

NOTICE TO EMPLOYEES

of Workers' Compensation Insurance for Industrial Injuries and Diseases

The undersigned, an employer subject to the provisions of the Workers' Compensation Act of Pennsylvania hereby gives notice to its employees and to all other persons interested, that it has secured the payment of the compensation payable to its employees and their dependents, by insuring with the **CM Group**.

**Claims and requests for information
are to be addressed to:**

**CM Regent Insurance Company
Workers' Compensation Division**

P.O. Box 813

New Cumberland, PA 17070

www.cmregent.com

Toll-free: 866-402-6600

Fax: 866-402-6601

BUREAU CODE # 2389

Expiration Date of Policy – July 1, 2018

**REMEMBER: IT IS IMPORTANT TO TELL
YOUR EMPLOYER ABOUT YOUR INJURY.**

