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: DREXEL UNIVERSITY **Date Posted:** _____

IF INSURED:
(Complete all applicable spaces)

Name of Insurance Company:
PACIFIC INDEMNITY COMPANY

Address: 4 PENN CENTER
1600 JFK BOULEVARD
PHILADELPHIA, PA 19103

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: _____ _____ _____ _____

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

Name of TPA (Claims administrator):
_____
_____

Address: _____
_____

Telephone Number: _____

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

08 10 0373 (Rev. 11-09)