Email

ra-li-bwc-helpline@pa.gov



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: INTEGRATED STATISTICS INC	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 Twin City Fire Insurance Company	Name of TPA (Claims administrator):
Address:	Address: One Park Place, 300 South State Street, 7th Floor Syracuse NY 13202
Telephone Number:	Telephone Number: (800) 327-3636
Insurer Code: 0070	_
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 self-insured:	Name of TPA (Claims administrator):
Address:	
Telephone Number:	
Insurer Code:	
Any individual filing misleading or incomplete information knowing Workers' Compensation Act, 77 P.S. §1039.2, and may be subject to	ngly and with intent to defraud is in violation of Section 1102 of the Pennsylvania to criminal and civil penalties under Pa. C.S.A. §4117 (relating to insurance fraud).

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

Hearing Impaired

toll-free inside PA TTY: 800.362.4228

local & outside PA TTY: 717.772.4991

Employer Information

Services

717.772.3702

Claims Information Services

toll-free inside PA: 800.482.2383

local & outside PA: 717.772.4447