

## STATE WORKERS' COMPENSATION OVERVIEW – PENNSYLVANIA

Issue	Regulation	Comments
Notice to Employer	Within 21 days	If notice is not given within 21 days, no compensation is due until notice is given. Compensation is completely barred if notice is not given within 120 days.
Claim Filing Requirements	Within two (2) years	After injury, death or last payment
Employers Report of Accident	Within 48 hours for fatalities Within seven (7) days for injuries	Employers do not have to report injuries that result in a disability lasting for less than one day, shift or turn.
Indemnification Waiting Period	Seven (7) days	Retroactively paid if the disability exceeds 14 days.
State Average Weekly Wage (SAWW)	\$1,398 per week	Calculated annually.
Temp. Total Disability (TTD) Max.	\$932 per week	Maximum TTD benefits are 66 and two-thirds percent of the SAWW. An employee's actual TTD benefits are 66 and two-thirds of his or her average weekly wage (AWW).
Temp. Total Disability Min.	\$699.01 per week	If an employee's TTD benefits are lower than the TTD minimum, the employee must receive at least 90 percent of his or her AWW.
Death Benefits	Same as TTD rates	Surviving employees must receive at least 50 percent of SAWW. The actual amount of benefits is determined based on the number of dependents, their age and marital status.
Funeral Expenses	\$3,000	
Permanent Partial Disability	Up to \$932 per week	Actual benefits are 66 and two-thirds percent of the difference between the employee's pre- and post-injury wages for up to 500 weeks
Coverage of Minors	Yes	Compensation increases to 150 percent of regular benefits for an injured minor that was illegally employed.
Coverage of Occupational Disease	All diseases	Onset of disability within 300 weeks from the last date of exposure. Compensation for occupational diseases is the same as for injuries.
Occupational Hearing Loss	Yes	3 year time limit to file. Deductions for pre-existing loss. No award for tinnitus.
Max/Min TTD/PPD Rates	Set annually	New rates become effective on January 1 of each year.
State OSHA Program	No	

## **ADDITIONAL INFORMATION**

### **Resources:**

[www.dli.state.pa.us/landi/cwp/view.asp?a=198&Q=67280&landiRNavradC6865=|](http://www.dli.state.pa.us/landi/cwp/view.asp?a=198&Q=67280&landiRNavradC6865=|)

### **Required Employer Posting:**

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=553565&mode=2>

### **Mailing Address:**

Bureau of Workers' Compensation  
1171 Cameron Street  
Harrisburg, PA 17104  
717.783.4467

### **BCG Advisors, Inc.**

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