

Pennsylvania SWIF Electronic Payment Option Selection

Payment Options Available:

You can choose how you receive your SWIF Workers' Compensation payments. Please mark your choice (pick only one) and mail this form to the address below.

If you do not return this form with your choice of payment, your payments will continue as previously established.

Direct Deposit

Please complete the enclosed "Claimant Authorization for Debit Deposit of SWIF Benefits" form.

Pennsylvania Chase MasterCard® Debit Card

I authorize the Department of Labor and Industry to credit by Workers' Compensation payments to the Pennsylvania Chase® debit card. The card will be sent to me by mail. My payments will be held by the bank until I withdraw them using my Pennsylvania Chase® debit card. I understand the Pennsylvania Debit Card is issued by Chase Bank pursuant to a license by MasterCard International Incorporated.

- We will use your choice for all payments we send you.
- If you later decide that you want to change how you receive your payments, send us a new form with your new choice. Once we get your new form, it takes 10 business days to make a change. You can get copies of this form at your District Office or our Customer Service Unit at 570-963-4635.

Fill in this form, sign it, date it and return it to:

**Pennsylvania Department of Treasury
SWIF Operations
Room 400 Labor and Industry Building
651 Boas Street
Harrisburg, PA 17121**

Accepting Workers' Compensation Benefits to which you are not entitled is in violation of the Workers' Compensation Act. Prosecution may result.

(Choose one) **New enrollment** **Change in payment choice**

Certification and enrollment information – All information below must be provided.

Name: _____ Date of Birth: _____

Social Security Number: _____ Daytime Phone: (____) _____

Current Mailing Address: _____

Claim Number: _____

Signature: _____ Date: _____