

SUPPLEMENTAL INFORMATION ADDENDUM TO ANNUAL REPORT OF RUNOFF GROUP SELF-INSURANCE FUND

FUND ADMINISTRATOR

Company name _____
Contact person _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____
Email _____

FISCAL AGENT (if different from Fund Administrator)

Company name _____
Contact person _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____
Email _____

APPLICATION CONTACT (if different from Fund Administrator)

Company name _____
Contact person _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____
Email _____

1. Provide the following information about all companies, except the claims service company, which will be providing services to the Runoff Fund (attach additional sheets if necessary).

Company name	Services provided

2. Provide the following information about the Board of Trustees (attach additional sheets if necessary).

Name of trustee	Company	Title or position

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*