

**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 SOUTH ALABAMA

Date Posted: _____

IF INSURED:
(Complete all applicable spaces)

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

Name of Insurance Company:
THE CINCINNATI INDEMNITY COMPANY

Name of TPA (Claims administrator):

Address:
**PO BOX 145496
CINCINNATI, OH 45250-5496**

Address:

Telephone Number: 877-242-2544

Telephone Number: _____

Insurer Code: _____

IF SELF-INSURED:

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

Name of person handling claims at the
self-insured:

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

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
PA Relay 7-1-1

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



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