

Workers' Compensation Automation and Integration System (WCAIS)



Filing a Workers' Compensation Appeal Board (WCAB) Petition in WCAIS September 26, 2024



Filing a WCAB Petition in WCAIS

Petition types that can be filed include:

Counsel Fees under Sections 442 and 501 of the Workers' Compensation Act ("Act") (77 P.S. §§ 998 and 1021)

Required Document(s): Counsel Fee Petition, Signed & Dated Fee Agreement, Proposed Order listing parties and address.

Petition for Commutation pursuant to Section 316 of the Act (77 P.S. § 604)

Required Document(s): Commutation Petition

MISC – Guardianship under Section 307 of the Act (77 P.S. § 542)

Required Document(s): Misc Petition including name of Guardian and names of dependents for whom the guardianship is being requested.

MISC – Meretricious Relationship under Section 307 of the Act (77 P.S. § 562)

Required Document(s): Misc Petition

MISC – Other

Required Document(s): Misc Petition

MISC – Petition for Annuity/Satisfaction pursuant to Section 317 of the Act (77 P.S. § 603)

Required Document(s): Misc Petition

MISC – Petition for Loss of Use Conversion to Total Disability pursuant to Section 306(c)(23) of the Act (77 P.S. § 513)

Required Document(s): Misc Petition

Rehearing under Section 426 of the Act (77 P.S. § 871)

Required Document(s): Rehearing Petition and related WCAB Opinion/Order

Supersedeas (from WCJ decision) under Section 430(b) of the Act (77 P.S. § 971(b))

Required Document(s): Supersedeas Petition, WC Judge's Decision which should auto load. If there was an amended WC Judge's Decision, this will not auto load and must be uploaded manually if applicable.

Supersedeas (Reconsideration) under Section 426 of the Act (77 P.S. § 871)

Required Document(s): Reconsideration Petition, WC Judge's Decision (auto loads), Prior Supersedeas Order

Supersedeas on Appeal to Commonwealth Court under Pa. R.A.P. 1781

Required Document(s): Supersedeas Petition, WC Judge's Decision (auto loads), and WCAB Order.

NOTE:

The required documents are necessary to successfully file a Petition. In some instances, you may enter a reason for the request in the textbox instead of uploading the required document.

Begin from the WCAIS Dashboard OR from the Claim Summary



Workers' Compensation Automation and Integration System

Home

Search

Helpline

My Matters

WCAB

WCOA

Healthcare

UEGF

Dashboard

Alerts

- File WCAB Appeal/Petition
- WCOA (0)
- WCAB (3)
- General (0)

- Go to the **WCAB** tab.
- Click on **File WCAB Appeal/Petition**.

OR

Claim Summary - External

MATTER INFORMATION

WCAIS Claim #: 1111111

Claimant/Employee Name: LAST, FIRST

Defendant/Employer Name: EMPLOYER NAME

Claim Status: Closed

Date of Injury: 12/28/2018

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

Appeal Case Details (1)

Appeal Number	Appeal Status ↑	Appeal Filed By ↑	Date Filed ↑	Appeal Type ↑	Commissioner ↑	Opinion Date ↑
A11-1111	Open	LAST, FIRST	04/10/2024	Appeal		

Showing 1 - 1 of 1

WCAB Petition Information (1)

Petition Number	Status ↑	Filed By ↑	Date Filed ↑	Commissioner ↑	Opinion Date ↑	Determination ↑
A11-1111-S1	Open	LAST, FIRST	04/11/2024			

Showing 1 - 1 of 1

File WCAB Appeal | **File WCAB Petition**

- Go to the **Claim Summary**.
- Click on **Appeal Case Information** tab.
- Click on **File WCAB Petition** button

Filing a Petition from your Dashboard



Workers' Compensation Automation and Integration System

Dashboard

Alerts

- + WCOA (0)
- + WCAB (3)
- + General (0)

- From your Dashboard go to the **WCAB** tab.
- Click on **File WCAB Appeal/Petition**.

Associate Claim

WCAIS

Name, FEIN, Date of birth (MM/DD/YYYY), etc. ...

Matter Type Count

Matter Type	Count
Claim	217

Hide Advanced Search For Claim

Claim Number: 111111

Workers Compensation Id Number

Claimant First Name

Date of Birth From

MM/DD/YYYY

Claimant Address

Business Unit

Claim File Date From

MM/DD/YYYY

Date of Injury From

MM/DD/YYYY

Claim Administrator Claim Number

SSN

Claimant Last Name

To

MM/DD/YYYY

Defendant/Employer Name

Claim Status

To

MM/DD/YYYY

Advanced Search

Clear

Back

Claim

111111

Claimant/Employer Name: LAST, FIRST | Defendant/Employer Name: EMPLOYER NAME | Business Unit: N/A | File Date: 07/30/2014 | Claim Status: FROI | Date of Injury: 07/10/2014 | Agency Claim Number: N/A

- Enter the **Claim Number** for which you want to file a Petition.
- Click on **Advanced Search** button.
- You should then see the Claim Number display in the results.
- Click on **Associate** Button.

Filing a WCAB Petition in WCAIS

File WCAB Appeal/Petition

File WCAB Appeal/Petition

MATTER INFORMATION

WCAIS Claim # **111111** ⓘ [View Claim Summary](#) +

Claimant/Employee Name	Defendant/Employer Name	Claim Status	Date of Injury
LAST, FIRST	EMPLOYER NAME	Closed	12/28/2018

Below are the WCJ's decision(s) that have been issued for the Dispute(s) on the claim from which an Appeal may be filed in WCAIS. If you are unable to select the decision you wish to appeal, or the decision does not display below, please contact the Workers' Compensation Appeal Board for clarification at (717) 783-7838, or ra-li-wcab@pa.gov.

Decision Rendered (2) ⚙️

Select One	Decision Type	Circulation Date	Judge	Dispute #	Status	WCOA Petition (date filed)
<input type="radio"/>	Decision Rendered	10/28/2019	Last, First	DSP-111111-1	Closed	Petition for Examination-Expert Interview (LIBC-499)- (2019-09-26)
<input type="radio"/>	Decision Rendered	12/21/2020	Last, First	DSP-111111-2	Closed	Petition To/For (LIBC-378)-Terminate Compensation Benefits (Stop payment of Workers' Compensation) (2020-06-22) , Claim Petition (LIBC-362)- (2020-07-29) , Petition To/For (LIBC-378)-Seek Approval of a Compromise and Release Agreement (Ask Judge to approve settlement) (2020-11-11)

Showing 1 - 2 of 2

Cancel

File WCAB Appeal

To file a Petition with WCAB, click the File WCAB Petition button below.

Cancel

File WCAB Petition

Click on **File WCAB Petition** button.

File WCAB Petition - Select Petition Type Screen

File WCAB Petition

MATTER INFORMATION	WCAIS Claim # 111111 i	View Claim Summary +	
	Claimant/Employee Name LAST, FIRST	Defendant/Employer Name EMPLOYER NAME	Claim Status Closed

- Select the **Petition type** from the dropdown.
- Click on **Continue** button.

PROGRESS

1 Select Petition Type 2 Complete Petition 3 Certify 4 Preview/Confirm.

You are currently preparing to file a WCAB Petition in relation to the Claim, Dispute or Appeal above.

Questions regarding the completion of this form may be directed to the Workers' Compensation Appeal Board at (717) 783-7838 or ra-li-wcab@pa.gov.

Please select the type of Petition you would like to file *(required)*

- Select One - ▼

- Select One -
- Commutation pursuant to Section 316 of the Act (77 P.S. § 604)
- Counsel Fees under Sections 442 and 501 of the Act
- MISC - Guardianship under Section 307 of the Act (77 P.S. § 542)
- MISC - Meretricious Relationship under Section 307 of the Act (77 P.S. § 562)
- MISC - Other
- MISC - Petition for Annuity/Satisfaction pursuant to Section 317 of the Act (77 P.S. § 603)
- MISC - Petition for Loss of Use Conversion to Total Disability pursuant to Section 306(c)(23) of the Act (77 P.S. § 513)
- Rehearing under Section 426 of the Act (77 P.S. § 871)
- Supersedeas (Reconsideration) under Section 426 of the Act (77 P.S. § 871)
- Supersedeas on Appeal to Commonwealth Court under Pa. R.A.P. 1781
- Supersedeas (from WCJ decision) under Section 430(b) of the Act (77 P.S. § 971(b))**

Continue

File WCAB Petition - Complete Petition Screen

File WCAB Petition

MATTER INFORMATION

WCAIS Claim #111111 View Claim Summary +

Claimant/Employee Name FIRST, LAST	Defendant/Employer Name EMPLOYER NAME	Claim Status Comp Denied
Date of Injury 09/20/2023		

PROGRESS

1 ✔
Select Petition Type

2 ●
Complete Petition

3 ●
Certify

4 ●
Preview/Confirm

Related Items

Please select the related Appeal, if applicable

- Select One -

Petition Information

Filed on Behalf of (required)

EMPLOYER NAME (Defendant/Employer) ▼

Petitioner requests that Supersedeas be Granted for the following reason(s)

In this textbox, describe the reason for your request for Supersedeas or upload a document explaining the reason for filing the Petition.

(See 34 Pa. Code § 111.21 et seq. of the Special Rules of Administrative Practice and Procedure Before the Workers' Compensation Appeal Board for specific Petition requirements.)

Attached Document(s)

Upload Documents

Upload Document i

- Select the **related appeal** from the dropdown menu (if applicable).
- Filed on Behalf of** field should auto-populate, if not make an appropriate selection.

Upload Documents

✔ Document successfully uploaded! If this screen contains a Submit/Save/Continue button, please click button to finalize the upload. Scroll down to verify.

Upload Document i

Uploaded Documents (2) ⚙️

Document Type ↓	Document Description ↑	Submitted Date ↓	Submitted By ↑	Submission Method ↓	Batch Number ↓
Petition - Supersedeas		07/08/2024	LAST FIRST	Online	
Supersedeas Petition - Section 430(b) - WC Judge's Decision		07/08/2024	FIRST LAST, ESQ (Attorney)	Online	

Showing 1 - 2 of 2

Cancel
Back
Continue

- Upload** related documents required for the Type of Petition you are filing.
- For Supersedeas Petition, if **Judge's Decision** does not automatically upload, please do so manually. NOTE: An amended WCJ Decision must e manually uploaded to the grid.
- To avoid receiving an error message, please make sure all required documents are uploaded. You may refer to the List of Petitions provided at the beginning of the presentation.

File WCAB Petition - Certify Screen

File WCAB Petition

MATTER INFORMATION

WCAIS Claim #: 111111 View Claim Summary

Claimant/Employee Name	Defendant/Employer Name	Claim Status	Date of Injury
LAST, FIRST	EMPLOYER NAME	Closed	12/28/2018

PROGRESS

Select Petition Type Complete Petition **3 Certify** Preview/Confirm

Please indicate the method of service for each party listed below. You will receive a copy of the Online Petition and Proof of Service on your Dashboard for you to serve parties in the manner indicated below.

If the names and addresses of the Interested Parties and Associated Recipients do not appear in a grid below, contact the Workers' Compensation Appeal Board at (717) 783-7838, or ra-ii-wcab@pa.gov to have the Interested Parties and Associated Recipients added process.

Select Manner of Service.

Interested Parties (4)

Name	Type	Business Unit	Address	Email Address	Manner of Service
FIRST LAST	Claimant/Employee		100 ADDRESS ST, ADDRESS, PA 11111-1111		Mail
FIRST LAST, ESQ	Claimant's Attorney		100 ADDRESS ST, ADDRESS, PA 11111-1111	email@gmail.com	- Select One - In Person Mail N/A E-Mail
EMPLOYER NAME	Defendant/Employer		100 ADDRESS ST, ADDRESS, PA 11111-1111		
COMPANY NAME	TPA		100 ADDRESS ST, ADDRESS, PA 11111-1111		Mail

Showing 1 - 4 of 4

Associated Recipients (0)

Name	Type	Business Unit	Address	Email Address	Manner of Service
There are no records to show					

Additional Defendants (0)

Name	Type	Business Unit	Address	Email Address	Manner of Service
There are no records to show					

Please enter any notes concerning changes and additions to the parties listed above

In this textbox, enter any notes concerning changes and additions to the parties listed above.

hereby certify that I am this day serving one copy of this document and all attachments as required by 34 Pa. Code § 111.22 or 34 Pa. Code § 111.32 to the parties and the WCJ (as applicable) in person, by mail, or electronically.

Filed By
ATTORNEY NAME, ESQ (Defendant's Attorney)

Cancel

Back

Continue

- Enter the **Manner of Service** for the parties listed under the Interested Parties grid, Associated Recipients grid, and Additional Defendant's grid.
- Enter any notes concerning changes or additions in the **textbox**, if applicable.
- Check the **Certify** box and Click on the **Continue** button.

File WCAB Petition - Preview/Confirm Screen

File WCAB Petition

MATTER INFORMATION

WCAIS Claim #: 111111 [View Claim Summary](#)

Claimant/Employee Name	Defendant/Employer Name	Claim Status	Date of Injury
LAST, FIRST	EMPLOYER NAME	Closed	12/28/2018

PROGRESS

✔ Select Petition Type
✔ Complete Petition
✔ Certify
4 Preview/Confirm

Petition Information

Petition Type
Supersedes (from WCJ decision) under Section 430(b) of the Act (77 P.S. § 971(b))

Filed on Behalf of Please select the related Appeal, if applicable
 EMPLOYER NAME (Defendant/Employer) A11-1111

Petitioner requests that Supersedes be Granted for the following reason(s)
 Describe the reason for your request in the text box here or upload a document explaining the reason of your request...

(See 34 Pa. Code § 111.2) et seq. of the Special Rules of Administrative Practice and Procedure Before the Workers' Compensation Appeal Board for specific Petition requirements.)

Please indicate the method of service for each party listed below. You will receive a copy of the Online Petition and Proof of Service on your Dashboard for you to serve parties in the manner indicated below.

If the names and addresses of the Interested Parties and Associated Recipients do not appear in a grid below, contact the Workers' Compensation Appeal Board at (717) 783-7838, or ra-li-wcab@pa.gov to have the Interested Parties and Associated Recipients added, so you can complete the filing process.

Interested Parties (4)

Name	Type	Business Unit	Address	Email Address	Manner of Service
FIRST LAST	Claimant/Employee		100 ADDRESS ST, ADDRESS, PA 11111-1111		Mail
FIRST LAST, ESQ	Claimant's Attorney		100 ADDRESS ST, ADDRESS, PA 11111-1111	email@gmail.com	E-Mail
EMPLOYER NAME	Defendant/Employer		100 ADDRESS ST, ADDRESS, PA 11111-1111		Mail
COMPANY NAME					

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Review the form. If you need to make **edits**, click the **Back** button to make any changes.

Associated Recipients (0)

Name	Type	Business Unit	Address	Email Address	Manner of Service
There are no records to show					

Additional Defendants (0)

Name	Type	Business Unit	Address	Email Address	Manner of Service
There are no records to show					

Please enter any notes concerning changes and additions to the parties listed above
 Describe the reason for your request in the text box here or upload a document explaining the reason of your request...

I hereby certify that I am this day serving one copy of this document and all attachments as required by 34 Pa. Code § 111.22 or 34 Pa. Code § 111.32 to the parties and the WCJ (as applicable) in person, by mail, or electronically.

Filed By
 ATTORNEY NAME, ESQ (Defendant's Attorney)

Attached Document(s) (1)

Document Type	Document Description	Submitted Date	Submitted By	Submission Method	Batch Number
Judge's Decision		04/10/2024	ATTORNEY NAME, ESQ (Defendant's Attorney)	Online	

Showing 1 - 1 of 1

Cancel Back Submit

Click on the **Submit** button to receive the confirmation of successful submission.

File a WCAB Petition - Confirmation Page

This page confirms that your Petition has been successfully submitted.

If you do not see a confirmation number, your petition has not been submitted

Note: the green banner indicates that a notification has been sent to recipients with a communication preference of “electronic”. You are still required to serve the Petition to all the parties in the manner indicated in your Petition.

For your convenience, WCAIS generates the **On-line Petition and Proof of Service** which you may use to serve to the parties.

Petition Details: Confirmation

 An electronic correspondence has been sent to interested parties and associated recipients with a communication preference of “electronic” serving them notification of the submission of this petition.

MATTER INFORMATION	WCAIS Claim #:111111		View Claim Summary 
	Claimant/Employee Name LAST, FIRST	Defendant/Employer Name EMPLOYER NUMBER	Claim Status Closed

Thank you for your online submission of the WCAB Petition.
You may [print](#) this confirmation page now for your records (optional).

Your Confirmation Number is: PET-1111111111111111
Filed By: ATTORNEY NAME, ESQ (Defendant's Attorney) on 06/14/2024 at 1:11 PM.

This Confirmation Number is not your Petition Number. Once your petition has been reviewed and accepted, your Petition Number will be assigned.

The Proof of Service, including the Confirmation Number, which will momentarily generate on the designated parties in the manner you selected as required by 34 Pa. Code § 111.12.

REMINDER: if you have not already done so, please serve the online appeal in addition to the found on the Dashboard.



Click on **Return To Dashboard** button to print Online Petition and Proof of Service.

Click on **Print** button to print confirmation page for your records.



File WCAB Petition - Dashboard

Dashboard

Personalize Your Dashboard

Add Item

Alerts

- + BWC (0)
- + WCOA (0)
- + WCAB (3)
- + General (0)

Quick Links

- [WCOA Dashboard](#) | [WCAB Briefs and Requests Dashboard](#) | [Records Request Dashboard](#) | [File a WCOA Petition](#) | [Judges' Procedures and Policies](#)

Correspondence (243)

[Search Correspondences](#)

View Status	Document Type ↑	Case #	Claimant/Employee Name	Date Sent ↑
	On-line Petition and Proof of Service	PET-11111111111111111111	LAST, FIRST	06/14/2024

For your convenience, WCAIS generates the **On-line Petition and Proof of Service** which you may use to serve to the parties.

You can access this document from your Dashboard under the Correspondence section.

Workers' Compensation Contacts

Bureau of Workers' Compensation (BWC)

Information Services Helpline:

Toll-Free inside PA: 800-482-2383

Local outside PA: 717-772-4447

Email: ra-li-bwc-helpline@pa.gov

Workers' Compensation Office of Adjudication (WCOA)

Phone: 844-237-6316

Email: wcoaresourcecenter@pa.gov

Workers' Compensation Appeal Board (WCAB)

Phone: 717-783-7838

Email: ra-li-wcab@pa.gov

Q&A – Filing a WCAB Petition in WCAIS

