



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: Richland Township **Date Posted:** 01/01/2023

IF INSURED:

(Complete all applicable spaces)

Name of Insurance Company:

Employers Mutual Casualty Company

Address: 1610 Medical Dr., Ste 205

Pottstown, PA 19464

Telephone Number: (610) 427-6200

Insurer's Bureau Code: 0057

IF SOMEONE OTHER THAN INSURER IS

HANDLING CLAIMS:

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: _____

Telephone Number: _____

IF SELF-INSURED:

(Complete all applicable spaces)

Name of person handling claims at
 the self-insured: _____

Address: _____

Telephone Number: _____

Self-Insured Bureau Code: _____

IF SOMEONE OTHER THAN SELF-INSURER

IS HANDLING CLAIMS:

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: _____

Telephone Number: _____