



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's Bureau 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: _____

Self-Insured Bureau Code: _____