Commonwealth of Pennsylvania
DEPARTMENT OF LABOR AND INDUSTRY
Bureau of Workers' Compensation
Harrisburg, PA 17104-2501

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, OR PERSON HANDLING WORKERS' COMPENSATION CLAIMS FOR YOUR COMPANY IS CONTAINED BELOW.

WILKES UNIVERSITY
EMPLOYER NAME

UNIVERSITY & COLLEGE INSURANCE CONSORTIUM
NAME OF SELF INSURED GROUP

SHARED SERVICES CONSORTIUM, LLC
NAME OF THIRD PARTY ADMINISTRATOR:

P.O. BOX 90 MECHANICSBURG, PA 17055-0090
ADDRESS

(717) 796-2200 OR (800) 641-6330
TELEPHONE NUMBERS

Policy Number WC UCIC 021-200910