

WORKERS' COMPENSATION NOTICE

Your employer is required to provide for payment of benefits under the Workers' Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The Workers' Compensation insurance carrier or the administrator for

UNIVERSITY OF PITTSBURGH

(name of company)

is: THE TRAVELERS INSURANCE COMPANIES

(name of insurance carrier or administrator)

(name of carrier/administrator)

P.O. BOX 660456

(mailing address)

DALLAS, TX 75266-0456

(city, state, zip)

(800) 238-6225

(telephone number)

WC Supervisor

(contact person)

For more information about rights or procedures under the Indiana Workers' Compensation system, call or write:

Workers' Compensation Board of Indiana
Ombudsman Division
402 W. Washington St., Rm W196
Indianapolis, IN 46204
(317) 232-3808
1-800-824-2667

Indiana Workers' Compensation Board 06/28/02

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