## 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 means of your medical care with

## INSERVCO INSURANCE SERVICES, INC. P.O. BOX 3899, HARRISBURG, PA71053899 1-8003560438

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

## IN CASE OF WORK-RELATED INJURY OR DISEASE IN ACCORDA NCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT, YOU MUST CHOOSE A MEDI CAL PROVIDER FROM THE L IST 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 employed by the second seco

another healthcare provider for treatment as long (pr) ,w6M rá¤ìŇæ"!)'À # G X•'m Æ™L7æ'A • ¦–æœiÑ ""Ù? ùNi Eñ! "£i?""æ' " E æ•F Æ':v Q " ‰BD iÑ æ'.i e"晉<q obtained from one of the following h**eat**re <sup>v</sup> be subject to balance billing.