pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

AUTHORIZATION FOR ALTERNATIVE DELIVERY OF COMPENSATION PAYMENTS

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER ___ - ___ - ____ ____________

DATE OF INJURY MM DD YYYY ___ - ___ - ____

WCAIS CLAIM NUMBER _____

EMPLOYEE

First name _____

Last name _____

Date of birth _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____

EMPLOYER

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____ FEIN _____

Contact _____

NAIC code _____ or Insurer code _____

Insurer/TPA claim # _____

DATE OF AUTHORIZATION

MM DD YYYY ___ - ___ - ____

I, _____ , hereby authorize and agree that the checks for the compensation payments due
Claimant name (please print)

to me shall be forwarded to me in the following designated manner:

☐ I will pick up my checks at (please check only one box): ☐ employer office ☐ insurer office

☐ The employer/insurer will mail my checks to me at:

_____

_____

☐ The employer/insurer will direct deposit my checks to the account at the financial institution supplied on the attached authorization for direct deposit. (Attach authorization for direct deposit provided by your financial institution.)

☐ Other:

_____

_____

_____

I understand that my employer/insurer is required to mail my compensation checks to my last known address and that I am not under any obligation to authorize the method of delivery outlined above.

Claimant's signature

Claimant's name (typed/printed)

Employer/Insurer representative's signature

Employer/Insurer representative's name (typed/printed)

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).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

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

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program