



BUREAU OF WORKERS' COMPENSATION
1171 SOUTH CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

717-772-0621

www.dli.state.pa.us

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 CONTAINED BELOW.

EMPLOYER NAME: _____ **DATE POSTED:** _____

IF INSURED:

(Complete all applicable spaces)

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

INSURER'S BUREAU 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: _____

SELF-INSURED BUREAU CODE: ____ _

**IF SOMEONE OTHER THAN SELF-INSURER
IS HANDLING CLAIMS:**

(Complete all applicable spaces)

NAME OF TPA (Claims administrator): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

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