

# WORKER'S COMPENSATION NOTICE

Your employer is required to provide for payment of benefits under the Worker's Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The worker's compensation insurance carrier or the administrator for

NORTHWEST BANK

(name of company)

is: THE PMA COMPANIES

(name of insurance carrier or administrator)

\_\_\_\_\_  
(name of carrier/administrator)

PO BOX 3031                      380 SENTRY PARKWAY

(mailing address)

BLUE BELL PA 19422-0754

(city, state, zip)

1-888-476-2669

(telephone number)

\_\_\_\_\_  
(contact person)

For more information about rights or procedures under the Indiana Worker's Compensation system, call or write:

Worker's Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W196  
Indianapolis, IN 46204  
(317) 232-3808  
1-800-824-2667