



FINAL STATEMENT OF ACCOUNT OF COMPENSATION PAID

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 # _____

NOTICE: A Final Statement of Account shall be filed after the final payment of compensation.

This is to certify that the above named employer or insurer has paid compensation under the Pennsylvania Workers' Compensation Act in the above case as follows:

Rate	From Date	To Date	#Wks	#Days	Total
\$ _____	____ - ____ - ____ MM DD YYYY	____ - ____ - ____ MM DD YYYY	_____	_____	\$ _____
\$ _____	____ - ____ - ____ MM DD YYYY	____ - ____ - ____ MM DD YYYY	_____	_____	_____
\$ _____	____ - ____ - ____ MM DD YYYY	____ - ____ - ____ MM DD YYYY	_____	_____	_____

*Additional payment periods or remarks should be indicated on the reverse side of this form.

Medical Payments \$ _____
Indemnity Payments \$ _____
Other Payments \$ _____

TOTAL COMPENSATION PAID \$ _____

Remarks/Additional Information:

Employer/Insurer Representative signature

Employer/Insurer Representative (typed/printed)

Date

	-		-			
MM		DD		YYYY		

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*