

**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: Commonwealth of Pennsylvania **Date Posted:** _____

IF INSURED:
(Complete all applicable spaces)

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

Name of Insurance Company: N/A Name of TPA (Claims administrator): N/A

The Pennsylvania Workers' Compensation Act provides wage loss and medical benefits to employees who cannot work and/or who need medical care as a result of a work-related injury. You should immediately report any injury or work-related illness to your employer. Your workers' compensation benefits could be delayed or denied if you do not notify your employer immediately.

IF SELF-INSURED
(Complete all applicable spaces)

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

Name of person handling claims
the self-insured: _____
Agency Workers' Compensation Coordinator

Name of TPA (Claims administrator):
Inservco Insurance Services, Inc.

Address: _____

Address: PO Box 3899
Harrisburg, PA 17105-3899

Telephone Number: _____

Telephone Number: 1.800.356.0438 or 717.230.8300

Insurer Code: 3000

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*