

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: University of Pittsburgh	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 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): UPMC Benefit Management Services
	d/b/a WorkPartners
Address:	P.O. Box 2971 Pittsburgh, PA 15230
Telephone Number:	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

toll-free inside PA TTY: 800.362.4228 local & outside PA TTY: 717.772.4991

Email ra-li-bwc-helpline@pa.gov



Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program