

**WORKERS' COMPENSATION CLAIM
(LIBC 500)**

**REMEMBER: IT IS IMPORTANT TO TELL
YOUR EMPLOYER ABOUT YOUR UNJURY**

The name, address, and telephone number of your employer's workers' compensation insurance company, third-party administration (TPA), or person handling workers' compensation claims for your company, is contained below

EMPLOYER NAME: E Stroudsburg University of PA DATE POSTED: 04/06/04

IF INSURED:
(Complete all applicable spaces)

**If SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**

(Complete all applicable spaces)

NAME OF INSURANCE COMPANY

NAME OF TPA (Claims administrator)

ADDRESS: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TELEPHONE NUMBER: _____

INSURER'S BUREAU CODE: ___ _ _ _

IF SELF-INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-
INSURER IS HANDLING CLAIMS:**

(Complete all applicable spaces)

NAME OF PERSON HANDLING CLAIMS AT THE

NAME OF TPA (Claims
administrator):

SELF-INSURED:

Inservco Insurance Services Inc.

ADDRESS: _____

ADDRESS: **PO BOX 3899**

**HARRISBURG PA
17105**

TELEPHONE NUMBER: _____

TELEPHONE NUMBER:
18003560438

SELF-INSURED BUREAU CODE: 1 2 6 0