



**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)

Name of Insurance Company: _____

Address: _____

Telephone Number: _____

Insurer Code: _____

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

Name of TPA (Claims administrator): _____

Address: _____

Telephone Number: _____

IF SELF-INSURED:
 (Complete all applicable spaces)

Name of person handling claims at the self-insured: _____

Address: _____

Telephone Number: _____

Insurer Code: _____

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

Name of TPA (Claims administrator): _____

Address: _____

Telephone Number: _____

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 18 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
 PA Relay 7-1-1

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

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