



# pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF WORKERS' COMPENSATION

**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: South Williamsport School District Date Posted: 07/01/13

**IF INSURED:**  
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS:**  
(Complete all applicable spaces)

Name of Insurance Company:  
Highmark Casualty Insurance Company

Name of TPA (Claims administrator):  
N/A

Address: P.O. Box 2738  
Pittsburgh, PA 15230

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (800) 880-7963

Telephone Number: \_\_\_\_\_

Insurer's Bureau Code: 2246

**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: N/A

Name of TPA (Claims administrator):  
N/A

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Self-Insured Bureau Code: \_\_\_\_\_