



**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: Grand Valley State University **Date Posted:** _____

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): _____

Midwest Employers Casualty Company (GC) York Risk Services Group

Address: 14755 North Outer Forty Drive, Suite 300 Address: P.O. Box 2408
Chesterfield, MO 63017 Birmingham, AL 35201

Telephone Number: 877-975-2667 Telephone Number: 800-277-7500

Insurer 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 _____ Name of TPA (Claims administrator): _____
the self-insured: _____

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-ll-bwc-helpline@pa.gov



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