

**DO NOT USE YOUR PRIVATE/GROUP INSURANCE CARD  
FOR WORKERS' COMP CLAIMS**

**Workers'  
Compensation**

**Member ID: 2919**

**Insured by:**  
Texas Municipal  
Intergovernmental Risk  
Pool (TMLIRP)

**Claims:**  
1821 Rutherford Lane  
P.O Box 149194  
Austin, TX 78714  
Phone: 1-800-537-6655  
Fax: 512-491-2481  
Rx: 877-229-0649

In the event of an emergency, go to the nearest emergency room. For all other injuries, visit the Political Subdivision Workers' Compensation Alliance website at [www.pswca.org](http://www.pswca.org) to locate a treating doctor within your area

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**Employed By: City of Horseshoe Bay**

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

If medicine is prescribed for a work-related injury,  
use the Optum Prescription Drug Program Card.

Notify your supervisor immediately of any work-related injury. For questions regarding workers' compensation, please contact Human Resources at 830-598-9971.

**Always dial 911 if the accident results in an emergency!**