

# 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 the workers' compensation claims for your company, as shown below.

**Employer Name:** \_\_\_\_\_

**Date Posted:** \_\_\_\_\_

**IF INSURED:**  
(Complete all applicable spaces)

Name of Insurance Company: \_\_\_\_\_

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

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

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

**IF SELF-INSURED:**  
(Complete all applicable spaces)

Name of person handling claims at the self-insured:

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

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

LIBC-500 REV 09-22

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



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