

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:** Employment Solutions of New York, Inc. **Date Posted:** \_\_\_\_\_

**IF INSURED:**

(Complete all applicable spaces)

Name of Insurance Company:

The North River Insurance Company

Address: PO Box 14139, Lexington, KY 40512

Telephone Number: (800) 242-4566

Insurer 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: \_\_\_\_\_

Insurer Code: \_\_\_\_\_

**IF SOMEONE OTHER THAN SELF-INSURER IS  
HANDLING CLAIMS:**

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: \_\_\_\_\_

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

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