

**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: INNOVATIVE EMPLOYEE SOLUTIONS **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): _____

Zurich American Insurance Company

Gallagher Bassett Services, Inc

Address: _____
1299 Zurich Way
Schaumburg, IL 60196-5870

Address: _____
2 Pierce Place, FL 5
Itasca, IL 60143

Telephone Number: _____ 800-987-3373

Telephone Number: _____ 888-548-0154

Insurer Code: _____ 0 0 4 1

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: _____

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
PA Relay 7-1-1

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



Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program