

**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: Loyalsock Township School District

Date Posted: 7/1/2025

IF INSURED:

(Complete all applicable spaces)

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

(Complete all applicable spaces)

Name of Insurance Company:
Eastern Alliance Insurance Company

Name of TPA (Claims Administrator):

Address: PO Box 83777
Lancaster, PA 17608-3777

Address:

Telephone Number: 1-855-533-3444

Telephone Number: _____

Insurer Code: 2279

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

500

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