

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: _____

DATE POSTED: _____

<p>IF INSURED:</p> <p>(Complete all applicable spaces)</p>	<p>IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS:</p> <p>(Complete all applicable spaces)</p>
<p>NAME OF INSURANCE COMPANY:</p> <p>_____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NUMBER:</p> <p>_____</p> <p>INSURER'S BUREAU CODE:</p> <p>_____</p>	<p>NAME OF TPA (CLAIMS ADMINISTRATOR):</p> <p>_____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NUMBER:</p> <p>_____</p>
<p>IF SELF-INSURED:</p> <p>(Complete all applicable spaces)</p>	<p>IF SOMEONE OTHER THAN SELF-INSURED IS HANDLING CLAIMS:</p> <p>(Complete all applicable spaces)</p>
<p>NAME OF PERSON HANDLING CLAIMS AT THE SELF-INSURED:</p> <p>_____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NUMBER:</p> <p>_____</p>	<p>NAME OF TPA (CLAIMS ADMINISTRATOR):</p> <p>_____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NUMBER:</p> <p>_____</p>

SELF-INSURED BUREAU CODE:
