



**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: \_\_\_\_\_