded to the application.

Page 1 – The details

Petition

filed on: 06/07/2022

for termination as of:

and/or for modification as of: 06/14/2022

for suspension as of: 06/14/2022

Insurer's/Self-Insurer's request for supersedeas was*: SELECT

on: granted
granted in part
denied
denied in part
not acted on (and therefore, deemed denied)

as a result of which Insurer/Self-Insurer

until the final outcome of the proceedings on*:

at which time it was determined that such compensation was not , in fact, payable.

Is there a potential or existing third-party action*: SELECT

and/or for modification as of: 06/14/2022

for suspension as of: 06/14/2022

Insurer's/Self-Insurer's request for supersedeas was*: denied

on:

as a result of which Insurer/Self-Insurer continued payment of compensation from*:

until the final outcome of the proceedings on*:

at which time it was determined that such compensation was not , in fact, payable.

Is there a potential or existing third-party action*: SELECT

If yes, list docket number:

Insurer's/Self-Insurer's Affirmation:

Insurer/Self-Insurer verifies that the underlying case is not on appeal, that the appeal period has expired, and there is no other litigation pending which would affect Supersedeas Fund Reimbursement.

Insurer/Self-Insurer affirmatively states that the decision issued by*:

dated*:

is final

Insurer's/Self-Insurer's request for supersedeas was*: ▼

on: 

as a result of which Insurer/Self-Insurer continued payment of compensation from*: 

until the final outcome of the proceedings on*: 

at which time it was determined that such compensation was not , in fact, payable.

Is there a potential or existing third-party action*: ▼

If yes, list docket number:



Is there a potential or existing third-party action*:

If yes, list docket number:

Insurer's/Self-Insurer's Affirmation:

Insurer/Self-Insurer verifies that the underlying case is not on appeal, that the appeal period has expired, and there is no other litigation pending which would affect Supersedeas Fund Reimbursement.

Insurer/Self-Insurer affirmatively states that the decision issued by*:

dated*: is final.

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).

Cancel

Save and Continue

IP www.wcaisua.pa.gov says

Are you sure you want to continue?

OK Cancel

CTS:

Page 1 – The details

☰

All Matters ▼ Search... 🔍

Home
Search >
Helpline >
My Matters >
WCAB >
WCOA >
Healthcare >
UEGF >
Profile >

MATTER INFORMATION

WCAIS Claim #: 8724713 ⓘ

Claimant/Employee Name PULLI, KRISTYN	Defendant/Employer Name THE ARTHUR JACKSON COMPANY	Claim Status Comp Denied	Date of Injury 09/12/2021
--	--	-----------------------------	------------------------------

Claim History Interested Parties Injury Details Dispute Appeal Case Information Benefits Information **SFR Application** Healthcare Services Requests

Payment History Actions Documents and Correspondences EDI Transaction

Submit a New SFR Application
Please select the Submit SFR Application link to file a new SFR Application

[Submit SFR Application \(LIBC-662\)](#)

SFR Application (1)

S No.	SFR Application	Filed By ↑	Filed Date ↑	Submitter Name ↑	Contact Phone Number ↑	Status
1	SFR Application	ELLIOTT-LONGNAMEFORTESTING AMANDALONGNAME M	07/15/2022			New

Showing 1 - 1 of 1

Home Search Helpline My Matters WCAB WCOA Healthcare UEGF Profile

All Matters Search...

MM/DD/YYYY Insurer's/Self-Insurer's request for supersedeas was (required) on
not acted on (and therefore, deemed denied) MM/DD/YYYY

as a result of which Insurer/Self-Insurer continued payment of compensation from (required) until the final outcome of the proceedings on (required)
06/10/2022 06/30/2022

MM/DD/YYYY at which time it was determined that such compensation was not, in fact, payable.
MM/DD/YYYY

Is there a potential or existing third-party action (required) If yes, list docket number
NO

Insurer's/Self-Insurer's Affirmation
Insurer/Self-Insurer verifies that the underlying case is not on appeal, that the appeal period has expired, and there is no other litigation pending which would affect Supersedeas Fund Reimbursement.

Insurer/Self-Insurer affirmatively states that the decision issued by (required) dated (required) is final.
WCJ Smith 06/30/2022

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).

Cancel Save and Continue



Page 2 – Requesting Reimbursement

PROGRESS

1 Select Request 2 Compensation Information 3 Preview 4 Confirmation

INSURER/SELF-INSURER, THEREFORE, REQUESTS REIMBURSEMENT OF ITS OVERPAYMENT OF COMPENSATION AS FOLLOWS

Payment Details (0) (required)

Compensation Type	Start Date	End Date	Weekly Rate	Amount Requested	Actions
There are no records to show					

Add Payment Details

Proof of payment of the above averments is attached **i**

Upload any related Document(s)

Attached Documentation (0)

Document Type ↓	Document Description ↓	Submitted Date ↓	Submitted By ↓	Submission Method ↓	Batch Number ↓
There are no records to show					

Please only upload files in Excel or PDF Format

Upload Documents (required)

Upload Document **i**



Home Search Helpline My Matters WCAB WCOA Healthcare UEGF Profile

Enter Payment Details

Payment Details

Compensation Type <small>(required)</small>	Start Date <small>(required)</small>
<input type="text" value="- Select One -"/> - Select One - Indemnity Medical	<input type="text"/> MM/DD/YYYY
<input type="text"/> MM/DD/YYYY	Number Of Weeks
Number Of Days	<input type="text"/>
<input type="text"/>	Weekly Rate(\$)
<input type="text"/>	<input type="text" value="\$"/>
Amount Requested(\$) <small>(required)</small>	
<input type="text" value="\$"/>	

Page 2 – Requesting Reimbursement

- Home
- Search
- Helpline
- My Matters
- WCAB
- WCOA
- Healthcare
- UEGF
- Profile

Enter Payment Details

Payment Details

Compensation Type <small>(required)</small>	Indemnity	Start Date <small>(required)</small>	06/02/2022
		<small>MM/DD/YYYY</small>	
End Date <small>(required)</small>	06/09/2022	Number Of Weeks	
	<small>MM/DD/YYYY</small>		
Number Of Days		Weekly Rate(\$)	
		\$	
Amount Requested(\$) <small>(required)</small>	\$ 25,000.00		

Cancel

Save And Continue

Add Another



Enter Payment Details



Payment Details

Compensation Type <small>(required)</small>	Medical	Start Date <small>(required)</small>	06/02/2022
		<small>MM/DD/YYYY</small>	
End Date <small>(required)</small>	06/09/2022	Number Of Weeks	
	<small>MM/DD/YYYY</small>		
Number Of Days		Weekly Rate(\$)	
		\$	
Amount Requested(\$) <small>(required)</small>	\$ 175.25		

Cancel

Save And Continue

Add Another

Application for Supersedeas Fund Reimbursement (LIBC - 662)

PROGRESS

- 1 Select Request
- 2** Compensation Information
- 3 Preview
- 4 Confirmation

INSURER/SELF-INSURER, THEREFORE, REQUESTS REIMBURSEMENT OF ITS OVERPAYMENT OF COMPENSATION AS FOLLOWS

Payment Details (3) (required)

Compensation Type	Start Date	End Date	Weekly Rate	Amount Requested	Actions
Indemnity	06/02/2022	06/09/2022		\$25,000.00	
Medical	06/02/2022	06/09/2022		\$175.25	
Medical	06/02/2022	06/10/2022		\$2,500.00	

Showing 1 - 3 of 3

[Add Payment Details](#)

Page 2 – Documentation

Please only upload files in EXCEL or PDF format.
Upload Documents (re)

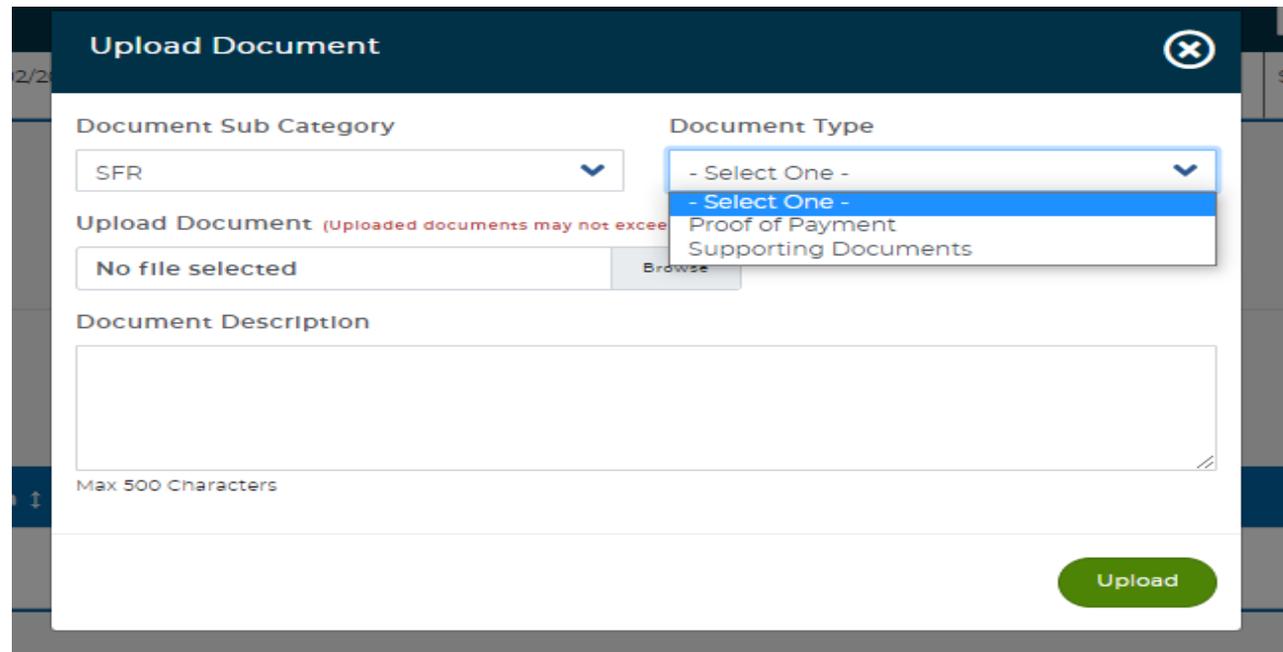
Upload Document

Select to attach a related document. When uploading, you will need to select the document type, choose a PDF file to upload and have the option to add a free-form document description. Please note, the upload of a form does not update the status of the claim. You need an EDI transaction for that change.

Uploaded Documents

Document Type

Document Description



Upload Document [Close]

Document Sub Category: SFR

Document Type: - Select One -
- Select One -
Proof of Payment
Supporting Documents

Upload Document (Uploaded documents may not exceed 5MB)
No file selected [Browse]

Document Description
Max 500 Characters

[Upload]



The document has been successfully uploaded.

Upload Document



Uploaded Documents (3)

Document Type	Document Description	Submitted Date	Submitted By	Submission Method	Batch Number	Action
Proof of Payment	Training POP	07/15/2022	ELLIOTT-LONGNAMEFORTESTING AMANDALONGNAME	Online		
Supporting Documents	Training Petition	07/15/2022	ELLIOTT-LONGNAMEFORTESTING AMANDALONGNAME	Online		
Supporting Documents	Training Decision	07/15/2022	ELLIOTT-LONGNAMEFORTESTING AMANDALONGNAME	Online		

Showing 1 - 3 of 3

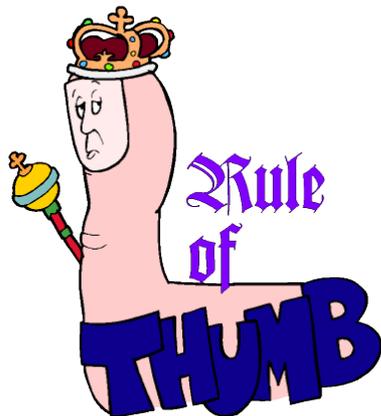
The following unusual payment circumstances, if any, are

Other matters alleged



Some examples of supporting documents:

- Underlying petition(s) (i.e. suspend/mod/term/claim/etc.)
- Interlocutory order (if indicated)
- Final decision
- Signed compromise and release
- Appeal documents
- WCAB (and other) appellate opinions
- Third party settlement agreement (if appropriate)



If you aren't sure if we need it, but it applies to the underlying litigation, include it.

- Home
- Search
- Helpline
- My Matters
- WCAB
- WCOA
- Healthcare
- UEGF
- Profile

All Matters ▼ Search... 🔍

Showing 1 - 3 of 3

The following unusual payment circumstances, if any, are

Things that (may) impact your requested amounts/dates

Other matters alleged

anything else that may be pertinent to this request

Submitter Name (required) Contact Phone Number (required)

I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa.C.S §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

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).



Page 2 – Preview Full Application



A screenshot of a web application interface titled "Division 124 Application". The interface is divided into several sections. At the top, there are navigation tabs and a search bar. Below this, there are several form fields and sections, including a "Personal Information" section, a "Business Information" section, and a "Financial Information" section. The bottom section of the interface contains two tables with columns for "Company Name", "Address", "City", "State", and "Zip". The tables are currently empty. On the right side of the interface, there are two "Edit" buttons, each with a red arrow pointing to it. The bottom of the screenshot shows a Windows taskbar with various application icons and a system tray showing the time "10:17 AM" and date "7/22/2022".

Page 2 – Submitting the Application



Other matters alleged

anything else that may be pertinent to this request

Submitter Name **Contact Phone Number**

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

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).

yZW1DXKASJECQ8qWQZzITKReEUIIWIADKONIN_Q91JSXD1J1TISIAQ--ZA05M

www.wcaisua.pa.gov says

Are you sure you want to submit this application ?

All Matters ▼ Search... 🔍

- Home
- Search >
- Helpline >
- My Matters >
- WCAB >
- WCOA >
- Healthcare >
- UEGF >
- Profile >

SFR Application - Confirmation

MATTER INFORMATION

WCAIS Claim #: 8724713 ⓘ [View Claim Summary](#) +

Claimant/Employee Name	Defendant/Employer Name	Claim Status	Date of Injury
PULLI, KRISTYN	THE ARTHUR JACKSON COMPANY	Comp Denied	09/12/2021

Application for Supersedeas Fund Reimbursement (LIBC - 662)

PROGRESS

- Select Request
- Compensation Information
- Preview
- 4** Confirmation

Thank You. Your Application has been submitted on 7/15/2022 at 10:04 PM

[View Submitted SFR Application](#)

[Return To Claim Summary](#)

Now What?!

All Matters

8401159

GO

Claim Summary - External

[+Expand](#)

WCAIS Claim #: **8401159** Claimant/Employee Name: **SLAWSON, Justin** Defendant/Employer Name: **Colonial Intermediate Unit 20**



Claim Status: **Suspended**

Date of Injury: **10/28/2019**

[Claim History](#)

[Interested Parties](#)

[Injury Details](#)

[Dispute](#)

[Appeal Case Information](#)

[Benefits Information](#)

[SFR Application](#)

[Healthcare Services Requests](#)

Submit a New SFR Application:

Please select the Submit SFR Application link to file a new SFR Application

[Submit SFR Application \(LIBC-662\)](#)

SFR Application:

S No.	SFR Application	Filed By	Filed Date	Submitter Name	Contact Phone Number	Status
1	SFR Application	HALL JOHN C	3/25/2021	Callie D	717-886-9195	In Review

SFR Statuses

- **New** – Your application has been started but not submitted.
- **In Review** – Your application will spend most of its life here. It has been successfully submitted and is being reviewed by Special Funds or Office of Chief Counsel staff. This status also applies after any response to a discrepancy letter or a disagreement with an administrative determination letter.
- **Rejected** – Initial review of your application was completed, and it was unable to be processed. Correspondence has been sent indicating the reasons for the rejection and you must resubmit the application if you would like it reviewed.
- **Pending Rejection** – Review of your application indicates potential unresolved issues. Correspondence has been sent reflecting the concerns and you can choose to request a continued review, complete the withdrawal or wait 21 days and WCAIS will automatically reject the application.
- **Withdrawn** – You elected to withdraw your application. This could be in connection to a request for withdrawal or for your own reasons.
- **Response Requested** - A discrepancy or administrative determination letter has been sent and requires a response within the timeframe provided in the letter
- **In Litigation** – Your application has been assigned to a Workers' Compensation Judge for adjudication.
- **Decision Circulated** – The assigned Workers' Compensation Judge has circulated a decision and it is pending review by our counsel.
- **Payment Pending** – A decision for payment was circulated and approved by our counsel or an administrative determination letter was accepted. The invoice may or may not be generated.
- **Paid** – The invoice was generated and the check has been issued by Treasury Department.
- **No Payment Due** – A decision denying payment was circulated and the appeal period has lapsed.
- **Appeal** - A decision was circulated and an appeal on the decision was filed.

Questions on Page 2?



Contacting Special Funds



For questions relating to a specific supersedeas application or payment:
ra-libwc-spec-fnd-pa@pa.gov

For general questions, comments, or suggestions:
ra-libwc-sfr-sub-que@pa.gov

Submit a question in WCAIS via the Customer Service Center → Submit a Question feature. Use Supersedeas Fund Reimbursement as the category. Please be sure to provide the claim number if the question is regarding a specific application(s).

Call us at 717-787-3457

We will be sending you an evaluation form regarding this training. Please take a few minutes to complete and submit the evaluation form.

What did we get right? What could we do better?

Is there anywhere we totally missed the mark?

We are always looking for ways we can improve and would greatly appreciate your honest feedback !

