FAILURE TO COMPLETE THIS FORM MAY SUBJECT YOU TO ARTICLE XI OF THE WC ACT RELATING TO FRAUD.

YOU MUST COMPLETE AND RETURN THIS FORM WITHIN THIRTY (30) DAYS OF BEGINNING EMPLOYMENT OR SELF-EMPLOYMENT.

1. Are you now employed?  ☐ Yes  ☐ No

2. Are you now self-employed?  ☐ Yes  ☐ No

3. Have you been employed or self-employed at any time while receiving workers’ compensation benefits?  ☐ Yes  ☐ No
   If you answered Yes to one of the questions, please complete the following:
   Occupation(s): 

4. Has your physical condition (caused by your work injury) changed?  ☐ Yes  ☐ No
   If Yes, attach medical report.

5. Is there any other information you are aware of that is relevant in determining your entitlement to, or amount of compensation?  ☐ Yes  ☐ No
   If Yes, please explain: 

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
6. Names of Employers for whom you have worked since your date of injury:

Name
Street 1
Street 2
City/Town       State       Zip Code

Period of Employment:
From  mm dd yyyy  to  mm dd yyyy
Amount of Wages $  

Name
Street 1
Street 2
City/Town       State       Zip Code

Period of Employment:
From  mm dd yyyy  to  mm dd yyyy
Amount of Wages $  

IF SELF-EMPLOYED
From  mm dd yyyy  to  mm dd yyyy
Amount of Wages $  

I verify that this information is true and correct based upon my knowledge, information and belief. I understand false statements are subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Employee
First Name       Last Name

Signature

DATE OF THIS NOTICE:  mm dd yyyy

Section 31 1.1 (A) of the Workers' Compensation Act requires employees who are receiving workers' compensation, or who have filed a petition to receive workers' compensation, to report earnings from employment or self-employment. You must complete and return this form to the sender within thirty (30) days of beginning such employment or self-employment.

EMPLOYEE IS TO RETURN THIS COMPLETED FORM TO THE INSURER OR THIRD PARTY ADMINISTRATOR SHOWN ON THE FRONT

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.