

COMMONWEALTH EMPLOYEE WORKERS' COMPENSATION INFORMATION

To: All Commonwealth Employees

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work and/or who need medical care because of a work-related injury.

Workers' compensation benefits for employees of the Commonwealth of Pennsylvania are required to be paid by the commonwealth through its claims administrator, CompServices, Inc. The commonwealth is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid. CompServices, Inc. has offices located at PO Box 8862, Camp Hill, PA 17001, telephone number 1-800-719-2889 and PO Box 535370, Pittsburgh, PA 15253, telephone number 1-888-871-3606.

You should report immediately any injury or work-related illness to your employer/supervisor. Your workers' compensation benefits could be delayed or denied if you do not notify your employer/supervisor immediately. Your Workers' Compensation Coordinator is located within the Bureau of Human Resources, DCNR, PO Box 8768, Harrisburg, PA 17105-8768, (717) 783-5782.

If your work-related injury claim is denied, you have the right to file a petition and request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone number within Pennsylvania (800) 482-2383
Telephone number outside of Pennsylvania (717) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)
www.state.pa.us - PA Keyword: workers comp

EMPLOYEE ACKNOWLEDGMENT:

Please sign and date below to certify that you have received, read and understood the information provided above. Retain one copy for your records and return the original to your Human Resources Office.

Employee Signature

Date