

Workers' Compensation Insurance Information

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, is contained below.

EMPLOYER NAME: **The Pennsylvania State University**

DATE POSTED: _____

IF INSURED: (Complete all applicable spaces)	IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS: (Complete all applicable spaces)
NAME OF INSURANCE COMPANY: ADDRESS: _____ _____ TELEPHONE NUMBER: _____ INSURER'S BUREAU CODE: ____ _	NAME OF TPA (Claims Administrator): ADDRESS: _____ _____ TELEPHONE NUMBER: _____
IF SELF-INSURED: (Complete all applicable spaces) NAME OF PERSON HANDLING CLAIMS AT THE SELF-INSURED: <p style="text-align: center;">The Pennsylvania State University</p> ADDRESS: James M. Elliott Building Room 410 University Park, PA 16802 TELEPHONE NUMBER: (814) 865-0424 SELF-INSURED BUREAU CODE: <u>5103</u>	IF SOMEONE OTHER THAN SELF-INSURER IS HANDLING CLAIMS: (Complete all applicable spaces) NAME OF TPA (Claims Administrator): <p style="text-align: center;">PMA Insurance</p> ADDRESS: P.O. Box 5231 Janesville, WI 53547-5231 TELEPHONE NUMBER: (888) 476-2669

