



**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: _____ **Date Posted:** _____
School District

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)

→ SCHOOL DISTRICT INFORMATION

Name of person handling claims at
the self-insured: Workers Comp. Coordinator

Name of TPA (Claims administrator):
SCHOOL DISTRICTS INSURANCE CONSORTIUM

Name - _____

SDIC

Address: _____

Address: _____

P.O. BOX 1249 NORTH WALES, PA 19454

Telephone Number: _____

Telephone Number: (800) 445-6965

Self-Insured Bureau Code: 5504