

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

The name, address and telephone number of CFTT's Workers' Compensation Insurance Company, Third-party Administrator, or person handling Workers' Compensation claims for the CFTT is contained below.

EMPLOYER NAME: Community Foundation for the Twin Tiers

NAME OF INSURANCE COMPANY: Erie Insurance Exchange

NAME OF INSURANCE AGENCY: C. A. Thrush Insurance Agency Inc.

NAME OF PERSON HANDLING CLAIMS: Bonnie Mattocks

ADDRESS: RR 1 Box 63 B
Towanda, PA 18848

TELEPHONE NUMBER: 570-265-7300

Emergency Information

This information will be used in case an employee is injured and unable to advise the CFTT who to contact or to tell about important medical concerns. Please complete the emergency notification form below. The form will be kept in your personnel file. We will ask you to periodically update it.

EMERGENCY NOTIFICATION		
Employee Name: _____		
Date Form Completed _____		
IN CASE OF EMERGENCY, NOTIFY:		

Name	Relationship	

Street	Apt.No/PO Box	

City	State	Zip

Home Phone	Business Phone	
If there is a 2 nd person you would like to name place information		