DEPARTMENT OF LABOR & INDUSTRY BUREAU OF WORKERS' COMPENSATION

REMEMBER: IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY

Provided by PostingNotice.com

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: SALISBURY UNIVERSITY		Date Posted:	11/29/2022
IF INSURED: (Complete all applicable spaces)		IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS: (Complete all applicable spaces)	
Name of Insurance Company:			
Address: 1299 ZURICH WAY SCHAUMBURG, IL 60196-5870		PO BOX 49547	
Telephone Number: 800-987-3373		Telephone Number:800-987-3373	
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 the self-insured:		Name of TPA (Claims administrator):	
Address:		Address:	
Telephone Number:		Telephone Number:	
Insurer Code:		To Report A Claim Contact: ZURICH CLAIMS SERVICES Telephone: 800-987-3373	
Any individual filing misle the Pennsylvania Workers C.S.A. §4117 (relating to	ading or incomplete information know ' Compensation Act, 77 P.S. §1039.2 insurance fraud).	ingly and with the intent to defrau , and may also be subject to crimin	d is in violation of Section 1102 of nal and civil penalties under 18 Pa.
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.go

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