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:
UNIVERSITY OF NEW MEXICO

Date Posted: _____

IF INSURED:
(Complete all applicable spaces)

Name of Insurance Company:
Twin City Fire Insurance Company

Address: One Park Place, 300 South State Street, 7th Floor
Syracuse, NY, 13202

Telephone Number: (800) 327-3636

Insurer Code: 0070

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:

Insurer 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 intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may be subject to criminal and civil penalties under Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services	**Claims Information Services**	**Hearing Impaired**	**Email**
717.772.3702	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-li-bwc-helpline@pa.gov

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

LIBC-500 REV 04-18
Form WC 88 37 01 G Printed in U.S.A.