



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

DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

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, OR PERSON HANDLING WORKERS' COMPENSATION CLAIMS FOR YOUR COMPANY, IS CONTAINED BELOW.

EMPLOYER NAME: _____

IF INSURED:

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____
(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER _____ - _____

IF SELF-INSURED:

NAME: _____

ADDRESS: _____
(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: _____ - _____