



pennsylvania
 DEPARTMENT OF LABOR & INDUSTRY
 BUREAU OF WORKERS' COMPENSATION

**REMEMBER: IT IS
 IMPORTANT TO TELL
 YOUR EMPLOYER ABOUT
 YOUR INJURY**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name: _____ **Date Posted:** _____

IF INSURED:
 (Complete all applicable spaces)

IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS:
 (Complete all applicable spaces)

Name of Insurance Company:

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

IF SELF-INSURED:
 (Complete all applicable spaces)

IF SOMEONE OTHER THAN SELF-INSURER IS HANDLING CLAIMS:
 (Complete all applicable spaces)

Name of person handling claims at the self-insured:

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

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, 77 P.S. §1039.2, and may be subject to criminal and civil penalties under Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
 717.772.3702

Claims Information Services
 toll-free inside PA: 800.482.2383
 local & outside PA: 717.772.4447

Hearing Impaired
 toll-free inside PA TTY: 800.362.4228
 local & outside PA TTY: 717.772.4991

Email
 ra-li-bwc-helpline@pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
 Equal Opportunity Employer/Program*