



SMT Webinar Series

Workplace Injury Packet: *A Resource for Employers and Employees*

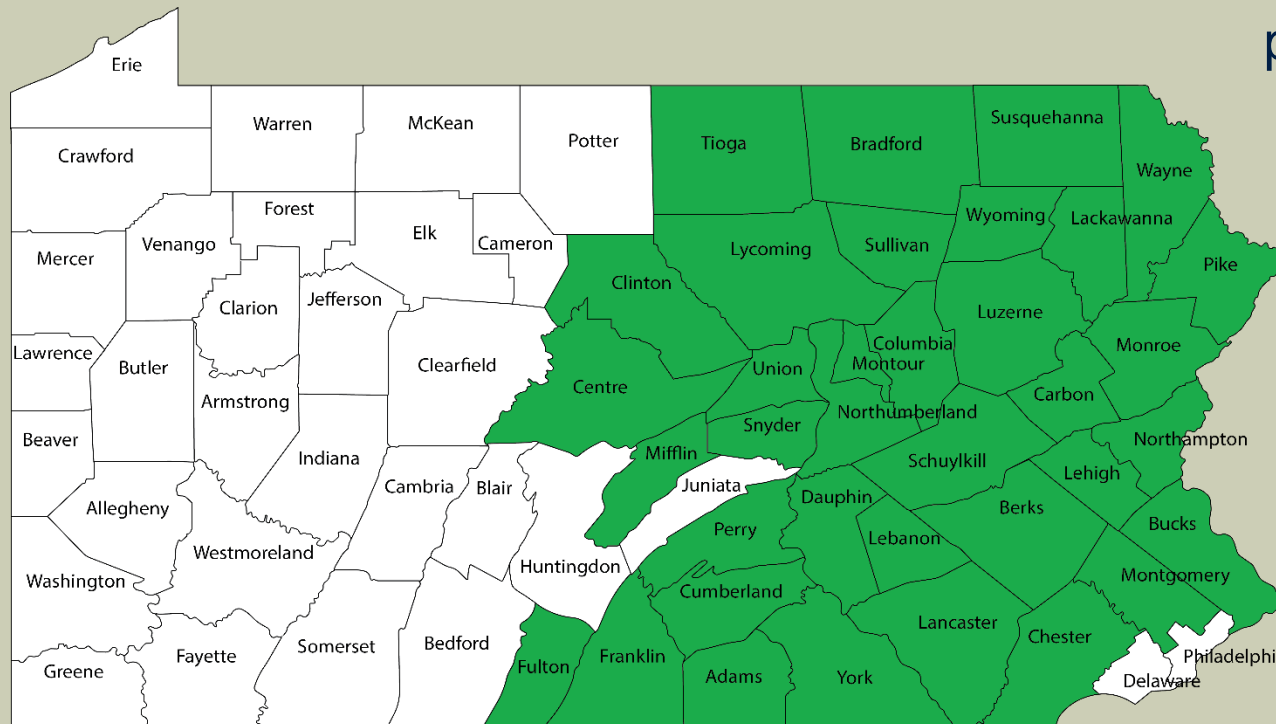
Thursday, July 28 at 9:30 a.m.



SUSQUEHANNA MUNICIPAL TRUST

**A premier self-funded
worker's compensation
program for Pennsylvania
municipal entities and their
employees.**

Established in 1995 and administered in
partnership with Benecon.



***78 members within a
38-county service area.***

Workplace Safety Resources are Available in the “Members Only” Portal of SMT’s Website



www.smtpa.org

The screenshot displays the website header with the logo and tagline: "A regional workers compensation self-insured Trust Providing coverage for Pennsylvania municipalities and authorities". The navigation menu includes "Home", "Advantages", "Board of Trustees", "Join SMT", "About SMT", "Contact Us", and "Members Only", which is highlighted with a yellow arrow. Below the menu, a section titled "Providing workers compensation coverage in eastern and central Pennsylvania" includes a "Learn More" button and a photo of a snowplow. A second section, "Susquehanna Municipal Trust", includes a photo of workers and a brief description of the organization's history and membership.

Questions about SMT’s website? Contact Kelly Holmes: kholmes@benecon.com

Workplace Injury Packet

Contents

- A. Benefits Letter
- B. Work-related Injury or Illness: What's Next?
- C. Understanding Your Benefits: FAQs
- D. PA Dept. of Labor Workers' Compensation Brochure
- E. Panel of Physicians
- F. Employee Notification
- G. Workers' Compensation Claim Flowchart
- H. Workers' Compensation Claim Contacts
- I. KeyScripts Prescription Card
- J. SMT Insurance Card Template



***Adapt and
Adopt as
Needed!***

Workplace Injury Packet

A. Benefits Letter

- ❖ Transfer to your official letterhead
- ❖ Update highlighted areas

A

[Municipality Letterhead]

TO: Injured Employee
FROM: [Municipality Name / Employer]
RE: Workers' Compensation Benefits Letter

We understand that you have been injured in the course of your employment and have filed a claim for workers' compensation benefits. We want to ensure that you receive the best possible care and that this claim goes smoothly for you. Our goal is to provide you with the necessary information to see you through this process. Please review the information below and the information contained in this packet. Please don't hesitate to let us know if you have any questions.

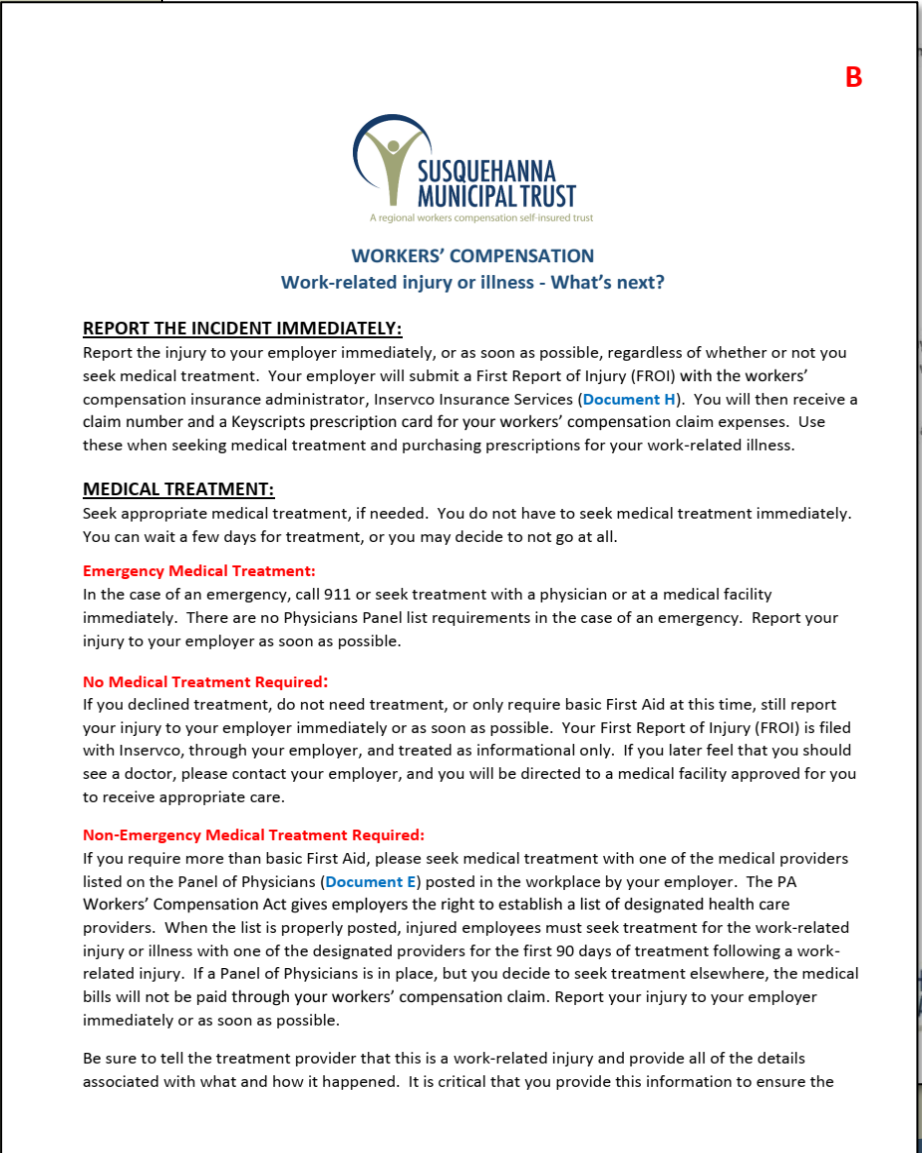
1. Report the incident and work-related injury with [designated benefits individual in your organization].
2. [The designated benefits individual within your organization] will file a First Report of Injury (FROI) with our workers' compensation administrator, Inservco Insurance Services. You will then be assigned a claim number.
3. If you are seeking medical treatment, choose a designated medical provider from the posted Panel of Physicians (see Document E). Be sure to tell the medical provider that this is a work-related injury and a workers' compensation claim.
4. If you need prescription medications, please do NOT use your health insurance card. As soon as a claim number is established for your claim, you will be provided with a Keyscripts benefits card to be used to purchase prescription medication. Please see the Keyscripts information in this packet (see Document I).
5. During the course of your injury claim, please continue to provide a copy of all medical reports and invoices from all medical providers to:
Inservco Insurance Services, Inc.
PO Box 3899
Harrisburg, PA 17105-3899
Phone: 1-800-356-0438

If you wish, submit the medical reports and invoices to [designated benefits individual within your organization], and they will forward it to Inservco for you.
6. If you are disabled from work by a physician, you may be entitled to workers' compensation indemnity benefits. More information is located in this packet (see Document C).
7. If you are disabled from work, you are required to check in with [your supervisor or designated benefits individual within your organization] on at least a [bi-weekly] basis to provide a status of your recovery and expected return to work.
8. Additional answers to frequently asked questions are provided in this packet (see Document C).
9. For specific questions regarding your workers' compensation claim, please contact an Inservco Insurance Services claims representative on the Inservco contact sheet attached (Document H).
10. Please continue to regularly communicate with us, your medical provider, and the Inservco representative as your worker's compensation claim and your recovery progresses.

Workplace Injury Packet

B. Work-related Injury or Illness: What's Next?

- ❖ Provides instructions for when an incident occurs:
 - Seek medical treatment FIRST
 - Report injury as soon as possible
 - Submit documentation to Inservco
 - ✓ Inservco = SMT's claims administrator



SUSQUEHANNA MUNICIPAL TRUST
A regional workers compensation self-insured trust

WORKERS' COMPENSATION
Work-related injury or illness - What's next?

REPORT THE INCIDENT IMMEDIATELY:
Report the injury to your employer immediately, or as soon as possible, regardless of whether or not you seek medical treatment. Your employer will submit a First Report of Injury (FROI) with the workers' compensation insurance administrator, Inservco Insurance Services ([Document H](#)). You will then receive a claim number and a Keyscripts prescription card for your workers' compensation claim expenses. Use these when seeking medical treatment and purchasing prescriptions for your work-related illness.

MEDICAL TREATMENT:
Seek appropriate medical treatment, if needed. You do not have to seek medical treatment immediately. You can wait a few days for treatment, or you may decide to not go at all.

Emergency Medical Treatment:
In the case of an emergency, call 911 or seek treatment with a physician or at a medical facility immediately. There are no Physicians Panel list requirements in the case of an emergency. Report your injury to your employer as soon as possible.

No Medical Treatment Required:
If you declined treatment, do not need treatment, or only require basic First Aid at this time, still report your injury to your employer immediately or as soon as possible. Your First Report of Injury (FROI) is filed with Inservco, through your employer, and treated as informational only. If you later feel that you should see a doctor, please contact your employer, and you will be directed to a medical facility approved for you to receive appropriate care.

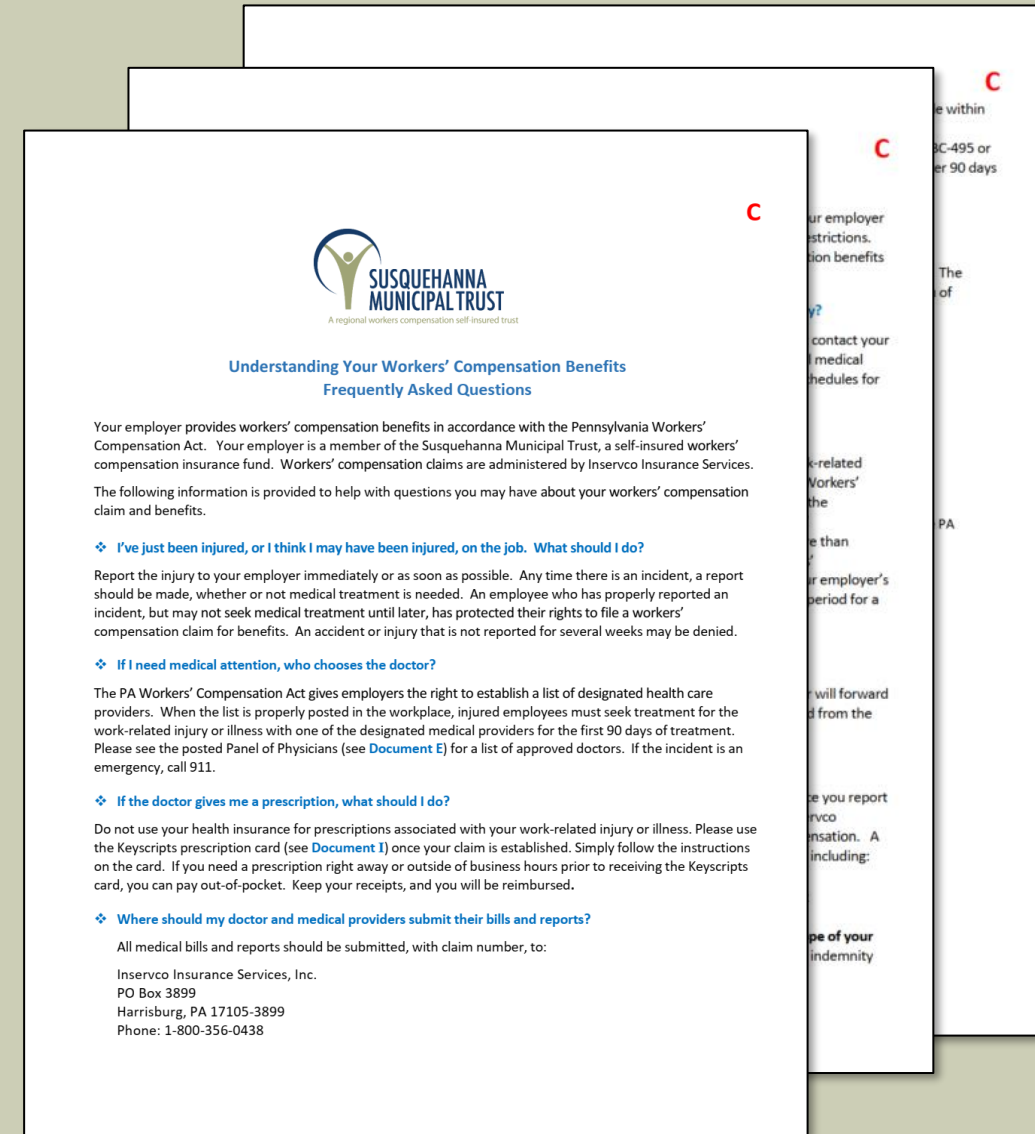
Non-Emergency Medical Treatment Required:
If you require more than basic First Aid, please seek medical treatment with one of the medical providers listed on the Panel of Physicians ([Document E](#)) posted in the workplace by your employer. The PA Workers' Compensation Act gives employers the right to establish a list of designated health care providers. When the list is properly posted, injured employees must seek treatment for the work-related injury or illness with one of the designated providers for the first 90 days of treatment following a work-related injury. If a Panel of Physicians is in place, but you decide to seek treatment elsewhere, the medical bills will not be paid through your workers' compensation claim. Report your injury to your employer immediately or as soon as possible.

Be sure to tell the treatment provider that this is a work-related injury and provide all of the details associated with what and how it happened. It is critical that you provide this information to ensure the

Workplace Injury Packet

C. Understanding Your Benefits: FAQs

- ❖ Frequently asked questions include:
 - Choosing a physician
 - Filling a prescription
 - Submitting bills and medical reports
 - Work restrictions
 - Indemnity benefits
 - Denial of benefits
- ❖ Attach any relevant sections from your personnel policy, as appropriate



Workplace Injury Packet

D. PA Dept. of Labor Workers' Compensation Brochure

- ❖ PA Bureau of Workers' Compensation issued guide to the PA Workers' Compensation Act for injured employees
- ❖ NOT a form = nothing to fill out or submit
- ❖ NOT legal advice

WORKERS' COMPENSATION AND THE INJURED WORKER
www.dli.pa.gov

This brochure is a general guide for injured workers on the Pennsylvania Workers' Compensation Act for work injuries and illnesses occurring on or after June 24, 1996. This is general information only and does not represent official interpretations of the law. Injured workers are encouraged to discuss questions and concerns regarding the workers' compensation law and the additional options with legal counsel.

What is workers' compensation? If you sustain a job injury or a work-related illness, the Pennsylvania Workers' Compensation Act, or Act provides payment for your medical expenses and, in the event you are unable to work, wage-loss compensation benefits until you're able to go back to work. Additionally, death benefits for work-related deaths are paid to your dependent survivors. Benefits are paid by private insurance companies (also includes third-party administrators) or the State Workers' Insurance Fund (a state-run workers' compensation insurance carrier) or by self-insured employers.	How do I get the benefits? <i>Prompt reporting is the key.</i> Report any injury or work-related illness to your employer or supervisor immediately. You must tell your employer that you were injured in the course of employment and inform your employer of the date and place of injury. Failure to notify the employer can result in the delay or denial of benefits. Once you have lost a day, shift or turn of work, your employer is required to report your injury to the Bureau of Workers' Compensation by filing a first report of injury. The employer may choose to either accept or deny the claim. If your claim is denied, you have the right to file a claim petition with the bureau for a hearing before a WC judge.
Are you covered? Nearly every Pennsylvania worker is covered by the Act. Employers must provide workers' compensation coverage for all of their employees, including seasonal and part-time workers. Nonprofit corporations, unincorporated businesses and even employers with only one employee must comply with the Act's requirements. Some employees are covered by other compensation laws, including federal civilian employees, railroad workers, longshoremen, shipyard and harbor workers. Others who may not be covered include volunteer workers, agricultural laborers, casual employees, domestics and employees who have been granted a personal religious exemption from the Act. Certain types of executive officers of corporations may elect exemption from the Act. A worker should seek further information if there is any doubt as to coverage.	What are the benefits? The law provides several types of workers' compensation benefits: Payments For Lost Wages Wage-loss benefits are available if it is determined that you are totally disabled and unable to work or partially disabled and receiving wages less than your pre-injury earnings. Please see the Total and Partial Disability Benefits Status section for further information as to disability status. Death Benefits If the injury results in death, surviving dependents may be entitled to benefits. Specific Loss Benefits If you have lost the permanent use of all or part of your thumb, finger, hand, arm, leg, foot, toe, sight, hearing or have a serious and permanent disfigurement on your head, face or neck, you may be entitled to a specific loss award. Medical Care Employers are responsible for advising workers of their rights and duties under Section 306(f.1)(1)(i) of the Act. The written notice of these rights and duties is to be provided to the employee at the time of injury or as soon after the injury as is practicable. In the event of a work-related illness or injury, you are entitled, if covered under the Act, to the payment of related reasonable surgical and medical services rendered by a physician or other health care provider.
When am I covered? Coverage begins on the date of hire. Medical benefits are payable from the first day of injury; payment of lost wages is addressed on Page 3.	

LIBC-100(WEB) REV 05-19 (Page 1)

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Are you covered? Nearly every Pennsylvania worker is covered by the Act. Employers must provide workers' compensation coverage for all of their employees, including seasonal and part-time workers. Nonprofit corporations, unincorporated businesses and even employers with only one employee must comply with the Act's requirements. Some employees are covered by other compensation laws, including federal civilian employees, railroad workers, longshoremen, shipyard and harbor workers. Others who may not be covered include volunteer workers, agricultural laborers, casual employees, domestics and employees who have been granted a personal religious exemption from the Act. Certain types of executive officers of corporations may elect exemption from the Act. A worker should seek further information if there is any doubt as to coverage.	What are the benefits? The law provides several types of workers' compensation benefits: Payments For Lost Wages Wage-loss benefits are available if it is determined that you are totally disabled and unable to work or partially disabled and receiving wages less than your pre-injury earnings. Please see the Total and Partial Disability Benefits Status section for further information as to disability status. Death Benefits If the injury results in death, surviving dependents may be entitled to benefits. Specific Loss Benefits If you have lost the permanent use of all or part of your thumb, finger, hand, arm, leg, foot, toe, sight, hearing or have a serious and permanent disfigurement on your head, face or neck, you may be entitled to a specific loss award. Medical Care Employers are responsible for advising workers of their rights and duties under Section 306(f.1)(1)(i) of the Act. The written notice of these rights and duties is to be provided to the employee at the time of injury or as soon after the injury as is practicable. In the event of a work-related illness or injury, you are entitled, if covered under the Act, to the payment of related reasonable surgical and medical services rendered by a physician or other health care provider.
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LIBC-100(WEB) REV 05-19 (Page 1)

Workplace Injury Packet

E. Panel of Physicians

- ❖ Must include the following:
 - Name, address, phone number, and specialty of each provider
 - At least 6 providers, at least 3 of which must be physicians:
 - ✓ Providers must be geographically accessible to employees
 - ✓ Specialties must be appropriately based on anticipated work injuries
- ❖ Must be posted in a visible area easily accessible to employees
- ❖ Must also be provided at time of injury
- ❖ *If your organization has not adopted a Panel of Physicians, remove this sample*

Questions about adopting a Panel of Physicians?

Contact: Roni Ryan: rryan@benecon.com | Melissa Kashner: mkashner@benecon.com

E
Updated [Date]
Page 1 of 1

Panel of Physicians
[TOWNSHIP / BOROUGH NAME]
INSERVCO INSURANCE SERVICES, INC.
Workers' Compensation Program: Designated Health Care Providers

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

If you suffer a work-related injury, immediately report the injury to your supervisor. Failure to do so may delay your benefits or may cause you to lose your rights to benefits. For necessary medical treatment and supplies to be paid by your employer:

- All treatment must be obtained from one of the healthcare providers listed below.
- You must continue to visit one of the healthcare providers listed below if you need treatment for 90 days from the date of your first visit. If one of the providers listed below refers you to another licensed specialist, those services will be paid.
- After this 90-day period, if you still need treatment, you may go to another healthcare provider for treatment as long as you notify your claims adjuster within five (5) days of your visit to a new provider.
- If a listed physician prescribes invasive surgery, you have the right to obtain a second opinion from a physician of your choice. If a second opinion differs from that of the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a detailed treatment plan. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

If you are faced with a medical emergency, you may secure initial emergency treatment from any emergency facility. However, when the emergency is resolved, follow-up treatment must be obtained from one of the following healthcare providers. If you choose to treat with an out-of-state or non-panel provider, you may be subject to balance billing.

NAME OF PROVIDER	STREET	CITY, STATE, ZIP	PHONE	SPECIALTY
LIST BELOW: [PROVIDERS NAMES]	[PROVIDERS LOCATIONS]			[PROVIDERS SPECIALTIES]

FOR PRESCRIPTION MEDICATIONS AND DURABLE MEDICAL EQUIPMENT OR TO SCHEDULE PHYSICAL THERAPY, CHIROPRACTIC AND DIAGNOSTIC IMAGING APPOINTMENTS, AND LOCATIONS CLOSE TO YOU, PLEASE CALL KEYSRIPTS AT 1.866.446.2848.

All of your healthcare provider bills and reports need to be sent to the following address for review and payment in accordance with the Pennsylvania Workers' Compensation Act:

Inservco Insurance Services, Inc.
P.O. Box 3899
Harrisburg, PA 17105-3899
Phone: 1.800.356.0438
Fax: 1.866.356.0438

Workplace Injury Packet

F. Employee Notification

- ❖ MUST be provided to and signed by employee:
 - At time of hire; AND
 - At time a workplace injury is reported.

- ❖ Maintain a copy in employee's personnel file

F

For Use Beginning August 23, 1996

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider, however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. You must obtain treatment from one of these providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another and that treatment will be paid for by your employer.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for treatment rendered by the provider whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days after the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE WORKER'S COMPENSATION ACT AS SET FORTH HEREIN.

DATE: _____ Employee _____

EMPLOYEE RE-NOTIFICATION

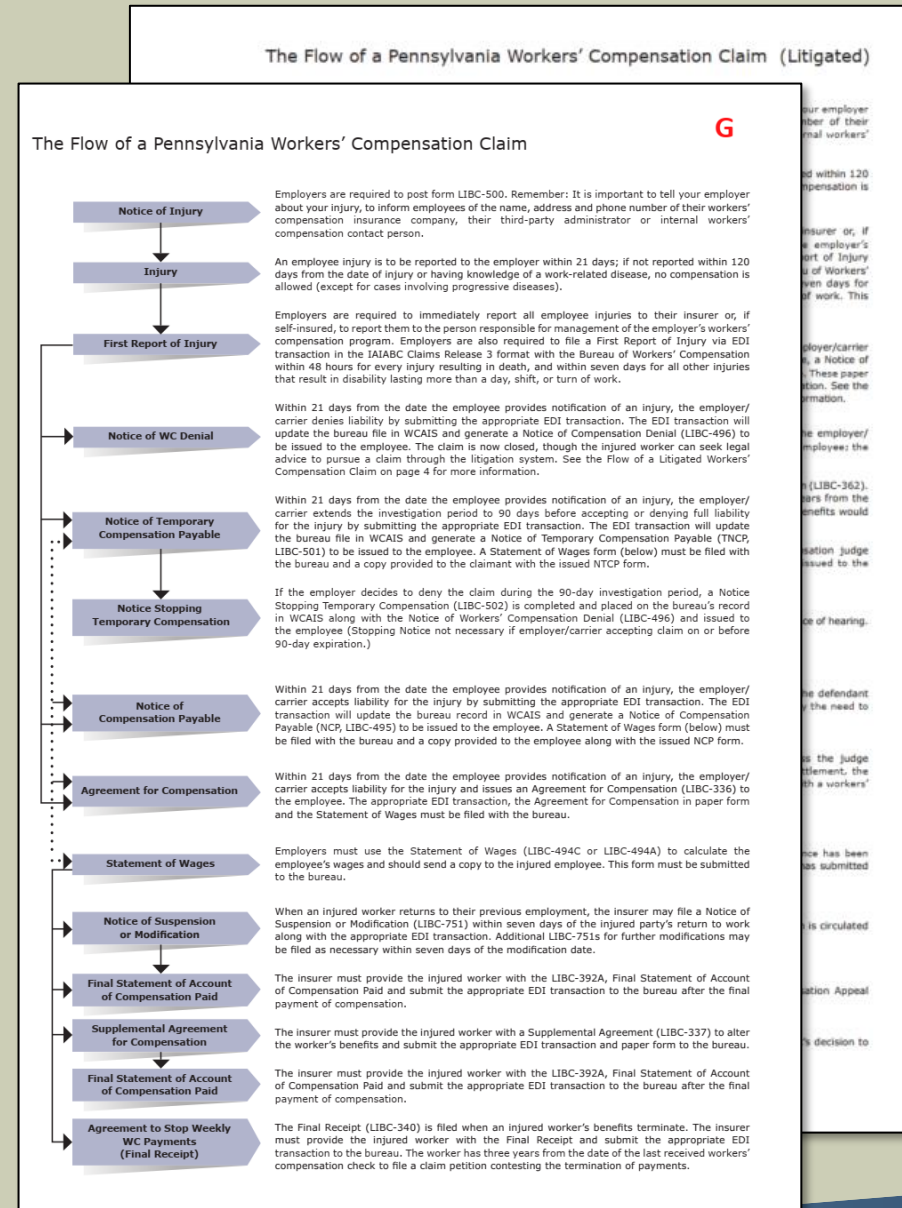
I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Worker's Compensation Act. I have received a copy of this Worker's Compensation employee notification form.

DATE: _____ Employee _____

Workplace Injury Packet

G. Workers' Compensation Claim Flowchart

- ❖ Provided by PA Bureau of Workers' Compensation
- ❖ Demonstrates potential timeline(s) of a workers' compensation claim



your employer
member of their
total workers'
ed within 120
compensation is
insurer or, if
an employer's
part of Injury
Bureau of Workers'
seven days for
of work. This
employer/carrier
via a Notice of
These paper
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formation.
the employer/
employee; the
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benefits would
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issued to the
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the defendant
of the need to
is the judge
statement, the
th workers'
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has submitted
is circulated
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s decision to

Workplace Injury Packet

H. Workers' Compensation Claim Contacts

- ❖ Lists claims adjuster contacts at Inservco
- ❖ Also includes PA Dept. of Labor & Industry contact information

H



Workers' Compensation Claims Contacts

Your employer's workers' compensation insurance coverage is provided through the Susquehanna Municipal Trust, a self-insured workers' compensation consortium of municipalities throughout eastern and central Pennsylvania.

The Trust's workers' compensation claims are handled by Inservco Insurance Services. If, at any time, you have questions regarding your claim, please contact:

INSERVCO INSURANCE SERVICES, INC.

PO Box 3899
Harrisburg, PA 17105-3899
(800) 356 - 0438
Fax (866) 356 - 0438

Sharon L. Monahan, Claims Technical Specialist at 1-800-356-0438 Ext. 4061 or smonahan@pnat.com

Anna R. Noblit, Claims Representative at 1-800-356-0438 Ext. 4049 or anoblit@pnat.com

Susquehanna Municipal Trust at www.smtpa.org

PA Department of Labor & Industry, Bureau of Workers' Compensation:

E-MAIL: ra-li-bwc-helpline@pa.gov

WC CLAIMS INFORMATION HELPLINE

Toll free inside PA: 1-800-482-2383

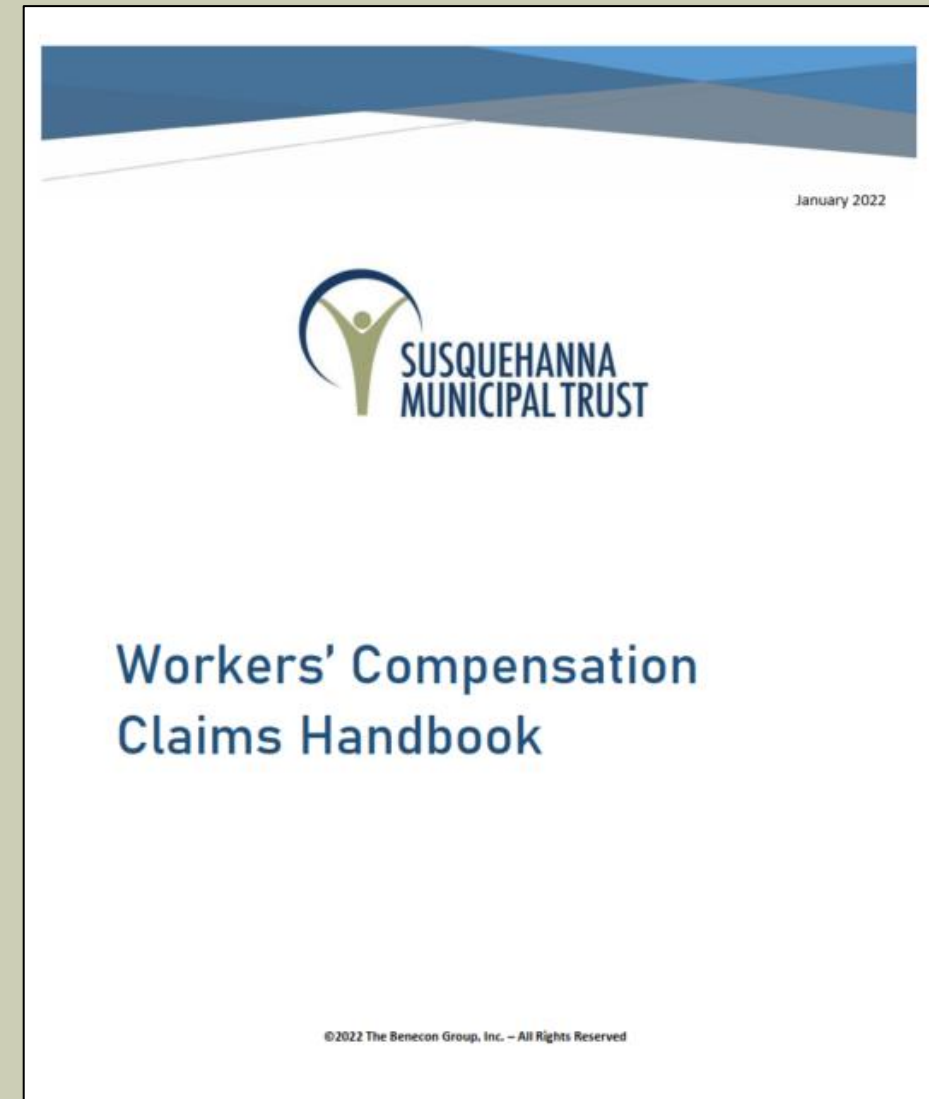
Local calls and calls from outside PA: 717-772-4447

<https://www.dli.pa.gov/Individuals/Workers-Compensation/Pages/Contact-Information.aspx>

SMT Workers' Compensation Claims Handbook

- ❖ A separate document from Workplace Injury Packet
- ❖ Also available in the “Members Only” portion of SMT’s website: www.smtpa.org
- ❖ Guide to filing a workers’ compensation claim:
 - Inservco’s online portal and First Report of Injury (FROI)
 - Pharmacy benefits program
 - Accident Investigation Reports
 - Coordinating WC with Heart & Lung benefits provided by the employer*

**A webinar offering guidance on how to coordinate a workers’ compensation claim with potential Heart & Lung benefits is also available in the “Members Only” portion of the SMT website: www.smtpa.org*



Workplace Injury Packet

I. KeyScripts Prescription Card

- ❖ KeyScripts = Inservco's pharmacy benefits manager
- ❖ Provide temporary KeyScripts card to employee at time injury is reported:
 - Card must be activated prior to contacting the pharmacy
 - Employee must present KeyScripts card to fill a prescription
 - Permanent card will be issued once employee's claim is determined to be compensable
- ❖ KeyScripts pharmacy network includes major retailers: CVS, Walgreens, Target, etc.



Toll Free 1.866.446.2848
Visit www.keyscripitsllc.com
Fax 717.732.9467

INSTRUCTIONS FOR WORKERS' COMPENSATION PRESCRIPTION BENEFIT CLAIMS

To the Card Holder:

The attached Prescription Benefit Card contains important information about your employer's prescription drug plan, and you must present it to your pharmacist when filling any prescription related to your work injury. The card requires activation by telephone. Once activated, it will authorize you to obtain only those medications that are directly related to your work injury. If your employer has called to activate your card, they will either fill in the required information on the card or provide you with the information needed to complete it. If your employer has not called to activate your card, you must call to activate the card prior to taking it to the pharmacy. When you call, you will be asked to provide your name, date of birth, employer's name and telephone number, and the date of injury. Please have this information available when you call.

**CALL 1.866.446.2848 TO ACTIVATE YOUR CARD,
OR IF YOU NEED MEDICAL EQUIPMENT & SUPPLIES**

At the time of your call, write the ID number provided to you on your Prescription Benefit Card. Upon completion of your call, your card will be immediately activated. You may then take it to your pharmacy, and your prescription(s) will be filled subject to the following conditions:

- Your prescription(s) must be related to your work injury; should you attempt to use this card for any other prescriptions, it will become your responsibility to pay for them.
- There may be limitations on how much of your prescription can be filled, and our staff may need to review certain information before filling your prescription. We will let your pharmacist know if this is the case.
- All compound medications must be preauthorized before the pharmacy can fill the prescription.
- Your prescription plan requires the pharmacist to fill prescriptions from a list of generic drugs (if one is available), unless the physician has specified that the drug must be dispensed as written (with no substitution allowed, or otherwise required by law), so you may see a change in the actual drug you receive.

Please avoid having any prescription related to your work injury filled directly by the prescribing physician's office, as most physicians do not accept prescription benefit cards similar to KeyScripts' for billing purposes. You may visit the KeyScripts network pharmacy of your choice, which includes all major retail pharmacies, such as CVS, Rite Aid, Target, Walgreens and Walmart. You can quickly find your nearest KeyScripts network pharmacy by using the *Find A Pharmacy* link on our home page, at www.keyscripits.com, or you may call our toll-free customer service center at 1.866.446.2848.

Here is your KeyScripts Prescription Benefit Card containing important claims and customer service information for you and your pharmacist. After activation, detach the lower portion of this letter and present it to your pharmacist when filling your prescription.

Detach Here

 Bin #: 009430 Group ID: INSV0030 Employee Name: _____ Employee ID: _____ Workers' Compensation Prescription Benefit Card	For customer service, call toll free, at 1.866.446.2848 ProCare Rx	To the Employee: Present this card to your pharmacy of choice for any prescription drug related to your workers' compensation injury. This card is for identification purposes only, and your pharmacist may require additional photo identification at time of fill. Unauthorized or fraudulent use of this card is punishable by law. We reserve the right to revoke this card at any time. To the Pharmacy: Submit claims via the ProCare System only for the person for whom the prescription was written. All compound medications must be preauthorized. ProCare RX 1267 Professional Parkway, Gainesville, GA 30507 Pharmacy Help Desk 1.800.377.1037
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KeyScripts, LLC 1970 Technology Parkway Mechanicsburg PA 17050

Workplace Injury Packet

J. SMT Insurance Card Template

- ❖ Make copies of this template
 - Prints best on Avery card stock
- ❖ Employee should receive one (1) card with their Workplace Injury Packet
- ❖ Write on the card the employee's claim # as issued by Inservco

Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438 Claim Number _____	Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438 Claim Number _____
Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438 Claim Number _____	Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438 Claim Number _____
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Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438 Claim Number _____	Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438 Claim Number _____



SMT Contacts

Roni Ryan, Executive Director

Susquehanna Municipal Trust at Benecon

rryan@benecon.com

717-723-4600 Ext. 186

Melissa Kashner, Manager of Risk Control Services

Susquehanna Municipal Trust at Benecon

mkashner@benecon.com

717-723-4600 Ext. 226

Kelly Holmes, Associate Account Manager

Susquehanna Municipal Trust at Benecon

kholmes@benecon.com

717-723-4600 Ext. 169





SMT Webinar Series

NEXT MONTH...

Confined Spaces

with Bill Foehlinger of PARIS

Thursday, August 25 at 7:30 a.m.

REMEMBER...as a benefit of SMT membership:

***Workplace safety and claims management resources in
the “Members Only” portal of the SMT website:***

www.smtpa.org

Thank you!

