



**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:** NORTHWEST BANK **Date Posted:** \_\_\_\_\_

**IF INSURED:**  
 (Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS  
 HANDLING CLAIMS:**  
 (Complete all applicable spaces)

Name of Insurance Company:  
**THE PMA COMPANIES**

Name of TPA (Claims administrator):

Address: **PO BOX 3031 380 SENTRY PARKWAY  
 BLUE BELL PA 19422-0754**

Address:

Telephone Number: 1-888-476-2669

Telephone Number: \_\_\_\_\_

Insurer Code: PMA - 031

**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*