

# Appendix # 6



## 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 Code: \_\_\_\_\_

**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 at  
the self-insured: \_\_\_\_\_ Name of TPA (Claims administrator): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurer Code: \_\_\_\_\_

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**  
PA Relay 7-1-1

**Email**  
ra-li-bwc-helpline@pa.gov



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