

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF LABOR AND INDUSTRY
 BUREAU OF WORKERS' COMPENSATION
 1171 S. CAMERON STREET, ROOM 103
 HARRISBURG PA 17104-2601
 (TOLL FREE: 800-482-2383)

**EMPLOYEE'S REPORT
 OF BENEFITS**
 (UNEMPLOYMENT COMPENSATION,
 SOCIAL SECURITY (OLD AGE), SEVER-
 ANCE AND PENSION BENEFITS)
 FOR OFFSETS

Social Security Number: _____
 Date of Injury: ____/____/____
MM DD YYYY
 PA BWC Claim Number: _____
(IF KNOWN)

Employee

First Name	Last Name	
Street 1		
Street 2		
City/Town	State	Zip Code
County	Telephone	

Employer

Name		
Street 1		
Street 2		
City/Town	State	Zip Code
County		
Telephone	FEIN	

READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM.

Section 204 of the Workers' Compensation Act requires employees receiving wage-loss benefits to report the receipt of unemployment compensation, social security (old age) benefits, severance and pension benefits.

COMPLETE AND RETURN THIS FORM TO THE INSURER OR SELF-INSURED EMPLOYER IDENTIFIED ON THIS FORM.

Insurer or Third Party Administrator (if self-insured)

Name		
Street 1		
Street 2		
City/Town	State	Zip Code
Telephone	Bureau Code	
County		
Claim Number	FEIN	

Complete the following information, indicating the type, amount and frequency (i.e.: weekly, biweekly, or other (specify)) of the benefits being received. Include the date such receipt began and ended (if applicable). If you are not receiving a particular type of benefit, indicate by writing "not applicable" or "none" in the appropriate space.

Type of Benefit	Amount Received	Frequency	Receipt Began Date (MM/DD/YYYY)	Receipt Ended Date (MM/DD/YYYY)
Unemployment Compensation	Gross \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	____/____/____	____/____/____
	Net \$	<input type="checkbox"/> Other _____		
Social Security (old age)	Gross \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	____/____/____	____/____/____
	Net \$	<input type="checkbox"/> Other _____		
Severance	Gross \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	____/____/____	____/____/____
	Net \$	<input type="checkbox"/> Other _____		
Pension	Gross \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly	____/____/____	____/____/____
	Net \$	<input type="checkbox"/> Other _____		

If you are receiving pension benefits from the employer directly liable for your workers' compensation, indicate the percent of the pension which is funded by the employer or check the box for 'percentage unknown'.

_____ % Percentage Unknown

Did you "rollover" pension benefits into an IRA Account? Yes No Amount "rolled over" \$ _____
 (IRA benefits are not offset until you begin withdrawing them from your account.)

I verify that this information is true and correct, based upon my knowledge, information and belief. I understand false statements are subject to the penalties of 18 Pa. C.S. §4909, relating to unsworn falsification to authorities.

 EMPLOYEE SIGNATURE DATE ____/____/____
MM DD YYYY

If you are receiving any wages from employment or self-employment, check this box You must report this to your insurer or self-insured employer. Contact your insurer/employer for that reporting form (LIBC-760).

(OVER)

INSTRUCTIONS

TO EMPLOYEES:

If you are receiving workers' compensation wage-loss benefits due to an injury which occurred on or after June -2-4, 1996, you must report the receipt of the following:

Unemployment Compensation Benefits

Social Security (Old Age) Benefits

Severance Benefits paid by the employer directly liable for your workers' compensation

Pension Benefits to the extent funded by the employer directly liable for your workers' compensation.

Your workers' compensation benefits may be adjusted if you are receiving any of the above benefits. You are required to acknowledge both the receipt of and changes to any of the benefits listed above through the immediate completion and submission of this form.

FAILURE TO REPORT THE RECEIPT OF OR CHANGES TO ANY OF THE BENEFITS LISTED ABOVE MAY SUBJECT YOU TO PROSECUTION UNDER ARTICLE XI OF THE WORKERS' COMPENSATION ACT RELATING TO INSURANCE FRAUD.

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.