



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: General Healthcare Resources, Inc. **Date Posted:** online posting

IF INSURED:

(Complete all applicable spaces)

Name of Insurance Company:

PMA Insurance Company

Address: 380 Sentry Parkway W #200

Blue Bell, PA 19422

Telephone Number: 610-397-5000

Insurer's Bureau Code: 0031

IF SOMEONE OTHER THAN INSURER IS

HANDLING CLAIMS:

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: _____

Telephone Number: _____

IF SELF-INSURED:

(Complete all applicable spaces)

Name of person handling claims at
 the self-insured: _____

Address: _____

Telephone Number: _____

Self-Insured Bureau Code: _____

IF SOMEONE OTHER THAN SELF-INSURER

IS HANDLING CLAIMS:

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: _____

Telephone Number: _____