

# Workers' Compensation Automation and Integration System (WCAIS)

Supersedeas Fund Reimbursement (SFR) Application  
Pending Rejection – Workers' Compensation  
Community Training

July 2022

# Supersedeas Fund Reimbursement Pending Rejection

## Dashboard

**Alerts:**

BWC (0 Alerts) - Click to View Alerts +

WCOA (0 Alerts) - Click to View Alerts +

WCAB (2 Alerts) - Click to View Alerts +

General (0 Alerts) - Click to View Alerts +

**Correspondence:**

Refresh

View Status	Document Type	Case #	Date Sent
	<a href="#">SFR Pending Rejection Letter</a>	<a href="#">1111111</a>	6/3/2022
	<a href="#">Petition Proof of Service</a>	<a href="#">1111111</a>	6/3/2022

**Quick Links**

[WCOA Dashboard](#) **NEW**

[WCAB Dashboard](#)

[Records Request Dashboard](#) **NEW**

[File a WCOA Petition](#)

[Judges' Procedural Questionnaires](#)

**Additional Dashboard Items:**

My Claims

Add Item

When an SFR Application is submitted with insufficient documentation, SFR staff will mark it as **Pending Rejection**. The submitter will receive an **SFR Pending Rejection Letter**.

# SFR Pending Rejection Letter

## SFR Pending Rejection Letter (page 1)

 pennsylvania  
DEPARTMENT OF LABOR & INDUSTRY  
BUREAU OF WORKERS' COMPENSATION

June 03, 2022

Re: Claimant Name  
Vs.  
Defendant Name

WCAIS Claim Number: 1111111

Dear Sir/Madam:

An Application for Supersedeas Fund Reimbursement (SFR) was submitted on 06/03/2022.

**This application will be rejected unless you respond to this letter in WCAIS within 21 days.**

The following issue(s) must be addressed, or your application will be rejected:

- Submit proof of payment that included payee names.
- Submit proof of payment for medical expenses that includes dates of service for treatment for the time period covered in the Application. If a computer printout is being provided, all appropriate computer codes that identify medical payments should be identified. You may mark the relevant entries on the list with some distinguishing mark. If the request covers dates of service that extend beyond the allowable reimbursement period, the dates of service and corresponding amounts that fall within the allowable reimbursement period must be designated. For dates of service which precede the request for supersedeas but are after the judge's termination date, you must include proof that the bill for treatment was submitted and paid after supersedeas was requested and denied.

To respond to this letter, proceed to the SFR Application tab on the Claims Summary screen. Click on the hyperlink for the "Pending Rejection" application, navigate to the "Documents and Correspondence" tab, and choose to:

- **"Continue Review"** requires a written response, provides the opportunity to upload missing documentation, and places the application back "In Review" to be processed.
- **"Withdraw"** - Withdraws the application with no further action from the Bureau. If you need a record of your withdrawal, please be sure to print out the confirmation message displayed in WCAIS. No additional letter will be sent; however, your

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Toll free inside PA: 800-482-2383 | Local and Outside PA: 717-787-3457  
Hearing Impaired: PA Relay 7-1-1  
Online: [www.wcais.pa.gov](http://www.wcais.pa.gov) | Email: [ra-libwc-spec-fnd-pa@pa.gov](mailto:ra-libwc-spec-fnd-pa@pa.gov)  
[www.dli.pa.gov](http://www.dli.pa.gov)

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Equal opportunity Employer/Program

## SFR Pending Rejection Letter (page 2)

 pennsylvania  
DEPARTMENT OF LABOR & INDUSTRY  
BUREAU OF WORKERS' COMPENSATION

application will be "Withdrawn".

If you do not respond to this request in WCAIS by selecting either continue review or withdraw within 21 days, you will receive a final rejection letter and your application will be "Rejected". Once rejected, you will need to submit a new Supersedeas application.

If you have any questions, please contact our office at 717-787-3457 or via email at [ra-libwc-spec-fnd-pa@pa.gov](mailto:ra-libwc-spec-fnd-pa@pa.gov).

Very truly yours,  
*Signature*

Manager Name, Manager  
Special Funds Section  
Special Funds and Compliance Division

The SFR Pending Rejection Letter will indicate the reason for rejection.

Instructions for how to respond to the letter and Continue Review or Withdraw the application in WCAIS are described.

**Note:** If no response is provided within 21 days, the application will automatically be rejected.

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Toll free inside PA: 800-482-2383 | Local and Outside PA: 717-787-3457  
Hearing Impaired: PA Relay 7-1-1  
Online: [www.wcais.pa.gov](http://www.wcais.pa.gov) | Email: [ra-libwc-spec-fnd-pa@pa.gov](mailto:ra-libwc-spec-fnd-pa@pa.gov)  
[www.dli.pa.gov](http://www.dli.pa.gov)

# SFR Application Tab – Claim Summary

## Claim Summary - External

[+Expand](#)

WCAIS Claim #: **1111111** Claimant/Employee Name: **LAST, FIRST** Defendant/Employer Name: **COMPANY NAME**  
 Claim Status: **FROI** Date of Injury: **5/1/2015**

- [Claim History](#)
- [Interested Parties](#)
- [Injury Details](#)
- [Dispute](#)
- [Appeal Case Information](#)
- [Benefits Information](#)
- [SFR Application](#)

**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	<a href="#">SFR Application</a>	LAST FIRST	6/3/2022	First Last	777-777-7777	Pending Rejection

The SFR Application's **Status** will be **Pending Rejection**.

# Documents and Correspondence Tab – SFR Application

## Supersedeas Fund Reimbursement Application

Required fields are indicated by \*:

[+Expand](#)

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WCAIS Claim #: **1111111**    Claimant/Employee Name: **LAST, FIRST**    Defendant/Employer Name: **COMPANY NAME**

   Claim Status: **FROI**    Date of Injury: **5/1/2015**    [View Claim Summary](#)

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SFR Application Summary

Payments

**Documents and Correspondence**

### Associated Document(s)

Document Type	Document Description	Submitted Date ▼	Submitted By	Submission Method	Batch Number
<a href="#">Supporting Documents</a>		06/03/2022	LAST FIRST	Online	
<a href="#">Proof of Payment</a>		06/03/2022	LAST FIRST	Online	

[Upload Document](#)

### Decision Document(s)

### Correspondence

Document Type	Language	Sent Date	Sent Time	Status	Recipients	View Parties
<a href="#">SFR Pending Rejection Letter</a>	English	06/03/2022	11:01:35 AM	Generated	LAST, FIRST (Attorney) (Electronic)	<a href="#">View</a>

### Withdraw or Continue Review of the SFR Application

Withdraw

Continue Review

The SFR Pending Rejection Letter will display in the Correspondence grid.

The **Documents and Correspondences** tab of the **SFR Application** screen will display two buttons: **Withdraw** and **Continue Review**.

# Continue Review

## Supersedeas Fund Reimbursement Application

Required fields are indicated by \*:

[+Expand](#)

WCAIS Claim #: 1111111 Claimant/Employee Name: LAST, FIRST Defendant/Employer Name: COMPANY NAME  
 Claim Status: FROI Date of Injury: 5/1/2015 [View Claim Summary](#)

[SFR Application Summary](#)

[Payments](#)

[Documents and Correspondence](#)

### Associated Document(s)

Document Type	Document Description	Submitted Date ▼	Submitted By	Submission Method	Batch Number
<a href="#">Supporting Documents</a>		06/03/2022	LAST FIRST	Online	
<a href="#">Proof of Payment</a>		06/03/2022	LAST FIRST	Online	

[Upload Document](#) ⓘ

### Decision Document(s)

### Correspondence

Document Type	Language	Sent Date	Sent Time	Status	Recipients	View Parties
<a href="#">SFR Pending Rejection Letter</a>	English	06/03/2022	11:01:35 AM	Generated	LAST, FIRST (Attorney) (Electronic)	<a href="#">View</a>

### Continue Review of the SFR Application

Continue Review of the SFR Application for the following reason(s)\*:

After pressing the **Continue Review** button, a text field will display. Enter the reason for continuing review into the text field.  
 Use the **Upload Document** link to upload requested documentation.

# Continue Review (Cont'd)

## Claim Summary - External



Action saved successfully

[+Expand](#)

WCAIS Claim #: **1111111** Claimant/Employee Name: **LAST, FIRST** Defendant/Employer Name: **COMPANY NAME**



Claim Status: **FROI**

Date of Injury: **5/1/2015**

[Claim History](#)

[Interested Parties](#)

[Injury Details](#)

[Dispute](#)

[Appeal Case Information](#)

[Benefits Information](#)

[SFR Application](#)

### 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	<a href="#">SFR Application</a>	LAST FIRST	6/3/2022	First Last	777-777-7777	In Review

In Review



The SFR Application's **Status** will be **In Review**.

# Withdraw

[SFR Application Summary](#)

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[Payments](#)

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[\*\*Documents and Correspondence\*\*](#)

### Associated Document(s)

Document Type	Document Description	Submitted Date ▼	Submitted By	Submission Method	Batch Number
<a href="#">Supporting Documents</a>		06/03/2022	LAST FIRST	Online	
<a href="#">Proof of Payment</a>		06/03/2022	LAST FIRST	Online	

  

### Decision Document

  

### Correspondence

Document Type	Language	Sent Date	Sent Time	Status	Recipients	View Parties
<a href="#">SFR Pending Rejection Letter</a>	English	06/03/2022				

  

### Withdraw SFR Application

Withdraw

[www.wcaisci-t.dli.pa.gov](http://www.wcaisci-t.dli.pa.gov)

CAUTION! You are about to withdraw your Application for Supersedeas Fund Reimbursement. Once submitted, this action cannot be undone. You will need to submit a new application. Are you sure you want to withdraw your application?

OK
Cancel

After pressing the **Withdraw** button, a warning message will display, "CAUTION! You are about to withdraw your Application for Supersedeas Fund Reimbursement. Once submitted, this action cannot be undone. You will need to submit a new application. Are you sure you want to withdraw your application?"

# SFR Application Withdrawn

## Claim Summary - External



The selected SFR Application has been withdrawn.

[+Expand](#)

WCAIS Claim #: **1111111** Claimant/Employee Name: **LAST, FIRST** Defendant/Employer Name: **COMPANY NAME**



Claim Status: **FROI** Date of Injury: **5/1/2015**

[Claim History](#)

[Interested Parties](#)

[Injury Details](#)

[Dispute](#)

[Appeal Case Information](#)

[Benefits Information](#)

[SFR Application](#)

### 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	<a href="#">SFR Application</a>	LAST FIRST	6/3/2022	First Last	777-777-7777	Withdrawn



If the **Withdraw** button is pressed, the SFR Application's **Status** will be **Withdrawn**.

# Rejection Letter for SFR Application



6/5/2022

Re: Claimant Name  
Vs.  
Defendant Name

WCID Claim Number: 1111111

Dear Sir/Madam:

The Bureau of Workers' Compensation is in receipt of the Application for Supersedeas Fund Reimbursement, which you filed electronically in the above matter. As indicated in the on-line instructions, the bureau is returning your application, without processing, because the application has not met the necessary requirements.

The following issue(s) must be resolved before a review of the application can be completed.

- Submit proof of payment that included payee names.
- Submit proof of payment for medical expenses that includes dates of service for treatment for the time period covered in the Application. If a computer printout is being provided, all appropriate computer codes that identify medical payments should be identified. You may mark the relevant entries on the list with some distinguishing mark. If the request covers dates of service that extend beyond the allowable reimbursement period, the dates of service and corresponding amount for the allowable reimbursement period must be designated. For requests that precede the request for supersedeas but are after the judge's decision, the request must include proof that the bill for treatment was submitted and that the supersedeas was requested and denied.

Once the issue(s) have been resolved, you may re-file your application anytime; please be sure to complete all required fields and upload all required documentation. If you have questions regarding proper completion of the application, contact our office at 717.787.3457.

Very truly yours,

*Signature*

Manager Name, Manager  
Special Funds Section  
Special Funds and Compliance Division

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www.dli.state.pa.us

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If no response is received from the SFR submitter within 21 days, WCAIS will automatically update the **Status to Rejected** and send the **Rejection Letter for SFR Application**.

# SFR Application Rejected

## Claim Summary - External

[+Expand](#)

WCAIS Claim #: **1111111** Claimant/Employee Name: **LAST, FIRST** Defendant/Employer Name: **COMPANY NAME**



Claim Status: **FROI**

Date of Injury: **5/1/2015**

[Claim History](#)

[Interested Parties](#)

[Injury Details](#)

[Dispute](#)

[Appeal Case Information](#)

[Benefits Information](#)

[SFR Application](#)

### 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	<a href="#">SFR Application</a>	LAST FIRST	6/3/2022	First Last	777-777-7777	Rejected

The SFR Application's Status will be **Rejected**.