

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, thirdparty administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name: DREXEL UNIVERSITY		Date Posted:	
IF INSURED: (Complete all applicable spaces)		IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS: (Complete all applicable spaces)	
Name of Insurance Company: HARTFORD FIRE INSURANCE COMPANY		Name of TPA (Claims administrator):	
Address: ONE HARTFORD PLAZA HARTFORD CT 06155		Address:	
Telephone Number: Insurer Code:	800-327-3636	Telephone Number:	
IF SELF-INSURED: (Complete all applicable spaces) Name of person handling claims at the self-insured:		IF SOMEONE OTHER THAN SELF-INSURER IS HANDLING CLAIMS: (Complete all applicable spaces) Name of TPA (Claims administrator):	
Address:			
Telephone Number:			
Insurer Code:			
	npensation Act, 77 P.S. §1039.2, and	vingly and with intent to defraud is in viola I may be subject to criminal and civil penalt	
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			

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