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| --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** Please complete all applicable fields. Send the completed form to ra-benwc@pa.gov, COPANotices@pnat.com, and insvhb@pnat.com. You may add information to the subject line, and you may include an email introduction, but it is not required since all of the information should be contained on this form. **NOTE:** Send Internet Search and On-line Death Index Search requests to [ra-benwc@pa.gov](mailto:ra-benwc@pa.gov) and [dnewlin@pnat.com](mailto:dnewlin@pnat.com) only. | | | | | | |
| **Requestor:** | | | | | | |
| Name | Telephone | | Email | | Today’s Date | |
|  |  | |  | |  | |
| **Agency Contact:** | | | | | | |
| Agency Coordinator Name | Agency | | | | | |
|  |  | | | | | |
| **Claim Information:** | | | | | | |
| Claimant | Inservco Claim Number | | Adjuster | | | |
|  |  | |  | | | |
| **Request Initiated by:** | | | | | | |
| Adjuster Workers’ Compensation Coordinator Office of Administration | | | | | | |
| **Loss Adjustment Expense to be Approved:** | | | | | | |
| Independent Medical Examination (IME)  Field Case Management  Vocational Rehabilitation/Labor Market Survey and Number of Days  Compromise and Release with authority up to $  Activity Check  Internet Search (no cost)  Surveillance and Number of Days and Explain Type of Surveillance  Field/Onsite Investigation  Impairment Rating Evaluation (IRE)  On-line Death Index Search (no cost)  Other  \_\_\_\_ | | | | | | |
| **Reasons for Request or Additional Information:** | | | | | | |
|  | | | | | | |
| **Comments from Adjuster, if Request Initiated by Agency:** | | | | | | |
|  | | | | | | |
| **Approval:** | | | | | | |
| Name | | | | Date | | |
|  | | | |  | | |
| **For Inservco Use Only:** | | | | | | |
| Received by | | | | Date | |  |
|  | | | |  | |  |
| Service Scheduled By | | Date Service Scheduled | | Date | |  |
|  | |  | |  | |  |