



**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: SAINT JOSEPH MISSIONS

Date Posted: 10-10-2025

IF INSURED:

(Complete all applicable spaces)

Name of Insurance Company:

THE CINCINNATI CASUALTY COMPANY

Address:

**PO BOX 145496
CINCINNATI, OH 45250-5496**

Telephone Number: 877-242-2544

Insurer Code: _____

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

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address:

Telephone Number: _____

IF SELF-INSURED:

Name of person handling claims at the
self-insured:

Address:

Telephone Number: _____

Insurer Code: _____

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

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address:

Telephone Number: _____

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



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