

PA Workers' Compensation

Series 165 – Version 7.0.2

Form Number	Form Name
LIBC-9	Medical Report Form
LIBC-10	Authorization for Alternative Delivery of Compensation Payments
LIBC-25/26	Appeal from Judge's Findings of Fact and Conclusions of Law
LIBC-34	Petition for Commutation of Compensation
LIBC-35	Answer to Petition for Commutation
LIBC-336	Agreement for Compensation
LIBC-337	Supplemental Agreement for Compensation
LIBC-338	Agreement for Compensation for Death
LIBC-339	Supplemental Agreement
LIBC-340	Agreement to Stop Weekly WC Payments
LIBC-344	Employer's Report of Occupational Injury or Disease
LIBC-362	Claim Petition for WC
LIBC-363	Fatal Claim Petition
LIBC-364B	Defendant's Answer to Claim Petition Under PA WC
LIBC-374	Defendant's Answer to Claim Petition Under PA WC
LIBC-375	Claim Petition for Additional Compensation From the Subsequent Injury Fund
LIBC-376	Petition for Joinder
LIBC-377	Answer To Petition To
LIBC-378	Petition To
LIBC-380	Third Party Settlement Agreement
LIBC-384	Fatal Claim Petition for Compensation by Dependents for Death Covered by the PA Occupational Disease Act
LIBC-386	Fatal Claim Petition For Compensation by Dependents For Death Resulting from Occupational Disease
LIBC-392	Statement of Account of Compensation Paid
LIBC-392A	Final Statement of Account of Compensation Paid
LIBC-396	Occupational Disease Claim Petition
LIBC-480	Subpoena
LIBC-494A	Statement of Wages
LIBC-494C	Statement of Wages (For Injuries Occurring On and After June 24, 1996)
LIBC-495	Notice of Compensation Payable
LIBC-496	Notice of WC Denial
LIBC-497	Physician's Affidavit
LIBC-498	Commutation of Compensation
LIBC-499	Petition for Physical Examination or Expert Interview of Employee
LIBC-500	Employer/Insurance Co. Info
LIBC-501	Notice of Temporary Compensation Payable
LIBC-502	Notice Stopping Temporary Compensation
LIBC-507	Application for Fee Review Pursuant to Section 306
LIBC-509	Application for Executive Officer Exception
LIBC-513	Executive Officer's Declaration
LIBC-550	Claim Petition for Benefits from the Uninsured Employee Guaranty Fund and Uninsured Employer
LIBC-551	Notice of Claim Against Uninsured Employer
LIBC-601	Utilization Review Request

LIBC-603	Petition for Review
LIBC-662	Application for Supersedeas Fund Reimbursement
LIBC-686	Petition for Penalties
LIBC-750	Employee Report of Wages
LIBC-751	Notification of Suspension/Modification
LIBC-753	Notice of Request for an Informal Conference
LIBC-754	Informal Conference Agreement
LIBC-755	Compromise and Release Agreement
LIBC-756	Employee's Report of Benefits
LIBC-757	Notice of Ability to Return to Work
LIBC-760	Employee Verification
LIBC-761	Notice of WC Benefit Offset
LIBC-762	Notice of Suspension
LIBC-763	Notice of Reinstatement
LIBC-764	Notice of Change of Workers' Compensation Disability Status
LIBC-765	Impairment Rating Evaluation Appointment
LIBC-766	Request for Designation of a Physician to Perform an Impairment Rating Evaluation
LIBC-767	Impairment Rating Determination Face Sheet
None	Claimant's Statement Regarding Child Support Orders