

Main Line Health
Workers' Compensation Information

It is important to tell your employer about your work-related injury.

- **To Report an Injury:** An employee is required to report a work-related injury or illness using MLH Self Service. Employees can use any MLH computer, HR Department employee-dedicated computer, kiosk or personal computer connected to the internet. Employees must log in with their User ID and Password and click on the "WorkRelated Injury/Illness Rpt" link. In instances where it is impossible or impractical for the employee to self-report, the manager is expected to notify the MLH Workers' Compensation Department at workerscompensation@MLHS.org or 484.580.4411.

Employer Name: Main Line Health
Third Party Administrator: PMA Companies
380 Sentry Parkway
P.O. Box 3031
Blue Bell, PA 19422
800-222-2749

1. The workers' compensation law provides wage loss and medical benefits to an employee who cannot work, or who needs medical care because of a work related-injury.
2. Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
3. You should report immediately any injury or work-related illness to your employer.
4. Your benefits could be delayed or denied if you do not notify your employer immediately.
5. If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
6. The Bureau of Workers' Compensation cannot provide legal advice. However you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, PA 17104-2501; telephone within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.dli.state.pa.us, keyword: workers comp

I have read the above notification and acknowledge that I understand the provisions of the Pennsylvania Workers' Compensation Act as set forth above.

Signature of Employee _____ Date _____