

# 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 CM Regent Insurance Company.

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

CM Regent Insurance Company  
Workers' Compensation Division  
300 Sterling Parkway, Suite 100  
Mechanicsburg, PA 17050  
[www.cmregent.com](http://www.cmregent.com)  
Toll-free: 844-480-0709  
Fax: 866-402-6601

BUREAU CODE # 2389

Expiration Date of Policy –

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