

NOTICE TO ALL EMPLOYEES
IN THE EVENT OF A WORK INJURY
TELL YOUR SUPERVISOR

If you are injured while at work, Millersville University has arranged for payment of your medical care with

INSERVCO INSURANCE SERVICES, INC.
P.O. BOX 3899, HARRISBURG, PA 17105-3899
1-800-356-0438

It is your responsibility to immediately report the injury to your supervisor.

IN CASE OF WORK-RELATED INJURY OR DISEASE
IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT,
YOU MUST CHOOSE A MEDICAL PROVIDER FROM THE LIST ON PAGE 2:

If you suffer a workrelated injury, immediately report the injury to your supervisor. Failure to do so may delay your benefits or may cause you to lose your rights to benefits. For necessary medical treatment and supplies to be paid by your employer,

