



**City of Stamford and Stamford Board of Education
Workers' Compensation PMA Service Listing
Account #9998907**

WC Claim Representatives

Alberta Loubier (Lost Time City A-C)
P: 203-679-3804
Alberta_Loubier@pmagroup.com

Anthony Meliso (Lost Time City L-Z)
P: 203-679-3859
Anthony_Meliso@pmagroup.com

Jill Moulton (Lost Time All BOE & City D-K)
P: 203-679-3802
Jill_Moulton@pmagroup.com

Rebekah Sena (Medical Only)
P: 203-679-3849
Rebehah_Sena@pmagroup.com

PMA Claim Fax Toll Free:
1-800-432-9762

PMA Wallingford Office Toll Free:
1-800-379-0276

WC Claim Supervisor

Paul Gamble
P: 203-679-3852
Paul_Gamble@pmagroup.com
*All WC Reps except Monica

HH Claim Supervisor

Ellen Hobbs
P: 203-679-3861
Ellen_Hobbs@pmagroup.com

Medical Only Supervisor

Monica Verma
C: 860-780-4831
Monica_verma@pmagroup.com

WC Claim Supervisor**

Daniel Butler
P: 203-679-3851
Daniel_Butler@pmagroup.com
**Supervisor for Monica Verma only

PMA Wallingford Office Main:
203-679-3900

Regional Mgr., Client Service Manager

Dawn Warner
P: 203-679-3817
C: 860-510-1867
Dawn_Warner@pmagroup.com

Client Service Manager

Emily Beaupre
C: 860-539-6956
Emily_Beaupre@pmagroup.com

Account Executive

Dominic Perno
P: 203-679-3938
C: 203-645-8322
Dominic_Perno@pmagroup.com

HH Claim Representatives

Amy DeMaio
P: 203-679-3836
Amy_DeMaio@pmagroup.com

Margaret (Peggy) Vitale
P: 203-679-3837

Margaret_Vitale@pmagroup.com

To file a First Report of Injury or Accident electronically go to PMA's website:
www.pmacompanies.com

- Click on the icon "Report a Claim" then select "Report a Claim Online"
- Type in your account number and password. (Your PMA account number **9998907** is your "user name" and your password is "newclaim").
- Select State (CT)
- Search for Employee Name and if found, make the appropriate selection. If not listed, select Employee Not Listed.
- Complete the screens that follow (The mandatory fields are highlighted in blue).
- To receive an email copy of the claim submitted, simply check "Send email copy to originator" and enter your email address.
- Click the submit button and your claim will be transmitted to our claims processing office. Immediately you will receive confirmation of your submitted claim along with the assigned claim number.

Other reporting options:

Email: FirstReport@pmagroup.com
Fax: **1-888-329-2721**
Phone: **1-888-476-2669**

Please forward all Medical Billing and/or Medical Reports to the address below:

**PMA Customer Service Center
P.O. Box 5231
Janesville, WI 53547-5231
Fax: 1-800-432-9762
PMA Call Center Phone Number: 1-888-476-2669**

07/21/22

Member of Old Republic Companies