

**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 to locate a
treating doctor within your area

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

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!