

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

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**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