[Insert employer letterhead]

Format: This notice must be printed on paper no smaller than 8 1/2 x 11 inches and in a font no smaller than 11 point.

Delivery: This notice must be provided to every employee **at the time of hire** and **immediately after the injury**, or as soon thereafter as possible under the circumstances of the injury. If the employee's injuries are so severe that emergency care is required, the information must be given as soon after the occurrence of the injury as is practicable.

WORKERS' COMPENSATION INFORMATION

In Pennsylvania, the workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a 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 the 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 workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice; however, you may contact them 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) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)
www.state.pa.us Keyword: workers comp

ACKNOWLEDGMENT

I, _____, employee of

_____, hereby certify

that I was provided with the above statement on ____/____/_____ (date).

Employee Signature _____

Employer: Please keep this form in your personnel file. SWIF does not require a copy.