



BUREAU OF WORKERS' COMPENSATION
1171 SOUTH CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

DEPARTMENT OF
LABOR & INDUSTRY
COMMONWEALTH OF PENNSYLVANIA

717-772-0621

www.dli.state.pa.us

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 CONTAINED BELOW.

EMPLOYER NAME: UNIVERSITY OF PITTSBURGH **DATE POSTED:** OCTOBER 10, 2008

IF INSURED:

(Complete all applicable spaces)

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

INSURER'S BUREAU CODE: _____

**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: 0 9 0 8

**IF SOMEONE OTHER THAN SELF-INSURER
IS HANDLING CLAIMS:**

(Complete all applicable spaces)

NAME OF TPA (Claims administrator): _____

UPMC WORK PARTNERS

ADDRESS: P. O. BOX 2971

PITTSBURGH, PA 15230

TELEPHONE NUMBER: 1-800-633-1197

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