



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: WMBE PAYROLLING, INC. **Date Posted:** _____

IF INSURED:
 (Complete all applicable spaces)

Name of Insurance Company:
ZURICH AMERICAN INSURANCE COMPANY OF

Address: _____

Telephone Number: _____

Insurer's Bureau Code: 2396

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

Name of TPA (Claims administrator):

Address: P.O. Box 28777
Baltimore, MD 21240

Telephone Number: 800-987-3373

Policy Number: WC 5714187

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: _____

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
 toll-free inside PA TTY: 800.362.4228 local
 & outside PA TTY: 717.772.4991

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



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