

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 above.

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 INSURED 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 the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. 1039.2, and may also 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
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*