



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
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: STAFFING SOLUTIONS

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): _____

NATIONAL CASUALTY COMPANY

NATIONAL CASUALTY COMPANY

Address: _____

Address: _____

1100 Locust St
Des Moines, IA 50391-3000

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Des Moines, IA 50391-3000

Telephone Number: (800)228-6700

Telephone Number: (800)228-6700

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: _____

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-li-bwc-helpline@pa.gov



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