

# **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**

300 Sterling Parkway, Suite 100

Mechanicsburg, PA 17050

[www.cmregent.com](http://www.cmregent.com)

Toll-free: 866-402-6600

Fax: 866-402-6601

BUREAU CODE # 2389

**Expiration Date of Policy – July 1, 2021**

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