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# WORKERS' COMPENSATION INFORMATION

To all employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of work related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a worker's compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, PA 17104-2501  
Telephone number within Pennsylvania: 800-482-2383  
Telephone number outside of this Commonwealth: 717-772-4417  
TTY - 800-362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.

I, \_\_\_\_\_, employee of \_\_\_\_\_ (employer),

certify that I received, read, and understood the information provided above on my date of hire

\_\_\_\_\_ (date).

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employer Signature Date

If applicable, I, \_\_\_\_\_, employee of \_\_\_\_\_ (employer),

certify that I received, read and understood the above information on \_\_\_\_\_ (the date of work-related injury or disease)

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employer Signature Date