

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's Bureau Code:	
IF SELF-INSURED: (Complete all applicable spaces)	IF SOMEONE OTHER THAN SELF-INSURER IS HANDLING CLAIMS:
Name of person handling claims at the self-insured:	(Complete all applicable spaces) Name of TPA (Claims administrator):
Address:	
Telephone Number:	Telephone Number:
Self-Insured Bureau Code:	

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