



DEPARTMENT OF  
**LABOR & INDUSTRY**  
COMMONWEALTH OF PENNSYLVANIA

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

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