



pennPRIME INSURANCE TRUST

414 North Second St.
Harrisburg, PA 17101
(800)848-2040 Fax (717)231-9296

PUBLIC LAW 477 (Heart & Lung) CLAIM FORM

MUNICIPALITY

Name _____

Address _____

City, St _____

Contact _____

Phone _____

EMPLOYEE

Name _____

Injury Date _____

Injury Description _____

Return to Work Date _____

ATTACHMENTS

- Copy of Employee's Public Law 477 Request for Benefits.
- Copy of Notice of Compensation Payable and Statement of Wages prepared by Inservco.
- Copy of each Workers' Compensation check received by the employee during the compensable period.
- Copy of each paycheck paid to the employee during the compensable period.

TERMS & CONDITIONS

All terms and conditions are per the Public Law 477 (The Heart and Lung Act) Liability Coverage as contained in the PennPRIME Trust Liability Coverage Document.

VERIFICATION

The undersigned hereby certifies that he or she has sustained a loss as contained in this statement and attachments.

Authorized Signature: _____

Title: _____

For PennPRIME use only

Date Received _____

Loss # _____