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# EMPLOYER'S NOTICE OF INSURANCE

## TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by:

THE TRAVELERS INSURANCE COMPANIES

Insurer

P.O. BOX 6890

Street and Number

PORTLAND, OR 97228-6890

City

State

Zip Code

For the period from

07-01-14

Through

07-01-15

Adjusting Company

Street and Number

1-800-238-6225

City

State

Zip Code

Telephone

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers' Compensation Act COOPERATIVE PERSONNEL SERVICES

D/B/A CPS HR Consulting

Employer

By

Title

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers' Compensation Division written notice of a job-related injury, illness, or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the insurer at the above address and the Alaska Workers' Compensation Division at the nearest office listed below:

ANCHORAGE  
3301 Eagle Street  
Suite 304  
Anchorage AK 99503  
(907) 269-4980

FAIRBANKS  
675 Seventh Avenue  
Station K  
Fairbanks AK 99701-4586  
(907) 451-2889

JUNEAU  
PO Box 115512  
1111 W 8th St Room 305  
Juneau AK 99811-5512  
(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer's premises.

W54P1Q11

POLICY NUMBER (PJUB-1176A22-0-14)

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NUMERO DE POLIZA (PJUB-1176A22-0-14)

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# EMPLOYEE SAFETY AND HEALTH PROTECTION

The Arizona Occupational Safety and Health Act of 1972 (Act), provides safety and health protection for employees in Arizona. The Act requires each employer to furnish his employees with a place of employment free from recognized hazards that might cause serious injury or death. The Act further requires that employers and employees comply with all workplace safety and health standards, rules and regulations promulgated by the Industrial Commission. The Arizona Division of Occupational Safety and Health (ADOSH), a division of the Industrial Commission of Arizona, administers and enforces the requirements of the Act.

## **As an employee, you have the following rights:**

**You have the right to notify your employer or ADOSH about workplace hazards. You may ask ADOSH to keep your name confidential.**

**You have the right to request that ADOSH conduct an inspection if you believe there are unsafe and/or unhealthful conditions in your workplace. You or your representative may participate in the inspection.**

**If you believe you have been discriminated against for making safety and health complaints, or for exercising your rights under the Act, you have a right to file a complaint with ADOSH within 30 days of the discriminatory action. You are also afforded protection from discrimination under the Federal Occupational Safety and Health Act and may file a complaint with the U.S. Secretary of Labor within 30 days of the discriminatory action.**

**You have the right to see any citations that have been issued to your employer. Your employer must post the citations at or near the location of the alleged violation.**

**You have the right to protest the time frame given for correction of any violation.**

**You have the right to obtain copies of your medical records or records of your exposure to toxic and harmful substances or conditions.**

**Your employer must post this notice in your workplace.**

The Industrial Commission and ADOSH do not cover employers of household domestic labor, those in maritime activities (covered by OSHA), those in atomic energy activities (covered by the Atomic Energy Commission) and those in mining activities (covered by the Arizona Mine Inspector's office). To file a complaint, report an emergency or seek advice and assistance from ADOSH, contact the nearest ADOSH office:

**Phoenix:**  
800 West Washington  
Phoenix AZ. 85007  
602-542-5795



**Tucson:**  
2675 East Broadway  
Tucson, AZ. 85716  
520-628-5478

**Industrial Commission web site: [www.ica.state.az.us](http://www.ica.state.az.us)**

Note: Persons wishing to register a complaint alleging inadequacy in the administration of the Arizona Occupational safety and Health plan may do so at the following address:

U.S. Department of Labor - OSHA  
3221 N.16th St., Suite 100  
Phoenix, AZ 85016  
Telephone: 1-800-475-4020

# **WORK EXPOSURE TO BODILY FLUIDS**

## **NOTICE TO EMPLOYEES**

Re: Human Immunodeficiency Virus (HIV),  
Acquired Immune Deficiency Syndrome (AIDS) & Hepatitis C

Employees are notified that a claim may be made for a condition, infection, disease, or disability involving or related to the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Hepatitis C within the provisions of the Arizona Workers' Compensation Law, and the rules of The Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at work, which generally means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. **AN EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM.** Claims cannot arise from sexual activity or illegal drug use.

Certain classes of employees may more easily establish a claim related to HIV, AIDS, or Hepatitis C if they meet the following requirements:

1. The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. Included in this category are health care providers, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. **NO LATER THAN TEN (10) CALENDAR DAYS** after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, Arizona 85716, (520) 628-5188. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.

3. **NO LATER THAN TEN (10) CALENDAR DAYS** after the possible significant exposure the employee has blood drawn, and **NO LATER THAN THIRTY (30) CALENDAR DAYS** the blood is tested for **HIV OR HEPATITIS C** by antibody testing and the test results are negative.

4. **NO LATER THAN EIGHTEEN (18) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV, or **NO LATER THAN EVEN (7) MONTHS** after the date of the possible significant exposure at work, the employee is retested and the results of the test are positive for the presence of Hepatitis C or the employee has been diagnosed as positive for the presence of Hepatitis C.

**KEEP POSTED IN CONSPICUOUS PLACE  
NEXT TO WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

THIS NOTICE APPROVED BY THE INDUSTRIAL  
COMMISSION OF ARIZONA FOR CARRIER USE

ICA Form 04-615-01

**W02P4O08**

# WORK EXPOSURE TO METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA), SPINAL MENINGITIS, OR TUBERCULOSIS (TB)

## Notice to Employees

Employees are notified that a claim may be made for a condition, infection, disease or disability involving or related to MRSA, spinal meningitis, or TB within the provisions of the Arizona Workers' Compensation Law. (A.R.S. § 23-1043.04) Such a claim shall include the occurrence of a significant exposure at work, which is defined to mean an exposure in the course of employment to aerosolized MRSA, spinal meningitis or TB bacteria. Significant exposure also includes exposure in the course of employment to MRSA through bodily fluids or skin.

Certain classes of employees (as defined below) may more easily establish a claim related to MRSA, spinal meningitis or TB by meeting the following requirements:

1. The employee's regular course of employment involves handling or exposure to MRSA, spinal meningitis or TB. For purposes of establishing a claim under this section, "employee" is limited to firefighters, law enforcement officers, correction officers, probation officers, emergency medical technicians and paramedics who are not employed by a health care institution;
2. No later than thirty (30) calendar days after a possible significant exposure, the employee reports in writing to the employer the details of the exposure;
3. A diagnosis is made within the following time-frames:
  - a. For a claim involving MRSA, the employee must be diagnosed with MRSA within fifteen (15) days after the employee reports pursuant to Item No. 2 above;
  - b. For a claim involving spinal meningitis, the employee must be diagnosed with spinal meningitis within two (2) to eighteen (18) days of the possible significant exposure; and
  - c. For a claim involving TB, the employee is diagnosed with TB within twelve (12) weeks of the possible significant exposure.

Expenses for post-exposure evaluation and follow-up, including reasonably required prophylactic treatment for MRSA, spinal meningitis, and TB is considered a medical benefit under the Arizona Workers' Compensation Act for any significant exposure that arises out of and in the course of employment if the employee files a claim for the significant exposure or the employee reports in writing the details of the exposure. Providing post-exposure evaluation and follow-up, including prophylactic treatment, does not, however, constitute acceptance of a claim for a condition, infection, disease or disability involving or related to a significant exposure.

Employers must post this notice in a conspicuous place next to the Workers' Compensation Notice to Employees.



## Your Workers' Compensation Benefits – California

*This form should be given to all newly hired employees in the State of California. Its content applies to industrial injuries on or after January 1, 2013.*

**Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.**

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job, or are a victim of a workplace crime. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures to a harmful condition (such as hurting your wrist from doing the same motion over and over).

### **Workers' compensation benefits include:**

**Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. Physical therapy, occupational therapy and chiropractic visits may be limited to 24 each.

**Temporary Disability Benefits:** Payments if you lose wages while recovering. For most injuries after April 18, 2004, temporary disability benefits are limited to 104 weeks within 5 years from your date of injury. Filing a timely Employment Development Department claim may result in additional state disability benefits when TTD benefits are terminated, delayed or denied.

**Permanent Disability Benefits:** Payments if your injury causes a permanent disability. Once your injury stabilizes, your treating physician may find permanent disability, depending upon your level of recovery. The amount of permanent disability found by your doctor will be rated by your claims administrator according to your age and occupation in order to determine the percentage and corresponding dollar amount of permanent disability due. These amounts are set by state law. You have the right to obtain a state disability rating or appeal a rating.

**Return to Work Program:** If you experience a permanent earnings loss as a result of your injury and your permanent disability benefits are determined to be disproportionately low, you may qualify for additional monies from the Department of Industrial Relation's Return to Work Fund. Contact the Department of Industrial Relations at: [www.dir.ca.gov/](http://www.dir.ca.gov/) to learn more about this additional benefit.

**Supplemental Job Displacement Vouchers:** If your injury causes you to miss time from work and results in permanent disability, you may receive a supplemental job displacement voucher if your employer has not offered modified, alternative or regular employment within 60 days of receipt of the doctor's medical report indicating you have made a maximum medical recovery. The voucher is for reimbursement of education-related costs and is capped at \$6,000.00. If you receive a voucher as a result of your injury, you have two years from the date you are furnished the voucher or five years from your date of injury (whichever occurs later), to request reimbursement for qualifying expenditures.

**Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness. Burial expenses are also provided, with the maximum amount allowed dependent upon the date of injury.

Temporary disability, permanent disability, and death benefits are all payable at a rate based on 2/3 of your average weekly wage, and subject to state minimum and maximum amounts in effect on your date of injury. These benefits are paid every two weeks while you are eligible.

**Voluntary, off duty, recreational, social or athletic activities may not be covered under workers' compensation.**

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Page 1 of 6

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This form complies with Labor Code requirements §3551, §3553, and Administrative Rule §9880, and has been approved by the Administrative Director of the Division of Workers' Compensation. This form cannot be altered.

### **If you get hurt:**

**Get Medical Care.** If you need first aid, contact your employer. If you need emergency care, call for help immediately.

**Report Your Injury.** Report the injury immediately to your supervisor. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury, and must also authorize treatment within one working day after you have returned a signed and completed copy of the form. The statute of limitations for filing a workers' compensation claim is one year from the date of injury or, if resulting from repeated exposures, one year from when you realized or should have realized that your job caused the injury.

**See Your Treating Physician.** Your primary treating physician is the doctor with overall responsibility for treating your injury or illness. He or she is charged with maintaining the continuity of your care, as well as initiating referrals to specialists. If your employer has an approved Medical Provider Network (MPN), they may be able to limit your choices of treating physicians retain medical control, and require you to treat with an MPN physician from the onset. (An MPN is a selected network of healthcare providers who provide treatment to workers injured on the job. See your employer for more information on your MPN.) Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. If your employer does not have an approved MPN and you wish to change doctors in the first 30 days after reporting your claim, your claims administrator must select a new physician within five days of your request.

If you have provided your employer with the name of your personal physician before your injury and have group health insurance at the time of injury, you may see your personal physician for treatment even if your employer has an approved MPN. Your personal physician must be a general practitioner or a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, family practitioner, or multi-specialty medical group of doctors of medicine or osteopathy, and must have treated you and maintained your medical history and records before your work injury and must also agree to treat you for a work-related injury or illness. If your employer does not have an approved MPN and you gave your employer the name of your personal chiropractor or acupuncturist in writing before you were injured, you may switch to the chiropractor or acupuncturist upon request. If you still need medical care after 30 days, you may be able to switch to a doctor of your own choice.

For your convenience, optional forms to predesignate your personal physician or multi-specialty medical group of doctors of medicine or osteopathy are attached to this document. Also attached, are forms to predesignate your personal acupuncturist or chiropractor if your employer does not have a medical provider network in place. By law, chiropractors are not allowed to be the treating physician after 24 visits.

**Discrimination:** It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If your employer has been found to discriminate, you may be entitled to job reinstatement with back pay, increased compensation, and costs and expenses. You may also have additional rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-3362. You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. Hear recorded information and a list of local offices by calling toll-free **(800) 736-7401** or learn more online at: <http://www.dir.ca.gov>.

If medical care is not being provided by your employer you have several options. First, contact your claims administrator to find out the status of your claim. If you have given your employer a completed and signed claim form but your claim has been delayed for investigation, your employer is still required to authorize treatment, up to \$10,000.00, during the delay. If the claim has not been accepted yet and your medical costs have exceeded the statutory \$10,000.00 cap, you can go to your group health plan for care, find a doctor, clinic or hospital that will bill the claims administrator directly, or use public health services.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it.



You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at: <http://www.californiaspecialist.org>. You may get a list of attorneys from your local information and assistance officer or look in your yellow pages.



This form complies with Labor Code requirements §3551, §3553, and Administrative Rule §9880, and has been approved by the Administrative Director of the Division of Workers' Compensation. This form cannot be altered.

### Predesignation of personal physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if:

- you have group health coverage at the time of injury;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

### Notice of predesignation of personal physician

**Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(Name of Doctor, M.D., D.O., or medical group)

\_\_\_\_\_  
(Street address, city, state, zip code)

\_\_\_\_\_  
(Telephone number)

Employee Name (please print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Physician: I agree to this Predesignation:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician or designated employee of the physician or medical group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

### Notice of personal chiropractor or personal acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist. By law, chiropractors are not allowed to be the treating physician after 24 visits.

### Your Chiropractor or Acupuncturist's Information:

\_\_\_\_\_  
(Name of chiropractor or acupuncturist)

\_\_\_\_\_  
(Street address, city, state, zip code)

\_\_\_\_\_  
(Telephone Number)

Employee Name (please print): \_\_\_\_\_

Employee Address \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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Page 5 of 6

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This form complies with Labor Code requirements §3551, §3553, and Administrative Rule §9880, and has been approved by the Administrative Director of the Division of Workers' Compensation. This form cannot be altered.

**Contact the information & assistance unit:**

- By phone at 1-800-736-7401 – For recorded information that helps injured workers, employers and others understand California's workers compensation system, and their rights and responsibilities under the law.
- By attending a workshop for injured workers
- By calling or going in person to a local Information & Assistance Unit office:

<b>Anaheim</b> 1065 N. Pacific Center Drive Anaheim 92806 (714) 414-1801	<b>Oakland</b> 1515 Clay Street, 6th floor Oakland, CA 94612 (510) 622-2861	<b>San Diego</b> 7575 Metropolitan Drive, Suite 202 San Diego, CA 92102-4424 (619) 767-2082
<b>Bakersfield</b> 1800 30th Street, Suite 100 Bakersfield, CA 93301-1929 (661) 395-2514	<b>Oxnard</b> 1901 N. Rice Ave., Ste. 200 Oxnard, CA 93030 (805) 485-3528	<b>San Francisco</b> 455 Golden Gate Avenue, 2nd floor San Francisco, CA 94102-7014 (415) 703-5020
<b>Eureka</b> 100 "H" Street, Room 202 Eureka, CA 95501-0481 (707) 441-5723	<b>Pomona</b> 732 Corporate Center Drive Pomona, CA 91768-2653 (909) 623-8568	<b>San Jose</b> 100 Paseo de San Antonio, Room 241 San Jose, CA 95113-1402 (408) 277-1292
<b>Fresno</b> 2550 Mariposa Mall, Room 2035 Fresno, CA 93721-2219 (559) 445-5355	<b>Redding</b> 2115 Civic Center Drive Room 15 Redding, CA 96001-2796 (530) 225-2047	<b>San Luis Obispo</b> 4740 Allene Way, Suite 100 San Luis Obispo, CA 93401 (805) 596-4159
<b>Goleta</b> 6755 Hollister Avenue, Room 100 Goleta, CA 93117-5551 (805) 968-4158	<b>Riverside</b> 3737 Main Street, Room 300 Riverside, CA 92501-3337 (951) 782-4347	<b>Santa Ana</b> 605 W Santa Ana Blvd, Bldg 28 Room 451 Santa Ana, CA 92701 (714) 558-4597
<b>Long Beach</b> 300 Oceangate Street, Suite 200 Long Beach, CA 90802-4304 (562) 590-5240	<b>Sacramento</b> 160 Promenade Circle, Suite 300 Sacramento, CA 95834 (916) 928-3158	<b>Santa Rosa</b> 50 "D" Street, Room 420 Santa Rosa, CA 95404-4771 (707) 576-2452
<b>Los Angeles</b> 320 W. 4th Street, 9th floor Los Angeles, CA 90013-2329 (213) 576-7389	<b>Salinas</b> 1880 North Main Street, Suite 100 Salinas, CA 93906-2037 (831) 443-3058	<b>Stockton</b> 31 East Channel Street, Room 344 Stockton, CA 95202-2314 (209) 948-7980
<b>Marina del Rey</b> 4720 Lincoln Blvd 2nd floor Marina del Rey, CA 90292-6902 (310) 482-3820	<b>San Bernardino</b> 464 W. Fourth Street, Suite 239 San Bernardino, CA 92401-1411 (909) 383-4522	<b>Van Nuys</b> 6150 Van Nuys Blvd., Room 105 Van Nuys, CA 91401-3370 (818) 901-5367

Administrative Director of the Division of Workers' Compensation. This form cannot be altered.

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Page 6 of 6

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**STATE OF CALIFORNIA – DEPARTMENT OF INDUSTRIAL RELATIONS**  
**Division of Workers' Compensation**

**Notice to Employees – Injuries Caused By Work**

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

**Benefits.** Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. There is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if your injury arises on or after 1/1/04 and results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work.
- **Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

**If You Get Hurt:**

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. If you predesignate by naming your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Different rules apply if your employer offers a Health Care Organization (HCO) or has a Medical Provider Network (MPN). You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
4. **Medical Provider Networks.** Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. **If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor.** If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number: (800) 287-9682 MPN website: WWW.MYWCINFO.COM

MPN Effective Date \_\_\_\_\_ Current MPN's address: P.O. BOX 6510 DIAMOND BAR, CA 91765

**Discrimination.** It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Questions?** Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

**TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**

Claims Administrator \_\_\_\_\_

Phone 1-800-238-6225

Workers' compensation insurer \_\_\_\_\_ (Enter "self-insured" if appropriate)

Policy Expiration Date 07-01-15

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement (DLSE).

You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer can be found at location: **160 Promenade Circle** by calling toll-free **(800) 736-7401**. Learn more information about DWC and DLSE online: [www.dwc.ca.gov](http://www.dwc.ca.gov) or [www.dir.ca.gov/dlse](http://www.dir.ca.gov/dlse). **Ste 300**

**False claims and false denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

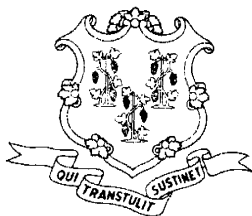






**IF YOU ARE INJURED ON THE JOB,  
WRITTEN NOTICE OF YOUR INJURY  
MUST BE GIVEN TO YOUR EMPLOY-  
ER WITHIN FOUR WORKING DAYS  
AFTER THE ACCIDENT, PURSUANT  
TO SECTION 8-43-102(1) AND (1.5),  
COLORADO REVISED STATUTES.**

**IF THE INJURY RESULTS FROM  
YOUR USE OF ALCOHOL OR CON-  
TROLLED SUBSTANCES, YOUR  
WORKERS' COMPENSATION DIS-  
ABILITY BENEFITS MAY BE RE-  
DUCED BY ONE-HALF IN ACCOR-  
DANCE WITH SECTION 8-42-112.5,  
COLORADO REVISED STATUTES.**



State of Connecticut Worker's Compensation Commission

# Notice to Employees

## Workers' Compensation Act

Chapter 568 of the Connecticut General Statutes (the Workers' Compensation Act) requires your employer,

COOPERATIVE PERSONNEL SERVICES

NO BUSINESS LOCATION

NONE CT 06101

to provide benefits to you in case of injury or occupational disease in the course of employment.

Section 31-294b of Workers' Compensation Act States: "Any employee who has sustained an injury in the course of his employment shall immediately report the injury to his employer, or some person representing his employer. If the employee fails to report the injury immediately, the commissioner may reduce the award of compensation proportionately to any prejudice that he finds the employer has sustained by reason of the failure, provided the burden of proof with respect to such prejudice shall rest upon the employer." Such an injury report by the employee is NOT an official written notice of claim for workers' compensation benefits. (The Form 30C is necessary to satisfy this requirement.)

The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is:

Name THE TRAVELERS INSURANCE COMPANIES

Address P.O. BOX 5008

Telephone (800) 238-6225

City/Town HARTFORD State CT Zip Code 06102-5008

Approved Medical Care Plan ☐ Yes ☐ No

The State of Connecticut Workers' Compensation Commission office for this workplace is located at:

999 ASYLUM AVENUE

Address 999 ASYLUM AVENUE Telephone (860) 566-4154

City/Town HARTFORD State CT Zip Code 06105

Any questions as to your rights under the law or the obligations of the employer or insurance company should be addressed to the employer, the insurance company or the Workers' Compensation Commission (1-800-223-9675).

THIS NOTICE MUST BE IN TYPE OF NOT LESS THAN TEN POINT BOLD-FACE AND POSTED IN A CONSPICUOUS PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE TO POST THIS NOTICE WILL SUBJECT THE EMPLOYER TO STATUTORY PENALTY (Section 31-279 C.G.S.).

Date Posted \_\_\_\_\_





Estimado Empleado:

Para las reclamaciones de compensación legal por accidentes de trabajo que sean compensables, su empleador proporciona cuidados médicos a través de su Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo ("WC/MCA", por sus siglas en inglés).

A pesar de que todos estamos comprometidos a fomentar un ambiente de trabajo saludable y en el que no haya riesgos, es posible que surjan enfermedades y ocurran accidentes relacionados con el trabajo. Para proporcionarle los mejores cuidados médicos posibles, en caso de que contraiga una enfermedad o sufra un accidente relacionado con el trabajo, su empleador ha implementado el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo. Este Convenio incluye una red independiente de proveedores preferidos disponible a través de la Red Coventry Integrated (la "Red").

La Red ofrece muchos beneficios, entre los que se incluyen los siguientes:

- Médicos de cabecera (PCP) y médicos especialistas
- Los Proveedores de la Red cuentan con acreditaciones obtenidas conforme a estrictas normas y criterios
- Los proveedores de la Red tienen experiencia en el tratamiento de lesiones relacionadas con el trabajo y desean prestarle ayuda para que se reincorpore al trabajo cuando sea apropiado desde el punto de vista médico.

Excepto en situaciones de emergencia y en otras circunstancias específicas, usted debe recibir cuidados médicos provenientes de un Médico de cabecera (PCP) de la Red para obtener la totalidad de los beneficios de compensación legal por accidentes de trabajo. Su empleador está preparado para ayudarle a acceder/seleccionar un médico de cabecera que pertenezca a la Red.

El convenio WC/MCA promueve un enfoque en equipo para el tratamiento de las lesiones cubiertas por la compensación legal por accidentes de trabajo. En el equipo están incluidos usted, su empleador, su médico de cabecera (PCP) y/o el Coordinador de Cuidados Médicos (MCC), su Tasador de Reclamaciones y su Gestor de Casos Médicos. Este enfoque le proporciona un tratamiento médico oportuno, adecuado y eficaz para que pueda regresar al trabajo oportunamente. Todos se benefician de esta asociación.

Como prevemos que puede tener algunas preguntas relacionadas con el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo, hemos preparado los materiales de referencia que se adjuntan.

## Florida Workers Compensation Managed Care Arrangement

### Questions & Answers The Workers Compensation Managed Care Arrangement

1. Goal of Managed Care Arrangement	<p>A. Ensure provision of prompt, high quality medical care with Network physicians following a work related injury</p> <p>B. Facilitate returning to work as soon as medically possible.</p>		
2. What is a Managed Care Arrangement?	A plan approved by the State of Florida for providing timely medical care through a partnership of the following participants:	<b>Participant</b>	<b>Role in Your Claim</b>
		Network physicians	<ul style="list-style-type: none"> <li>• Diagnose and Treat your work related injuries and make referrals to network specialty care as needed</li> <li>• Coordinate return to work with your employer</li> </ul>
		Employers	<ul style="list-style-type: none"> <li>• Develop transitional duty program</li> <li>• Ensure timely treatment following an injury</li> <li>• Facilitate return to work as soon as medically feasible</li> </ul>
		Carrier Claims Adjuster and Medical Case Manager	<ul style="list-style-type: none"> <li>• Contact you to discuss your accident and injury</li> <li>• Ensure you receive necessary treatment</li> <li>• Coordinate referrals and initial appointments with network providers</li> <li>• Answer questions about the WCMCA</li> <li>• Work with you, your employer and provider to facilitate return to work</li> </ul>
		Injured Employee	<ul style="list-style-type: none"> <li>• Report injury as promptly as possible</li> <li>• Participate in treatment as ordered by authorized physician</li> <li>• Keep employer informed about work status and restrictions</li> <li>• Return to Work when recommended by physician and accommodated by employer</li> <li>• Discuss any problems or concerns with carrier</li> </ul>
3. Is use of WC/MCA mandatory?	Yes. Only treatment provided by authorized network physicians will be compensable. Failure to follow treatment recommendations from authorized physicians may impact your claim benefits.		
4. What if I need emergency treatment after an accident?	You will treat at the nearest hospital or appropriate facility. Treatment will be authorized and bills will be paid. When you no longer require emergency treatment, you will be sent to a Network Primary Care Physician (PCP) for continued care.		
5. Where do I go if I do not need emergency treatment?	Your employer will either direct you to a physician/clinic for initial medical care, or will provide you with a list of physicians/clinics from whom you may choose your initial treating Network physician. <b>All compensable treatment must be with a Network physician authorized by your employer or the carrier before treatment begins.</b> Many network Primary Care Physicians are conveniently located 15-30 miles from your work-site, and many specialists are 30-60 miles from your work-site.		
6. What do I do when I am working for my employer outside my area and need to see a doctor?	<ul style="list-style-type: none"> <li>• If the injury is <b>not an emergency</b>, contact your employer for directions. You will be provided with a local treatment center in that area and will be referred to a physician in Network when you return to your service area, if further treatment is needed.</li> <li>• If it is an <b>emergency</b> situation, seek immediate medical attention at the nearest hospital or facility.</li> </ul>		

## Florida Workers Compensation Managed Care Arrangement

7. How can I find network physicians in my area?	The names, addresses and phone numbers of Primary Care Physicians have been posted by your employer. If you do not know where the list has been posted, ask your employer for the location. If you have access to the Internet, selecting "Locate Network Medical Providers" on the <a href="http://www.mywcinfo.com">www.mywcinfo.com</a> webpage will also take you to the list of network providers.
8. What is a Primary Care Physician (PCP) and what does the PCP do?	The Primary Care Physician is a network physician licensed as a family practitioner, general practitioner, occupational medicine, occupational/urgent clinic, internist or osteopath (or other physician which your Medical Case Manager or Claim Adjuster agrees is appropriate to treat your injury). The Primary Care Physician is responsible for providing evaluation and treatment of your work related injury.
9. What is a Medical Care Coordinator (MCC) and what does the MCC do?	The Medical Care Coordinator (MCC) is a licensed network physician who serves as the "gate keeper" for medical issues related to your work injury. The MCC will help make final medical decisions in your workers compensation claim. You will probably be examined at least one time to evaluate your work injury, treatment needs and return to work needs. The MCC may or may not be your treating physician. Once assigned to your claim, the MCC probably will not change during the length of your claim. If you have specific concerns about your medical care, you can discuss them directly with the MCC.
10. What if the PCP decides I need to see a specialist (such as an orthopedist)?	If you would like to see a specialist, gain a referral from the authorized physician in your claim. All specialty referrals must be made by network physicians already authorized to provide you with treatment. Following receipt of a referral, the Claims Adjuster or Medical Case Manager will direct you to an orthopedic surgeon or other specialist within the Network. <b>Before the first appointment with a new physician, authorization must be gained from the Claims Adjuster or Medical Case Manager.</b>
11. What if I am not happy with my physician or the treatment plan for my work injury?	<p>Contact the Medical Case Manager and/or Claim Adjuster to discuss your options.</p> <ul style="list-style-type: none"> <li>• Florida Workers Compensation law allows for one change in provider during the life of your claim. <b>All changes must be made to network physicians in the same specialty and you cannot change physicians without prior authorization.</b> Your Medical Case Manager or Claims Adjuster will make the necessary arrangements for any change in network physician. You may be able to select a new network physician from a list provided by the Claims Adjuster only if authorization of the new physician is not provided within 5 days of receipt of your written request for the one time change in physician.</li> <li>• A second opinion may be possible if there is a referral from an authorized physician with documentation that supports the medical necessity of the need for further evaluation.</li> </ul>
12. After changing an authorized treating physician, what should I do if I am still dissatisfied?	You should immediately contact your Claim Adjuster or Medical Case Manager and express your concerns and/or dissatisfaction. If you still wish to change your Primary Care Physician or specialist, you must follow the formal grievance process (please refer to the document entitled "Grievance Procedure" attached to this document).
13. What is an Independent Medical Examination (IME)?	Once, during the life of your workers compensation claim, if there is a major disagreement with the medical recommendations from an authorized treating network physician, the injured employee and the carrier/claim administrator each have the right to gain another medical opinion through an Independent Medical Examination (IME). The carrier/claim administrator will pay for the employee's IME only when a network physician is selected for the opinion, or a decision is made to authorize the treatment recommended in the IME report. An IME physician cannot become a treating physician.
14. Who do I contact to file a grievance?	<p>Contact the Grievance Coordinator by phone using 1-800-842-6771 or 800-448-0798</p> <p>Address: Travelers Workers Compensation Managed Care Arrangement,  Attention: Grievance Coordinator  P. O. Box 715  Orlando, FL 32802</p> <p>(Please see the "Grievance Procedure" and Grievance form attached to this document)</p>

# IMPORTANT WORKERS COMPENSATION INFORMATION FOR FLORIDA'S WORKERS

If you are injured as a result of a work-related accident, your employer's workers' compensation coverage may entitle you to medical and partial wage replacement benefits.

## Medical Benefits

As soon as your employer's workers' compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor visits
- Physical therapy
- Hospitalization
- Medical tests
- Prostheses
- Prescription drugs
- Travel expenses to and from authorized medical treatment or a pharmacy.

Once you reach maximum medical improvement (MMI), you are required to pay a \$10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

## Wage Replacement Benefits

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. **Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.**
- **Permanent Impairment Benefits:** These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.

## **IMPORTANT WORKERS COMPENSATION INFORMATION FOR FLORIDA'S WORKERS**

- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.
- **Death Benefits:** Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. **If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.**

### **Injured Worker Responsibilities**

#### **Communicate with the Employer:**

- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

#### **Communicate with the Carrier:**

- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.
- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.
- Keep your adjuster regularly informed on the status of your claim, medical authorization needs and any wages you have earned.  
(Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)
- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

#### **Communicate with the Authorized Treating Physician:**

- Identify all body parts that are, or potentially may, be injured, and be specific when identifying areas of pain.
- Keep your appointments.
- Clarify your work status during appointments before leaving the physician's office.
- Follow your doctor's treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).

## IMPORTANT WORKERS COMPENSATION INFORMATION FOR FLORIDA'S WORKERS

- Notify your physician of any change of address or telephone number.
- Call the authorized treating physician's office if you need to see the doctor before your next appointment date. The doctor's staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

### Carrier Responsibilities

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (DWC4) or a Notice of Denial form (DWC12).

### Employee Assistance Office

The Division of Workers' Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO's toll-free hotline at **1-800-342-1741**. EAO specialists are knowledgeable about the workers' compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at [http://www.MyFloridaCFO.com/WC/organization/eao\\_offices.html](http://www.MyFloridaCFO.com/WC/organization/eao_offices.html).

### Services provided by EAO include:

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.

Information regarding your rights and responsibilities under the Workers' Compensation Law is available in an on-line "Injured Worker Workshop" presentation on the Division's Web site at [www.MyFloridaCFO.com/WC/employee/index.html](http://www.MyFloridaCFO.com/WC/employee/index.html), and answers to frequently asked questions can be accessed at [www.MyFloridaCFO.com/WC/faq/faqwrkrs.html](http://www.MyFloridaCFO.com/WC/faq/faqwrkrs.html).

You may also submit specific questions relating to your claim to us at [wceao@MyFloridaCFO.com](mailto:wceao@MyFloridaCFO.com) and receive answers directly by e-mail.

### Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers' compensation benefits. Failure to report your injury or illness within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or approved medical treatment.

### Denial of Benefits

## **IMPORTANT WORKERS COMPENSATION INFORMATION FOR FLORIDA'S WORKERS**

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you're having with your workers' compensation claim. This help is free and available by contacting the EAO at **1-800-342-1741**.

### **Petition for Benefits**

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at [www.jcc.state.fl.us/jcc/forms.asp](http://www.jcc.state.fl.us/jcc/forms.asp).

### **Re-employment Services**

If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Department of Education, Division of Vocational Rehabilitation at [www.rehabworks.org](http://www.rehabworks.org) or call 850-245-3470 for free re-employment services.

### **Legal Representation**

You are not required to have an attorney. If you do hire an attorney to represent you with your workers' compensation claim, the fees and costs may come out of your benefits, unless your employer or workers' compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers' compensation claim. This help is **free** and available by contacting the Employee Assistance Office at **1-800-342-1741**.

### **Anti-Fraud Reward Program**

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call 1-800-378-0445.

### **Disclaimer:**

*This publication is being offered as an informational tool only and complies with s.440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers' Compensation be liable for direct or consequential damages resulting from the use of this printed material.*



(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

## OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

### WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including, an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

#### State Board of Workers' Compensation

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818

Med Now Urgent Care  
2604 Peach Orchard Rd  
Phone #706-798-4673

or 1-800-533-0682  
<http://www.sbwc.georgia.gov>

Nova Medical Center  
3209 Dean's Bridge Rd.  
Phone #762-222-1123

name/address/phone  
Timothy McKenzie MD  
1701 Magnolia Way Ste 102  
Phone #706-922-6600

name/address/phone  
Martinez Urgent Care  
210 Bobby Jones Expy  
Phone #706-855-1755

name/address/phone

name/address/phone

name/address/phone

name/address/phone

(Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business  
under the Workers' Compensation Law is:

THE TRAVELERS INSURANCE COMPANIES

Name

CALLER SERVICE #1818  
ALPHARETTA, GA 30023-1818  
address

1-800-238-6225  
phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818  
OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to  
penalties of up to \$10,000.00 per violation (O.C.G. A. § 34-9-18 and § 34-9-19)

WC-P1 (7/2006)

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

### Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$525 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$525 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$350 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$350 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$525 per week. A widowed spouse with no children will be paid a maximum of \$150,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

### Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwgc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwgc.georgia.gov>  
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

# WORKERS' COMPENSATION



is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

## IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS, TAKE THE FOLLOWING STEPS:

- 1. GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits. The employee may choose two physicians, surgeons, or hospitals. If the employer notifies you that it has an approved Preferred Provider Program for workers' compensation, the PPP counts as one of your two choices of providers.
- 2. NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.
- 3. LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

- 4. KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, go to the Illinois Workers' Compensation Commission's Web site or call any office:

Toll-free: 866/352-3033 Chicago: 312/814-6611 Peoria: 309/671-3019 Springfield: 217/785-7087  
Web site: [www.iwcc.il.gov](http://www.iwcc.il.gov) Collinsville: 618/346-3450 Rockford: 815/987-7292 TDD (Deaf): 312/814-2959

### BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.

Party handling workers' compensation claims TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA			
Business address		P.O. BOX 3205 NAPERVILLE, IL 60566-7205	
Business phone		(800) 238-6225	
Effective date	07-01-14	Termination date	07-01-15
Policy number	(PJUB-1176A22-0-14)	Employer's FEIN	680067209

## 016606

# ATTENTION

## IMPORTANT INFORMATION FOR INJURED EMPLOYEES

### CLAIMS ADVISORY/OMBUDSMAN

DIVISION OF WORKERS COMPENSATION  
800 SW JACKSON STREET STE 600  
TOPEKA KS 66612-1227

**TOLL FREE 1-800-332-0353**

If you were hurt on the job and have any questions about Workers Compensation benefits contact the **Claims Advisory Section** at the Kansas Division of Workers Compensation. The Division of Workers Compensation has full-time personnel who specialize in aiding injured workers with claim information and problems. They can give information about benefits an injured worker is entitled to receive. They can help try to solve problems with benefits not being paid on time, with medical treatment, with unpaid medical bills, with questions about how to figure settlement amounts, etc. Spanish interpreters are available at the Division of Workers Compensation.

### WHAT TO DO IF AN ACCIDENT OCCURS ON THE JOB:

1. Tell your employer that you were hurt on the job.
2. Follow your employer's instructions on getting medical aid and follow the doctor's instructions.
3. Within 200 days of the date of accident or the date of last payment of compensation for disability or authorized medical care, tell your employer **in writing** that you expect workers compensation benefits for your injury. Your employer might know you were hurt and compensation may be paid, however, you could lose all rights to future compensation if you do not tell the employer **in writing**. This is called a "**Written Claim**." Written claim may be served in person by taking it to the employer and getting a receipt for it or by mailing it to the employer by certified mail, return receipt requested. The post office receipt for the certified letter is generally sufficient proof that you sent written claim.

**AVERAGE WEEKLY WAGE:** A worker's "average weekly wage" is calculated by adding together the **base wage**, the **average weekly overtime** and the **weekly value of fringe benefits** that have been discontinued.

**WEEKLY BENEFITS:** Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they are

off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3 percent of his average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas compensation law provides for additional benefits.

**MEDICAL BENEFITS:** An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more.

### **RESPONSIBILITIES OF THE EMPLOYER:**

1. Employers must report all employee injuries to the Division of Workers Compensation within 28 days from the date of injury, or the date the employer learned about the injury.
2. Employers must provide for the payment of workers compensation claims without any charge to employees.
3. Employers must post written notice of workers compensation insurance coverage in both Spanish and English.
4. Employers must pay compensation benefits regardless of insurance coverage.
5. Upon receiving notice of an injury, employers must provide the employee with written information to assist the injured worker in obtaining compensation.

### **EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS:**

#### **YOUR CLAIM WILL BE HANDLED BY:**

Company Travelers Insurance Companies  
Address PO Box 2928  
Overland Park KS 66201  
Contact Person WC Supervisor / CPS HR Consulting Lynn Hannblom  
Telephone (800) 238 6225 916 471 3380



*This notice must be posted and maintained by the employer in one or more conspicuous places.*

## Workers Compensation Rights and Responsibilities

Your employer is subject to the Kansas Workers Compensation Law which provides compensation for job-related injuries.

**This notice applies to dates of accidents on or after April 25, 2013.**

**Este aviso aplica a las fechas de los accidentes a partir de Abril 25, 2013.**

### WHAT TO DO IF AN INJURY OCCURS ON THE JOB

**NOTIFY YOUR EMPLOYER IMMEDIATELY.** Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) **20 calendar days** from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, **20 calendar days** from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, **10 calendar days** after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

**BENEFITS.** Benefits are paid by the employer's insurance carrier or self insurance program. Benefits include medical treatment, partial wage replacement for lost time and additional benefits if the injury results in permanent disability. An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00 dollars for the unauthorized medical treatment.

### QUE HACER SI UNA LESIÓN OCURRE EN EL TRABAJO

**NOTIFIQUE A SU EMPLEADOR INMEDIATAMENTE.** De acuerdo con el artículo de ley K.S.A. 44-520, un reclamo puede ser negado si el empleado no notifica a su empleador dentro de antes de las siguientes fechas: (A) **20 días** a partir de la fecha del accidente o la fecha de la lesión debido a trauma por movimientos repetitivos; (B) si el empleado está trabajando con el empleador en contra del cual se están buscando beneficios y dicho empleado busca tratamiento médico por cualquier lesión por accidente o trauma repetitiva, **20 días** a partir de la fecha que dicho tratamiento médico ha sido obtenido; o (C) si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, **10 días** después del último día de trabajo para dicho empleador.

El aviso puede darse oralmente o por escrito. Donde el aviso se da oralmente, si el empleador ha designado un individuo o departamento a quien el aviso se debe dar y tal designación ha sido comunicada por escrito al empleado, aviso a cualquier otro individuo o departamento deberá ser insuficiente bajo esta sección. Si el empleador no ha designado a un individuo o departamento a quien se debe dar el aviso, el aviso puede darse a un supervisor o gerente.

Donde el aviso se hace por escrito, el aviso debe ser enviado a un supervisor o gerente de la oficina principal de empleo del trabajador.

El aviso, sea que se haga oralmente o por escrito, debe incluir la hora, fecha, lugar, persona lesionada y detalles de tal lesión. Debe ser visible a partir del contenido del aviso, que el empleado está reclamando beneficios bajo la ley de compensación del trabajador o que ha sufrido una lesión relacionada con el trabajo.

**BENEFICIOS.** Los beneficios son pagados por la compañía aseguradora del empleador o programa de seguro propio. Los beneficios incluyen tratamiento médico, reemplazo de sueldo parcial por tiempo perdido y beneficios adicionales si la lesión resulta en incapacidad permanente. El empleador debe proporcionar todo el tratamiento médico necesario y tiene el derecho de designar al doctor para dicho tratamiento. Si el empleado busca tratamiento con un doctor que no ha sido autorizado por el empleador, el empleador o su compañía aseguradora serán responsables de pagar solamente los primeros \$500.00 dólares para tratamiento médico no autorizado.

### WHERE TO GET HELP WITH YOUR CLAIM (DÓNDE CONSEGUIR AYUDA CON SU RECLAMO)

THE TRAVELERS INSURANCE COMPANIES

Employer's Insurance Carrier (Compañía Aseguradora del Empleador)

( ) (800) 238-6225

Telephone (Teléfono de la Aseguradora)

PO BOX 2928

OVERLAND PARK, KS 66201-1328

Address (Dirección de la Aseguradora)

**For questions about Workers Compensation Law, contact (Para preguntas acerca de la Ley de Compensación del Trabajador):**

KANSAS DEPARTMENT OF LABOR  
Division of Workers Compensation/Ombudsman  
401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105

Web site: [www.dol.ks.gov/workcomp/default.aspx](http://www.dol.ks.gov/workcomp/default.aspx)  
E-mail: [wc@dol.ks.gov](mailto:wc@dol.ks.gov)  
Phone: (800) 332-0353 or (785) 296-4000

Persons with impaired hearing or speech utilizing a telecommunications device may access the above number(s) by using the Kansas Relay Center at (800) 766-3777.

## INFORMATION FOR INJURED EMPLOYEES

K-WC 27-A (Rev. 4-13)

**\* THIS NOTICE APPLIES TO ACCIDENTS ON OR AFTER APRIL 25, 2013 \***

**Employers are required to provide this information to each injured worker**

### WHAT TO DO IF AN INJURY OCCURS ON THE JOB

If you have any questions about workers compensation benefits, contact the Division of Workers Compensation at the phone number at the bottom of the page. **Assistance in Spanish is available.**

- (1) NOTIFY YOUR EMPLOYER IMMEDIATELY:** Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) 20 calendar days from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, 10 calendar days after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

- (2) FOLLOW YOUR EMPLOYER'S INSTRUCTIONS** for getting medical aid and follow the doctor's instructions.
- (3) MEDICAL BENEFITS:** An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500.00. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).
- (4) WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self insurance program.** Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3 percent of his/her average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas Workers Compensation law provides for additional benefits.



## RESPONSIBILITIES OF THE EMPLOYER

1. Employers must report all employee injuries to the Division of Workers Compensation within 28 days from the date of injury, or the date the employer learned about the injury, when the employee is wholly or partially incapacitated for more than the remainder of the day, turn or shift.
2. Employers must provide for the payment of workers compensation claims without any charge to employees.
3. Employers must post the Workers Compensation Notice prepared by the Director.
4. Employers must pay compensation benefits, regardless of insurance coverage.
5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his rights and responsibilities in obtaining compensation.

## EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS

### YOUR CLAIM WILL BE HANDLED BY:

Company THE TRAVELERS INSURANCE COMPANIES

PO BOX 2928  
Address OVERLAND PARK, KS 66201-1328

Contact Person \_\_\_\_\_

Phone (\_\_\_\_\_) (800) 238-6225

E-mail \_\_\_\_\_



## COMMONWEALTH OF KENTUCKY WORKERS COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer Name: COOPERATIVE PERSONNEL SERVICES  
241 LATHROP WAY

Address: SACRAMENTO CA 95815

Workers Compensation Carrier  
(or third party administrator): THE TRAVELERS INSURANCE COMPANIES

Policy #: (PJUB-1176A22-0-14), effective 07-01-14 to 07-01-15

Address: P.O. BOX 50472  
INDIANAPOLIS IN 46250-0472

Telephone: 1-800-238-6225, Contact Person CLAIM MANAGER

EMPLOYEES: If INJURED - NOTIFY your supervisor IMMEDIATELY; when possible Notice should be in writing. FAILURE to notify your supervisor could result in denial of benefits. OBTAIN MEDICAL CARE. Your employer must pay for ALL NECESSARY MEDICAL CARE to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan employee selection of physicians is LIMITED to the Approved Provider Network, except in certain emergencies. FOR INJURIES REQUIRING CONTINUING CARE the EMPLOYEE MUST DESIGNATE A TREATING PHYSICIAN, a form to do so will be furnished by your employer or its insurance carrier.

This employer IS ☒ IS NOT ☐ participating in a Managed Care Plan for medical care. The name of the Managed Care Plan is Medical Provider Network, its representative is , phone number 800-238-6225

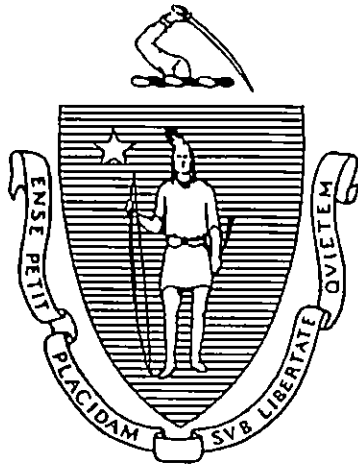
DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers Compensation Act after seven (7) days of disability. A CLAIM MUST BE filed with the Department of Workers Claims WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers compensation rights are not promptly answered call The Kentucky Department of Workers Claims at 1-800-554-8601 to speak to an Ombudsman or Workers Compensation Specialist.

EMPLOYER SUPERVISORS - NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

W16P1P07

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 600 Washington Street, Boston, Massachusetts 02111 617-727-4900 — <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(PJUB-1176A22-0-14)

07-01-14 TO 07-01-15

POLICY NUMBER

EFFECTIVE DATES

JENKINS INS SERVICES

P O BOX 13847

SACRAMENTO

CA 958533847

NAME OF INSURANCE AGENT ADDRESS

PHONE #

COOPERATIVE PERSONNEL SERVICES

70 EVERETT AVENUE

CHELSEA  
MA 02150

EMPLOYER

ADDRESS

Lynn Hannblom

7/1/2014

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**



# WORKERS' COMPENSATION

## WORKERS' COMPENSATION BOARD REGIONAL OFFICES

**AUGUSTA**  
24 Stone Street, Suite 102  
Augusta, ME 04330  
207-287-2308  
1-800-400-6854

**LEWISTON**  
36 Mollison Way  
Lewiston, ME 04240-5811  
207-753-7700  
1-800-400-6857

**BANGOR**  
106 Hogan Road, Suite 1  
Bangor, ME 04401  
207-941-4550  
1-800-400-6856

**PORTLAND**  
62 Elm Street  
Portland, ME 04101  
207-822-0840  
1-800-400-6858

**CARIBOU**  
43 Hatch Drive, Suite 110  
Caribou, ME 04736-2347  
207-498-6428  
1-800-400-6855

Visit our website at:  
**www.maine.gov/wcb**  
**Statewide TTY: Maine Relay 711**

## Notice to Employees:

State law requires your employer to provide workers' compensation insurance for its employees. Workers' compensation insurance provides benefits to employees who are injured at work.

If you are injured at work, NOTIFY YOUR EMPLOYER AT ONCE. You may lose your right to receive benefits unless your employer is notified within 30 days of your injury. Your claim is also subject to a two year statute of limitations. Worker advocates are available at the Workers' Compensation Board to help injured workers.

It is against the law for employers to misclassify employees as independent contractors for the purposes of avoiding workers' compensation insurance, unemployment coverage, or other employer paid taxes and withholdings. For more information on laws pertaining to the hiring of independent contractors, visit the Worker Misclassification Task Force website at [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

If you have any questions about your rights, please contact one of the regional offices.

## A l'intention des Employes:

D'après les lois de l'Etat du Maine, votre employeur est tenu de souscrire à une assurance indemnisant ses employés victimes d'un accident du travail.

Si vous êtes victime d'un accident du travail, PREVEENEZ VOTRE EMPLOYEUR IMMEDIATEMENT. Passé un délai de 30 jours, vous risquez de perdre vos droits à l'indemnisation. Au-delà de deux ans, votre déclaration n'est plus recevable. Pour aider les victimes d'un accident du travail, le Workers' Compensation Board met des conseillers juridiques à leur disposition.

La loi interdit aux employeurs de classifier fallacieusement leurs salariés comme étant des contractants privés aux fins d'échapper à l'assurance compensatrice-employé, aux

indemnités de chômage, ou aux autres charges et retenues dues par employeur. Pour plus de détails sur la législation relative à l'utilisation des services privés, visitez le site internet de Worker Misclassification Task Force (Unité anti-fraude en matière de classification des salariés) : [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

Si vous n'êtes pas sûr de vos droits, veuillez contacter l'un des bureaux régionaux.

## Aviso a los Trabajadores:

La ley del estado de Maine requiere que su empresario proporcione el seguro de compensaciones para el trabajador a todos los trabajadores. El seguro de compensaciones para el trabajador proporciona beneficios a los trabajadores accidentados en el trabajo.

En caso de sufrir accidente o daño laboral, NOTIFIQUELO INMEDIATAMENTE A SU EMPRESARIO. Podría perder el derecho a recibir compensación a menos que su empresario sea notificado de este accidente o daño en el plazo de 30 días. Así mismo esta reclamación debe hacer referencia a un accidente o daño que no haya ocurrido hace más de dos años. Los defensores del trabajador están disponibles para proporcionar ayuda a los trabajadores accidentados en el Consejo de Administración de Compensaciones para el Trabajador (Workers' Compensation Board).

El hecho de no clasificar a los empleados como contratistas independientes, con el propósito de evitar el seguro por compensación al trabajador, cobertura para desempleados, u otros impuestos pagados y retenidos por el empleador; está en contra de la ley del empleador. Para mayor información acerca de las leyes pertenecientes a la contratación de contratistas independientes, visite el Worker Misclassification Task Force en la página web de [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

En caso de tener cualquier pregunta sobre sus derechos, favor de dirigirse a una de las oficinas regionales de compensaciones para el trabajador.

ENGLISH

Interpreters Available  
When calling for assistance, please say the name of your language in English and an interpreter will be called for you. Please stay on the line.

SPANISH

Tenemos intérpretes a su disposición  
Si necesita que le atiendan en español por favor diga "Spanish" y le conectaremos con un intérprete. Por favor manténgase en la línea.

PORTUGUESE

Temos intérpretes à sua disposição  
Se precisar de atendimento em Português, por favor diga "Portuguese" e um intérprete será prontamente chamado. Por favor, aguarde na linha.

ITALIAN

Abbiamo intérpreti disponibili  
Se avete bisogno di assistenza in Italiano, Vi preghiamo di dire "Italian" e un intérprete sarà messo a Vostra disposizione. Vi preghiamo di rimanere in linea.

FRENCH

Des intérprètes sont à votre disposition  
Lorsque vous appelez pour demander de l'aide, prononcez le mot "French" et nous mettrons un intérprete à votre disposition. Prière de rester en ligne.

POLISH

Tłumacze dostępni na życzenie.  
Aby uzyskać pomoc tłumacze, proszę powiedzieć po angielsku "Polish" i czekać na linii.

RUSSIAN

“К вашим услугам имеются переводчики”  
“Когда Вы обращаетесь за помощью по телефону, пожалуйста скажите, что Вы говорите по-русски (произнесите “РАШН”), и мы обеспечим Вас переводчиком. После этого, пожалуйста, оставайтесь на линии.”

CHINESE

提供口譯服務  
打電話請求幫助時，請用英語說“按音呢斯” (CHINESE)——我們將為您提供口譯人員。請不要挂斷電話。

JAPANESE

通訳サービスをご利用いただけます  
通訳を必要とされる場合は「ジャパニーズ」とおっしゃり、通訳がでるまでそのままお待ちください。

KOREAN

한국어 통역을 이용하실 수 있습니다.  
도움이 필요하여 전화를 거실 때 영어로 코리언 (KOREAN)이라고 말씀하시면 통역자를 연결해 드릴 것입니다. 전화를 끊지 마시고 기다리십시오.

VIETNAMESE

“Cố Thông Dịch Viên”  
“Khi gọi điện thoại để được giúp đỡ, xin quý vị hãy nói “VIETNAMESE” để chúng tôi cho thông dịch viên giúp quý vị. Xin quý vị chờ trên đường dây.

ARABIC

مترجمون شفيون متيسرون لخدمتكم  
عند إتصالكم للمساعدة أو لطلب خدمة معينة نرجو منكم أن تتذكروا (أ-ز-ب-ك) وننحن سنقدم لكم مترجما شفييا . إبقوا على الخط من فضلكم.

PERSIAN

افراد مترجم در دسترس مي باشند.  
را كه بدان صحبت مي كنيد به انگليسي ذكر كنيد تا راجع به امري به ما تلفن مي كنيد، لطفاً نام زباني قطع نكنيد. هنگاميكه براي درخواست كمك يا شما تماس گرفته شود. لطفاً روي خط منتظر بمانيد.  
با يك مترجم براي

SOMALI

Turjunaanno waa la helayaa  
Marka aad caawinaad inoogu soo yeeranaysid, fadhlan luqaddaada af Ingiriisi inoogu sheeg turjubaan ayaa lguugu yeeri doonaaye. Taleefoonkana ha dhigin.

# Workers' compensation

## – If you are injured –

- Report any injury to your supervisor as soon as possible, no matter how minor it may appear. You may lose the right to workers' compensation benefits if you do not make a timely report of the injury to your employer. The time limit may be as short as 14 days.
- Provide your employer with as much information as possible about your injury.
- Get any necessary medical treatment as soon as possible. If you are not covered by a certified managed care organization (CMCO), you may treat with a doctor of your choice. Your employer must notify you in writing if you are covered by a CMCO.
- Cooperate with all requests for information concerning your claim.  
The law allows the workers' compensation insurer to obtain medical information related to your work injury without your authorization, but they must send you written notification when they request the information.  
The insurer cannot obtain other medical records unless you sign a written authorization.
- Get written confirmation from your doctor about any authorization to be off work. The note should be as specific as possible.

## – Workers' compensation pays for –

- Medical care for your work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income.
- Compensation for permanent damage to or loss of function of a body part.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer due to your work injury.
- Benefits to your spouse and/or dependents if you die as a result of a work injury.

## – What the insurer must do –

- The insurer must investigate your claim promptly. If you have been disabled for more than three calendar-days, the insurer must begin payment of benefits or send you a denial of liability within 14 days after your employer knew you were off work or had lost wages because of your claimed injury.
- **If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will notify you and must start paying wage-loss benefits within the 14 days noted above. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.
- **If the insurer denies your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will send notice to you within 14 days. The notice must clearly explain the facts and reasons why they believe your injury or illness did not result from your work or why the claimed wage-loss benefits are not related to your injury.  
If you disagree with the denial, talk with the insurance claims adjuster who is handling your claim. If you are not satisfied and still disagree with the denial, **call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline at 1-800-342-5354.**

**Fraud** Collecting workers' compensation benefits you are not entitled to is theft. If you have reason to suspect someone is committing workers' compensation fraud, call 1-888-FRAUD MN (1-888-372-8366).

*For more information about workers' compensation  
or if you need assistance with a claim, contact:*

Department of Labor and Industry  
Workers' Compensation  
443 Lafayette Road N.  
St. Paul, MN 55155

(651) 284-5032  
1-800-DIAL-DLI (1-800-342-5354)  
dli.workcomp@state.mn.us  
www.dli.mn.gov

**Insurer name**

THE TRAVELERS INSURANCE C  
OMPANIES

1-800-238-6225

Phone number

**Posting required by law in a conspicuous location wherever the employer is engaged in business.**

This material can be provided to you in different formats (Braille, large print or audio) if you call (651) 284-5005; toll-free at 1-800-DIAL-DLI (1-800-342-5354); or via TTY at (651) 297-4198.

April 2012

# Compensación laboral

## – Si usted se lesiona –

- Informe cualquier lesión a su supervisor tan pronto le sea posible; no importa qué tan leve le pueda parecer. Usted podría perder el derecho a los beneficios de compensación laboral si no presenta a tiempo un informe de la lesión a su empleador. El tiempo límite puede ser tan corto como 14 días.
- Provea a su empleador la mayor cantidad de información posible sobre su lesión.
- Obtenga el tratamiento médico que necesite lo más pronto posible. Si no está cubierto por una organización de atención médica certificada (CMCO, por sus siglas en inglés), usted puede recibir tratamiento con el doctor que usted elija. Su empleador debe notificarle por escrito si tiene cobertura con una CMCO.
- Colabore con todas las solicitudes de información relacionadas con su reclamo.  
La ley permite que la aseguradora de compensación laboral obtenga la información médica relacionada con su lesión sin su autorización, pero le debe enviar una notificación por escrito cuando solicite la información.  
La compañía aseguradora no puede obtener otros expedientes médicos a menos que usted firme una autorización por escrito.
- Cualquier autorización para ausentarse del trabajo necesitará una confirmación escrita de su médico. La nota debe ser lo más específica posible.

## – Pagos por compensación laboral –

- Atención médica razonable y necesaria para su lesión ocurrida en el trabajo.
- Beneficios por salario perdido para cubrir parte de los ingresos no recibidos.
- Compensación por daños permanentes o por pérdida de la función de una parte del cuerpo.
- Servicios de rehabilitación vocacional si usted no puede regresar al trabajo o a su empleador previo al accidente, debido a su lesión en el trabajo.
- Beneficios para su cónyuge o dependientes si usted fallece como consecuencia de una lesión laboral.

## – Lo que la aseguradora debe hacer –

- La compañía aseguradora deberá investigar su reclamo con prontitud. Si usted ha estado incapacitado por más de tres días calendario, la aseguradora debe iniciar el pago de beneficios o enviarle un aviso de negación de responsabilidades dentro de los 14 días después que su empleador se enteró de su ausencia laboral o había perdido parte de su salario debido a una demanda por lesión.
- **Si la compañía aseguradora acepta su reclamo de beneficios por pérdida de salario y usted ha estado incapacitado por más de tres días consecutivos:** La aseguradora le notificará y deberá iniciar el pago de los beneficios por pérdida de salario dentro de los 14 días mencionados anteriormente. La aseguradora deberá pagar los beneficios puntualmente. Los beneficios por pérdida de salario se pagan en los mismos intervalos que sus cheques de nómina.
- **Si la compañía aseguradora deniega su reclamo de beneficios por pérdida de salario y usted ha estado incapacitado por más de tres días consecutivos:** La aseguradora le enviará una notificación dentro de los 14 días. La notificación debe explicar claramente los hechos y motivos por los cuales ellos consideran que su lesión o enfermedad no fue resultado de su trabajo o por qué los beneficios por pérdida de salarios que reclama no están relacionados con su lesión.  
Si usted no está de acuerdo con la denegación, hable con el ajustador de reclamos de la aseguradora a cargo de su reclamo. Si usted no está satisfecho y aún está en desacuerdo con la denegación, **comuníquese con la unidad de Compensación para Trabajadores del Departamento de Trabajo e Industria de Minnesota (Minnesota Department of Labor and Industry) al teléfono gratuito 1-800-342-5354.**

**Fraude** Cobrar beneficios de compensación laboral a los cuales no tiene derecho, se considera robo. Si tiene motivos para sospechar que alguien está cometiendo fraude con el programa de compensación laboral, llame al 1-888-FRAUD MN (1-888-372-8366).

*Para obtener información adicional sobre compensación laboral o si necesita ayuda con un reclamo, comuníquese con el:*

Department of Labor and Industry (651) 284-5032  
Workers' Compensation 1-800-DIAL-DLI (1-800-342-5354)  
443 Lafayette Road N. dli.workcomp@state.mn.us  
St. Paul, MN 55155 www.dli.mn.gov

**Nombre de la compañía aseguradora**

THE TRAVELERS INSURANCE C  
OMPANIES

1-800-238-6225

Número de teléfono

**Por ley, esta información se debe colocar en un lugar visible en todas las áreas en las que la empresa hace negocios.**

Este material está disponible en diferentes formatos (Braille, letra de imprenta grande o audio) si llama al (651) 284-5005; llamada gratuita al 1-800-DIAL-DLI (1-800-342-5354) o v a TTY (retransmisión) al (651) 297-4198. Abril de 2012



# DIVISION OF WORKERS' COMPENSATION

Missouri Division of Workers' Compensation  
P.O. Box 58, Jefferson City, MO 65102  
573-751-4231

**Insurance Company, Third  
Party Administrator, Service  
Company, or Designated  
Individual If Self-Insured**

Name THE TRAVELERS INSURANCE COMPANIES

Address P.O. BOX 66852 ST. LOUIS, MO 63166-6852

Phone (800) 238-6225

## EMPLOYEE INFORMATION

The Missouri Division of Workers' Compensation (DWC) administers programs for workers who have been injured on the job or exposed to an occupational disease arising out of and in the course of employment. The Division's Administrative Law Judges have the authority to approve settlements or issue awards after a hearing relating to an injured employee's entitlement to benefits.

### Steps to Take When Injured on the Job

1. Notify your employer immediately (written notice must be provided within 30 days of the injury/or 30 days when reasonably aware of the work-relatedness of occupational illness or disease) by contacting

Lynn Hannblom  
employer representative

916-471-3380  
phone number

***\*Failure to do so may jeopardize your ability to receive benefits***

2. Seek medical attention (your employer/insurer is responsible for providing medical treatment and paying the medical fees and charges unless you choose to treat with another doctor at your own expense without your employer/insurer's approval).
3. Get more information about the benefits available under the Workers' Compensation Program or about the steps you may take to get the benefits you need.

Visit [www.labor.mo.gov/DWC](http://www.labor.mo.gov/DWC) or call 800-775-COMP.

### Benefits for Injured Employees

#### Medical Care:

The employer or insurer is required to provide medical treatment and care to cure and relieve the effects of the injury. This includes all costs for authorized medical treatment, prescriptions, and medical devices. There is no deductible, and all costs are paid by the employer or its workers' compensation insurance company. If you receive a bill, **contact your employer or the insurance company immediately**. The employer/insurer has the right to choose the healthcare provider or treating physician. You may select a different healthcare provider or treating physician, but if you do so, it may be at your own expense.

#### Payment for Lost Wages:

- If a doctor says you are unable to work due to your injuries or recovery from a surgery, you may be entitled to **temporary total disability (TTD)** benefits. If a doctor says that you can perform light or modified duty work and your employer offers you such work, you may not be eligible for TTD benefits. TTD benefits should be continued until the doctor says you can return to work, or when your treatment is concluded because your condition has reached "maximum medical improvement," whichever occurs first.
- If you return to light or modified duty at less than full pay, you may be entitled to **temporary partial disability** benefits.

#### Permanent Disability Benefits:

If the injury or illness results in a permanent disability, you may be entitled to receive either permanent partial or permanent total disability benefits.

#### Survivor Benefits:

If an employee dies on the job, the surviving dependents may receive weekly death benefits paid at 66 2/3% of the deceased employee's average weekly wage for the year immediately preceding the injury, along with funeral expenses up to \$5,000 from the employer/insurer. For additional information relating to survivor's benefits, including college scholarship opportunities for surviving children, please visit [www.labor.mo.gov/DWC](http://www.labor.mo.gov/DWC).

The Division of Workers' Compensation does not discriminate against individuals with disabilities as mandated by P.L. 101-336, The Americans With Disability Act. Alternative format available upon request.



# WORKERS' COMPENSATION INSURANCE COVERAGE EMPLOYEE NOTICE

COOPERATIVE PERSONNEL SERVICES  
241 LATHROP WAY  
SACRAMENTO CA 95815

Date:  
10-31-14  
Policy Number:  
(PJUB-1176A22-0-13)

The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of 07-01-13 to 07-01-14, provided the employer meets all premium and reporting requirements.

## IF YOU ARE INJURED

You should report any on-the-job injury to your supervisor, employer, or insurer as soon as possible. You must report the accident within 30 days. A sole proprietor, partner, manager of a manager-managed limited liability company, member of a member-managed limited liability company, or corporate officer covered under the Montana Workers' Compensation Act must report an accident to the insurer within 30 days.

Report minor injuries to your employer whether or not you receive medical treatment. After you report the injury, your employer has 6 days to notify their insurer. You must submit a written First Report of Injury within 12 months from the date of the accident or within one (1) year from the knowledge of an occupational disease. You can submit this form to your employer, insurer, or the Department of Labor and Industry.

All employees sustaining a compensable work related injury or occupational disease, other than those who are exempted by statute (Section 39-71-401, MCA), are covered for medical and wage-loss benefits.

### **Prior to the Insurer's designation or approval of a Treating Physician you may choose your initial Health Care Provider.**

You may continue to receive treatment from your initial health care provider unless the insurer designates a treating physician other than your initial health care provider. After providing you with a notice of a designated or approved treating physician, the insurer is no longer liable for treatment provided by other health care providers unless authorization is obtained to continue treatment.

### **For specific information about this policy, call or write your employer's insurance carrier:**

THE TRAVELERS INSURANCE COMPANIES  
P.O. BOX 6890  
PORTLAND, OR 97228-6890  
1-800-238-6225

**For general information about workers' compensation, call or write: Montana Department of Labor and Industry, Employment Relations Division, P.O. Box 8011, Helena, MT 59604-8011, Phone (406) 444-6532.**

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE  
WORKPLACE WILL RESULT IN A \$50 FINE AGAINST THE EMPLOYER!





FORM 17

Revised 5/2010

## N.C. WORKERS' COMPENSATION NOTICE TO INJURED WORKERS AND EMPLOYERS

All employees of this business, except specifically excluded executive officers, suffering work-related injuries may be entitled to Workers' Compensation benefits from the employer or its insurance carrier.

### IF YOU HAVE A WORK-RELATED INJURY OR AN OCCUPATIONAL DISEASE

#### The Employee Should:

- Report the injury or occupational disease to the Employer immediately.
- Give written notice to the Employer within 30 days.
- File a claim with the Industrial Commission on a Form 18 immediately, but no later than 2 years from injury date or occupational disease. Give a copy to the Employer.
- If medical treatment and wage loss compensation are not promptly provided, call the insurance carrier/administrator or request a hearing before the Industrial Commission using a Form 33 Request for Hearing. Commission forms are available at website [www.ic.nc.gov](http://www.ic.nc.gov) or by calling the Help Line.

**For assistance: Call the Industrial Commission HELP LINE—(800) 688-8349.**

#### The Employer Should:

- Provide all necessary medical services to the Employee.
- Report the injury to the carrier/administrator and file a Form 19 Report of Injury within 5 days with the Industrial Commission, if the Employee misses more than 1 day from work or if cumulative medical costs exceed \$2,000.00.
- Give a copy of your completed Form 19 to the Employee along with a copy of a blank Form 18 Notice of Accident.
- Ensure that compensation is promptly paid as required under the Workers' Compensation Act.

For assistance with Safety Education Training contact:

Director of Safety Education at (919) 807-2602 or [safety@ic.nc.gov](mailto:safety@ic.nc.gov)



NORTH CAROLINA INDUSTRIAL COMMISSION  
4335 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-4335

Website: [www.ic.nc.gov](http://www.ic.nc.gov)

TO EMPLOYER: THIS FORM MUST BE PROMINENTLY POSTED IF YOU HAVE WORKERS' COMPENSATION INSURANCE OR QUALIFY AS SELF-INSURED. (N.C. Gen. Stat. §97-93).

W32P1V10

# STATE OF NEW HAMPSHIRE WORKERS' COMPENSATION LAW NOTICE OF COMPLIANCE

## TO EMPLOYEES

- 1 You are required by law (RSA 281-A:19) to report promptly to your employer an occupational injury or disease, even if you deem it to be minor. Form No. 8a WCA, Notice of Accidental Injury or Occupational Disease, may be used for that purpose (RSA 281-A:20,21). After you have completed and made it available to him or her, your employer must acknowledge receipt by signing and giving you a copy.
- 2 You are entitled to the services of a physician. This physician shall be within a managed care network, if applicable under RSA 281-A:23a.
- 3 You may not sue your employer as a result of a work-connected injury or disease by reason of your eligibility for benefits under the Workers' Compensation Law.

## TO EMPLOYERS

- 1 You are required to display this poster so that it will be of the greatest possible benefit to your employees (RSA 281-A:4).
- 2 You are required to file an Employer's First Report of Injury or Occupational Disease, form No. 8 WC, with the Labor Commissioner, copy to the nearest claims office of your insurance carrier, on all occupational injuries or diseases resulting in one visit to a physician, other than a house physician, as soon as possible but no later than five days after the date of knowledge thereof (RSA 281-A:53, I).
- 3 You are required to report to the Labor Commissioner, copy as in 2 above, any occupational disability, whether total or partial, of four or more days (RSA 281-A:22), on an Employer's Supplemental Report of Injury, form No. 13 WCA, as soon as possible, but no later than ten days after the date of knowledge thereof (RSA 281-A:53, I and II).
- 4 You are required to furnish, or cause to be furnished, reasonable medical and hospital services, other remedial care or vocational rehabilitation, and various types of disability compensation, to an injured or disabled employee in accordance with RSA 281-A:23, 25, 26, 28, 29, 31, 32.
- 5 All employers with 5 or more full time employees shall develop temporary alternative work opportunities for injured employees in accordance with RSA 281-A:23-b. Employers may be obligated to reinstate employees sustaining a compensable injury in accordance with RSA 281-A:25-a.
- 6 You are required to obtain from the carrier identified below a supply of all required workers' compensation forms. NOTICE - Violation of the various provisions of the Workers' Compensation Law carries civil penalties, court fines, or both.

David M. Wihby  
Deputy Labor Commissioner

George N. Copadis  
Labor Commissioner

The undersigned employer hereby gives notice of compliance with all provisions of the Workers' Compensation Law and Administrative Regulations of the Labor Commissioner of the State of New Hampshire pursuant to Revised Statutes Annotated, Chapter 281-A, as amended.

Name of Insurance Company  
Or self-insurer:

THE TRAVELERS INSURANCE COMPANIES  
P.O. BOX 9511  
MANCHESTER, NH 03108-9511  
(800) 238-6225

Name of Employer:

COOPERATIVE PERSONNEL SERVICES

By \_\_\_\_\_

680067209

Employer Identification No.  
(If number unknown, Employer to request from IRS)

**This notice must be posted conspicuously in and about the Employer's place or places of business.**

Prescribed by Labor Commissioner  
State of New Hampshire  
WCP-1 (1-99)

**TRAVELERS**  
W28P1T06



# NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

**Insurance Company**

**for the period**

**Beginning** 07-01-14 **Ending** 07-01-15

**Employer** COOPERATIVE PERSONNEL SERVICES

*In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's workplaces.*



## State of New Mexico Workers' Compensation Administration

### WORKERS' COMPENSATION ACT

If You Are Injured At Work  
Si Se Lastima En El Trabajo

- 1) Notice – In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- 2) You have the right to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.
- 3) Claims information – Contact your employer's Claims Representative.
- 1) Aviso. – En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.
- 2) Usted tiene el derecho a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.
- 3) Información acerca de Reclamaciones. – Contáctese con el representante de reclamaciones de su compañía.

#### Employer's Insurer/Claims Representative:

Name: THE TRAVELERS INSURANCE COMPANIES

Phone #: (800) 238-6225

Address: 6001 INDIAN SCHOOL NE SUITE 300 ALBUQUERQUE, NM 87110

Note: Employer must fill in this insurer/claims representative information.

WCA POSTER (TOP)  
PART 1 OF 2  
ATTACH BOTTOM OF POSTER HERE





## BRIEF DESCRIPTION OF RIGHTS AND BENEFITS (Pursuant to NRS 616C.050)

**Notice of Injury or Occupational Disease (Incident Report Form C-1):** If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

**Claim for Compensation (Form C-4):** If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

**Medical Treatment:** If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

**Temporary Total Disability (TTD):** If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

**Temporary Partial Disability (TPD):** If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

**Permanent Partial Disability (PPD):** When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

**Permanent Total Disability (PTD):** If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

**Vocational Rehabilitation Services:** You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

**Transportation and Per Diem Reimbursement:** You may be eligible for travel expenses and per diem associated with medical treatment.

**Reopening:** You may be able to reopen your claim if your condition worsens after claim closure.

**Appeal Process:** If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

**Nevada Attorney for Injured Workers (NAIW):** If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830

**To File a Complaint with the Division:** If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

**For assistance with Workers' Compensation Issues:** you may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, Toll Free 1-888-333-1597, Web site: <http://govcha.state.nv.us>, E-mail: [cha@govcha.state.nv.us](mailto:cha@govcha.state.nv.us)

STATE OF NEW YORK – WORKERS' COMPENSATION BOARD  
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

NOTICE OF COMPLIANCE  
TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR  
SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 – 100 Broadway-Menands – (866) 750-5157  
\*Brooklyn, 11201 – 111 Livingston St. – Brooklyn – (800) 877-1373  
Binghamton, 13901 – State Office Bldg. – 44 Hawley St. – (866) 802-3604  
Buffalo, 14202 – 295 Main Street, Suite 400 - (866) 211-0645  
\*Hauppauge, 11788 – 220 Rabro Drive – Suite 100 – (866) 681-5354  
\*Hempstead, 11550 – 175 Fulton Avenue – (866) 805-3630  
\*New York, 10027 – 215 W.125th St., Manhattan – (800)-877-1373  
\*Peekskill, 10566 – 41 North Division St. (866) 746-0552  
\*Queens, 11432 – 168-46 91st Ave., Jamaica (800) 877-1373  
Rochester, 14614 – 130 Main Street West – (866) 211-0644  
Syracuse, 13203 – 935 James St. – (866) 802-3730

\* DOWNSTATE MAILING ADDRESS

Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to: PO Box 5205 Binghamton, NY 13902-5205

Statewide Fax: 877-533-0337

AVISO DE CUMPLIMIENTO  
A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN  
LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL  
MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico ó psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina mas cercana de la Junta.

*Robert E. Beloten*

ROBERT E. BELOTEN, CHAIR/PRESIDENTE

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

Name, address and telephone number of licensed insurance carrier,  
authorized group self-insurer or main office of authorized self-insurer  
COOPERATIVE PERSONNEL SERVICES

THE TRAVELERS INSURANCE COMPANIES  
P.O.BOX 8924 (WC)  
MELVILLE, NY 11747-8924  
1-800-238-6225

For Insurance Carriers ONLY: Policy No 1176A220  
Policy in Force from 07-01-14 to 07-01-15

Name of employer (Nombre del patrono)

**THIS NOTICE MUST BE POSTED  
CONSPICUOUSLY IN AND ABOUT THE  
EMPLOYER'S PLACE OR PLACES OF  
BUSINESS.**

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.

## **STATEMENT OF RIGHTS**

### **TO ALL WORKERS WHO ARE INJURED WHILE WORKING OR WHO SUFFER FROM AN OCCUPATIONAL DISEASE**

#### **YOU MAY BE ENTITLED TO WORKERS' COMPENSATION BENEFITS**

1. You should file a claim for benefits within two years of the date you are injured, unless your injury is very minor, requiring no medical treatment and causing no lost time from work. If you do not file within two years your right to benefits may be lost. Obtain and file a claim form (Form C-3, or VF-3 for volunteer firefighters, or VAW-3 for volunteer ambulance workers) with the nearest Workers' Compensation Board office (see addresses below).
2. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work. (In volunteer firefighters' and volunteer ambulance workers' cases, compensation for lost time or loss of earning capacity may be payable from date of injury.)
3. You are entitled to obtain any necessary medical treatment related to your injury and you should do so immediately.
4. For the treatment of your work-related injury or illness, you may choose any physician, podiatrist, chiropractor, or psychologist (upon referral from an authorized physician) who is Board authorized and who is accepting workers' compensation patients. If, however, your employer is involved in a certified preferred provider organization (PPO) arrangement, you must obtain initial treatment for any workers' compensation injury or illness from the preferred provider organization. Employers participating in this statutory program are required to provide their employees with written notification describing their employees' rights and obligations under the program.
5. You should inform your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and your employer's insurance company, which is indicated at the bottom of this form.
6. You should not pay any medical providers directly for treatment of your work-related injury or illness. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
7. The employer is liable for the replacement or repair of an employee's prosthesis (e.g., artificial members, false teeth, eyeglasses), which has been lost or damaged in the course of employment, whether or not there was bodily injury to the employee. You are also entitled to be reimbursed for drugs, crutches or any apparatus properly prescribed by your doctor, and transportation and other necessary expenses going to and from your doctor's office or hospital. (You should get receipts for all such expenses.)
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire an attorney or licensed representative, you should not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. Lost time and medical benefits are payable directly without a formal direction from the Board, unless your claim is disputed. If your claim is disputed on the grounds that your injury is not work-related or did not arise in the line of volunteer firefighter or ambulance worker duties, then you may qualify for disability benefits for non-work injuries. For more information on entitlement to disability benefits, contact the Workers' Compensation Board office nearest you.
10. You should go back to work as soon as you are able; compensation is never as high as your wage. If you need help returning to work, or with family or financial problems because of your injury, you should contact the nearest Board office and ask for a rehabilitation counselor or social worker.
11. Your employer may not ask you to waive your right to compensation nor may your employer deduct any money from your pay to contribute to the payment of workers' compensation insurance premiums. Further, you cannot be discharged or discriminated against because you filed a claim for workers' compensation benefits.

**IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A JOB-RELATED INJURY OR DISEASE, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.**

This information is a simplified presentation of your rights under the Workers' Compensation Law. It is provided, as required by Section 110 of the Workers' Compensation Law, by your employer's insurance carrier:

Insert name and address of insurance carrier.

THE TRAVELERS INSURANCE COMPANIES  
P.O. BOX 8924 (WC)  
MELVILLE, NY 11747-8924

  
**ROBERT E. BELOTEN**  
CHAIR

DOWNSTATE CENTRALIZED MAILING  
(for New York City, Hempstead, Hauppauge & Peekskill Districts)  
PO Box 5205 Binghamton, NY 13902-5205  
NYC(800)877-1373/Hemp.(866)805-3630/Haup.(866)681-5354/Peek.(866)746-0552

100 Broadway  
Menands  
ALBANY 12241  
(866) 750-5157

State Office Building  
44 Hawley Street  
BINGHAMTON 13901  
(866) 802-3804

Statler Towers  
107 Delaware Ave.  
BUFFALO 14202  
(866) 211-0645

130 Main Street W.  
ROCHESTER 14614  
(866) 211-0644

935 James St.  
SYRACUSE 13203  
(866) 802-3730

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.



## **DECLARACION DE DERECHOS**

### **A TODO EMPLEADO LESIONADO EN EL TRABAJO O QUE SUFRA DE ENFERMEDAD OCUPACIONAL: USTED PUEDE TENER DERECHO A BENEFICIOS DE COMPENSACION OBRERA**

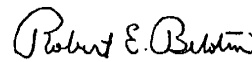
1. Usted deberá presentar una reclamación de beneficios dentro del término de dos años del día en que fue lesionado, a menos que la lesión sea tan pequeña que no requiera tratamiento médico y que no cause interrupción en su jornada de trabajo. Si no radica dentro del término de dos años, puede perder sus derechos a beneficios. Consiga y radique una forma de reclamación (Forma C-3, o VF-3 para bomberos voluntarios, o VAW-3 para empleados voluntarios de ambulancias) en la oficina más cercana de la Junta de Compensación Obrera (direcciones más abajo).
2. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo. (Bomberos voluntarios y Trabajadores de Ambulancia Voluntarios pueden ser compensados desde el mismo día de su lesión.)
3. Usted tiene derecho a recibir tratamiento médico relacionado con su lesión y debe obtenerlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico ó psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en esta programa establecida por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podrá ser responsable del pago de las facturas.
7. El patrono es responsable de la sustitución y reparación de aquellos implementos médicos que han sido perdidos o se han deteriorado como consecuencia del empleo, sin que importe el que el empleado haya o no sufrido lesión (Ej. miembros artificiales, dentadura postiza, espejuelos). Usted también tiene derecho a ser reembolsado por medicinas, muletas, o cualquier otro implemento debidamente recetado por su médico y por transportación u otro gasto necesario para ir al médico ó al hospital. (Obtenga recibos para justificar gastos.)
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. La compensación se paga inmediatamente, sin esperar por la adjudicación del caso, excepto cuando la reclamación es cuestionada. Si la reclamación es cuestionada en base a que la incapacidad no fue causada por un accidente relacionado con su trabajo ó por una enfermedad ocupacional ó por una lesión en el cumplimiento de su deber como bombero voluntario ó como miembro voluntario del cuerpo de ambulancia, usted puede tener derecho a recibir beneficios por incapacidad (para lesiones fuera del trabajo). Si su reclamación es cuestionada y no está recibiendo beneficios por incapacidad, comuníquese con cualquier oficina de la Junta.
10. Regrese a su trabajo tan pronto pueda. La compensación nunca es tan alta como su sueldo. Si necesita ayuda para regresar al trabajo ó para resolver problemas financieros ó personales por causa de la lesión sufrida, comuníquese con la oficina más cercana de la Junta y solicite hablar con un trabajador social o con un consejero de rehabilitación.
11. Su patrono no puede solicitar que usted le releve de su derecho a compensación, ni puede descontar cantidad alguna de su paga para contribuir al pago de las primas del seguro. Usted no podrá ser despedido ni penalizado por radicar una reclamación en la Junta.

**SI TIENE DIFICULTAD EN CONSEGUIR UN FORMULARIO DE RECLAMACIÓN O NECESITA AYUDA PARA LLENARLO Ó TIENE DUDAS SOBRE CUALQUIER SITUACIÓN RELACIONADA CON UNA LESIÓN O ENFERMEDAD COMUNIQUESE CON LA OFICINA MAS CERCANA DE LA JUNTA.**

Este resumen es una compilación de los puntos más importantes de sus derechos bajo la ley de compensación obrera. La sección 110 de la ley requiere de su patrono ofrecerle esta información.

Insert name and address of insurance carrier.

THE TRAVELERS INSURANCE COMPANIES  
P.O. BOX 8924 (WC)  
MELVILLE, NY 11747-8924

  
**ROBERT E. BELOTEN**  
**PRESIDENTE**

DOWNSTATE CENTRALIZED MAILING  
(for New York City, Hempstead, Hauppauge & Peekskill Districts)  
PO Box 5205 Binghamton, NY 13902-5205  
NYC (800) 877-1373/Hemp. (866) 805-3630/Haup. (866) 681-5354/Peek. (866) 746-0552

100 Broadway  
Menands  
ALBANY 12241  
(866) 750-5157

State Office Building  
44 Hawley Street  
BINGHAMTON 13901  
(866) 802-3604

Statler Towers  
107 Delaware Ave.  
BUFFALO 14202  
(866) 211-0645

130 Main Street W.  
ROCHESTER 14614  
(866) 211-0644

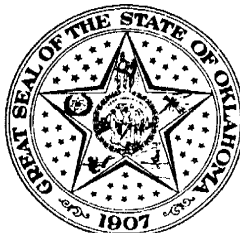
935 James St.  
SYRACUSE 13203  
(866) 802-3730

All employees of this employer who are entitled to benefits of the Administrative Workers' Compensation Act are hereby notified that this employer has complied with all rules of the Workers' Compensation Commission and that this employer has secured payment of compensation for all employees and their dependents in accordance with the Act. All employees are further notified this employer will furnish first aid, medical, surgical, hospital, optometric, podiatric, and nursing services, medicine, crutches and other apparatus as may be reasonably necessary in connection with the injury received by the employee, as well as payments of compensation to any injured employee or the employee's dependents as provided in the Act.

Any employee who has suffered a compensable injury covered by the Administrative Workers' Compensation Act is entitled to vocational rehabilitation services, including retraining and job placement, if, as a result of the injury, the employee is unable to perform work for which the person has previous training or experience.

The Oklahoma Workers' Compensation Commission has a Counselor Division to provide information to injured workers, employers, and other interested persons.

Mediation is available to help resolve certain workers' compensation disputes. For information, call the Counselor Division at 405-522-8760 or In-State Toll Free 800-522-8210.



*[Signature]*

Signature of Employer

THE TRAVELERS INS COMPANIES, HARTFORD, CT 06183

Insurer Name and Address

Date of Expiration of Insurance Policy (Not applicable to employers authorized to self-insure.)

### **Employee's Responsibilities In Case of Work Related Injury**

If accidentally injured or affected by cumulative trauma or an occupational disease arising out of and in the course of employment, however slight, the employee should notify the employer immediately. If this employer is a partnership, notice shall be given to any partner. If this employer is a corporation, notice shall be given to any agent or officer of the corporation upon whom legal process may be served. Notice shall also be given to the person in charge of business at the location of operations where the injury occurred. Unless oral or written notice is given to the employer within thirty (30) days, the claim for compensation may be forever barred.

The employee may file a claim for compensation with the **WORKERS' COMPENSATION COMMISSION** for an accidental injury, death, cumulative trauma or occupational disease or illness occurring **ON OR AFTER** February 1, 2014. Forms to file a compensation claim should be furnished by this employer and also are available from the Workers' Compensation Commission. The forms are posted on the Commission's website, [www.wcc.ok.gov](http://www.wcc.ok.gov).

A claim for compensation must be filed with the Commission within the time specified by law, or be forever barred. Based on law effective February 1, 2014, a claim for compensation for any accidental injury or death must be filed with the Commission within one (1) year of the date of injury or death; a claim for compensation for occupational disease or illness must be filed within two (2) years of the last injurious exposure; and a claim for compensation for cumulative trauma must be filed within one (1) year of the date of injury. A claim for additional compensation is barred unless filed within one (1) year of the last payment of disability compensation or two (2) years from the date of injury, whichever is longer.

Claims for compensation for accidental injury, death, cumulative trauma or occupational disease or illness occurring **BEFORE** February 1, 2014 may be filed with the **WORKERS' COMPENSATION COURT OF EXISTING CLAIMS** and are subject to different notice of injury requirements and claims filing deadlines than those for accidental injury, death, cumulative trauma or occupational disease or illness occurring on or after February 1, 2014. Failure to comply with applicable notice requirements and deadlines may operate to forever bar the claim. Contact the Commission's Counselor Division for additional information.

### **Employer's Responsibilities**

The employer must provide employees with immediate first aid, medical, surgical, hospital, optometric, podiatric, and nursing services, medicine, crutches and other apparatus as may be reasonably necessary in connection with the injury received by the employee. This applies to care for all injuries and illnesses arising out of and in the course of employment, regardless of their character. Within ten (10) days after the date of receipt of notice or knowledge of death or injury that results in more than three days' absence from work for the injured employee, the employer **MUST** send a report thereof to the Workers' Compensation Commission on a CC-Form 2, and also send a copy of the CC-Form 2 to the employer's insurance carrier, if any, within the ten-day period.

No agreement by any employee to pay any portion of the premium paid by the employer to a carrier or a benefit fund or department maintained by the employer for the purpose of providing compensation or medical services and supplies as required by the workers' compensation laws, shall be valid. Any employer who makes a deduction for such purposes from the pay of any employee entitled to benefits under the workers' compensation laws shall be guilty of a misdemeanor.

No agreement by any employee to waive workers' compensation rights and benefits shall be valid.

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

**Workers' Compensation Commission**

1915 North Stiles Avenue

Oklahoma City, Oklahoma 73105-4918

Tele. 405-522-3222 (OKC) • 918 -581-2714 (TU) • In-State Toll Free 800-522-8210



**pennsylvania**  
DEPARTMENT OF LABOR & INDUSTRY

**REMEMBER:**  
**It is Important to Tell Your  
Employer about Your Injury**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

**COOPERATIVE PERSONNEL SERVICES**

**Employer Name:** \_\_\_\_\_ **Date Posted:** \_\_\_\_\_

**IF INSURED:**

(Complete all applicable spaces)

Name of Insurance Company:

THE TRAVELERS INSURANCE COMPANIES

Address: P.O. BOX 13933 (WC)

READING, PA 19612-3933

Telephone Number: 1-800-238-6225

**IF SOMEONE OTHER THAN INSURER IS  
HANDLING CLAIMS:**

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurer's Bureau Code: \_\_\_\_\_

**IF SELF-INSURED:**

(Complete all applicable spaces)

Name of person handling claims at

the self-insured: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Self-Insured Bureau Code: \_\_\_\_\_

**IF SOMEONE OTHER THAN SELF-INSURER  
HANDLING CLAIMS:**

(Complete all applicable spaces)

Name of TPA (Claims administrator):

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Department of Labor & Industry | Bureau of Workers' Compensation | 1171 S. Cameron Street, Room 103 | Harrisburg, PA 17104-2501  
717.772.0621 | www.dli.state.pa.us

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

## RIGHTS AND DUTIES FORM – SIDE 1

### **NOTIFICATION TO EMPLOYEES OF THEIR RIGHTS AND DUTIES UNDER SECTION 306 (f.1)(1)(i) OF THE PA. WORKERS' COMPENSATION ACT**

The Pennsylvania Workers' Compensation Act requires that employees be given written notification of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. Below are your rights and duties under Sec. 306 (f.1)(1)(i) and an acknowledgment signature line. This acknowledgment, signed by you, is to be returned to your employer.

A brief summary: You have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that your employer is not liable for the medical bills incurred.

As an employee of the Commonwealth working at a location where a list of designated health care providers has been established and posted, you have:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be at your expense for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties  
under Sec. 306 (f.1)(1)(i) and that I understand them  
to the extent that they are explained above.

Print Name

Employee Signature

Date

**See reverse for a complete text of Section 306 (f.1)(1)(i)**

If you have any questions, ask your human resources office representative or call  
The Bureau of Workers' Compensation at 1-800-482-2383

## **RIGHTS AND DUTIES FORM – SIDE 2**

### **PENNSYLVANIA WORKERS' COMPENSATION ACT SECTION 306 (f.1)(1)(i)**

The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

[illegible]

## **WORKERS' COMPENSATION INFORMATION Pennsylvania**

**To all employees:**

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

**Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, PA 17104-25  
Telephone number within Pennsylvania: 800-482-2383  
Telephone number outside of this Commonwealth: 717-772-4447  
TTY- 800-362-4228 (for hearing and speech impaired only)**

**[www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.**

I, \_\_\_\_\_, employee of \_\_\_\_\_ (employer), certify that I received, read, and understood the information provided above on my date of hire \_\_\_\_\_ (date).

If applicable, I, \_\_\_\_\_, employee of \_\_\_\_\_ (employer), certify that I received, read, and understood the above information on \_\_\_\_\_ (the date of work-related injury or disease).



# TENNESSEE WORKERS' COMPENSATION INSURANCE



**Employers: The law requires this notice to be conspicuously posted at the employer's place of business so all employees have access to it.**

## WHO IS REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE?

- All employers with five (5) or more full or part-time employees.
- All employers engaged in the mining and production of coal with one (1) or more employees.
- All workers in the construction industry unless they are specifically exempted.

To confirm if an employer is subject to the workers' compensation law and if so to obtain the name of the workers' compensation insurance company contact:

THE TRAVELERS INSURANCE COMPANIES

Name of employer representative authorized to provide information on workers' compensation

(800) 238-6225

Telephone number of employer representative to provide information on workers' compensation

P.O. BOX 682165

FRANKLIN, TN 37068-2165

Address of employer representative to provide information on workers' compensation

## WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

1. Report the injury to the employer immediately. Employer notification is required.
- and 2. Select a treating physician from a panel provided by the employer.  
To report an injury contact:

Lynn Hannblom

Name of employer representative to notify in event of a work related injury

916-471-3380

Telephone number of employer representative to notify in event of a work related injury

241 Lathrop Way, Sacramento, CA 95815

Address of employer representative to notify in event of a work related injury

## WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

1. Immediately complete a First Report of Work Injury form and send it to the workers' compensation insurance company or the third party administrator to be filed with the Tennessee Dept. of Labor and Workforce Development, Workers' Compensation Division.
- and 2. Offer a panel of physicians.  
The employer shall designate a group of three (3) or more physicians or surgeons not associated together in practice from which the injured employee shall have the privilege of selecting the operating surgeon or the attending physician. If the injury is a back injury, the panel shall be expanded to four (4), one of whom must be a doctor of chiropractic. If a doctor of chiropractic is chosen, chiropractor visits may be authorized for up to twelve (12) visits per back injury. More than twelve (12) visits to such doctor of chiropractic must be specifically approved by the employer or insurance carrier. The provisions for chiropractic care shall not apply to workers' compensation self insurer pools established pursuant to Section 50-6-405(a)(1). If the injury requires the treatment of physician or surgeon who practices orthopedic or neuroscience medicine then the employer may appoint a panel of physicians or surgeons practicing orthopedic or neuroscience medicine consisting of five (5) physicians, with no more than four (4) physicians affiliated in practice together. The employee may select a treating physician or surgeon from the employer panel.

The Tennessee Department of Labor and Workforce Development, Division of Workers' Compensation, has staff available to help both employees and employers. For more information contact:

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKERS' COMPENSATION  
220 FRENCH LANDING DRIVE  
NASHVILLE, TENNESSEE 37243-1002

615-532-4812 OR TOLL FREE 1-800-332-2667 OR 1-800-332-2257 (TDD)

[www.tn.gov/labor-wfd/wcomp.html](http://www.tn.gov/labor-wfd/wcomp.html)

LB-0922 (REV. 03/12)

RDA 10183





# NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

**COVERAGE:** [Name of employer] COOPERATIVE PERSONNEL SERVICES has workers' compensation insurance coverage from [Name of commercial insurance company]. THE TRAVELERS INSURANCE COMPANIES In the event of work-related injury or occupational disease. This coverage is effective from [effective date of workers' compensation insurance policy] 07-01-14 . Any injuries or occupational diseases which occur on or after that will be handled by [name of commercial insurance company]

THE TRAVELERS INSURANCE COMPANIES An employee or a person acting on the employee's behalf must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

**EMPLOYEE ASSISTANCE:** The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

**SAFETY VIOLATIONS HOTLINE:** The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

## **COVERED EMPLOYER**

Texas Workers' Compensation Rule 110.101(e)(1) requires employers who are covered by workers' compensation through a commercial insurance company to advise their employees that they do have workers' compensation insurance coverage and to advise their employees of the Texas Department of Insurance, Division of Workers' Compensation's toll-free number to obtain additional information about their workers' compensation rights.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any;
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(1).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

**Do Not Post This Side**



## NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

Have you been injured on the job? As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: 1-866-EZE-OIEC (1-866-393-6432). More information about OIEC and its Ombudsman Program is available at the agency's website ([www.oiec.texas.gov](http://www.oiec.texas.gov)).

### OMBUDSMAN PROGRAM

**WHAT IS AN OMBUDSMAN?** An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has a workers' compensation adjuster's license and has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them. If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation. Once a proceeding is scheduled an Ombudsman can:

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
- Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.

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28 TAC 276.5. Employer Notification of Ombudsman Program to Employees (Effective 9/1/13)

- (a) All employers participating in the workers' compensation system shall post notice of the Office of Injured Employee Counsel's (OIEC) Ombudsman Program. This notice shall be posted in the personnel office, if the employer has a personnel office, and in the workplace where each employee is likely to see the notice on a regular basis.
- (b) This notice of the Ombudsman Program shall be publicly posted in English, Spanish, and any other language that is common to the employer's employees.
- (c) This notice shall be the text provided by OIEC without any additional words or changes and may be obtained by:
- (1) Downloading the form on OIEC's website at: [www.oiec.texas.gov](http://www.oiec.texas.gov); or
  - (2) Requesting the notice by calling OIEC's toll-free telephone number at: 1-866-EZE-OIEC (1-866-393-6432).

# WORKERS' COMPENSATION NOTICE THAT

COOPERATIVE PERSONNEL SERVICES

**Employer:** \_\_\_\_\_

has complied with the provisions of the Workers' Compensation Act, Title §34A-2-101, Utah Code Annotated, 1997 (as amended), and the rules of the Labor Commission, and has insured the liability to pay the compensation and other benefits provided by said Act

by insuring with **Insurance Carrier:** THE TRAVELERS INSURANCE COMPANIES

**Policy Number:** (PJUB-1176A22-0-14)

Address for the above insurance carrier is P.O. BOX 173762

DENVER, CO 80217-3762

Telephone number is 1-800-238-6225

## WORKERS' COMPENSATION

IS INSURANCE WHICH PROTECTS YOU DURING WORK. IF YOU HAVE AN ON-THE-JOB INJURY OR OCCUPATIONAL DISEASE, IT WILL PAY FOR: HOSPITAL AND MEDICAL BILLS \* TIME LOST FROM WORK \* PERMANENT LOSS OF BODY FUNCTION \* PROSTHETIC DEVICES \* BURIAL BENEFITS IN DEATH CASES.

### HOW TO REPORT AN ACCIDENT

1. Report the injury – no matter how slight – to your boss immediately. (You may lose your rights if your injury is not reported within 180 days of injury or work related illness.)
2. Ask your employer to fill out the employer's first report of injury form. A copy of this report is to be given to you and copies are to be sent to the Labor Commission and to the insurance company within seven (7) days of the accident.
3. If your employer has a first-aid room or company designated doctor, go there promptly for treatment. If not, go to a doctor of your choice.
4. Tell the doctor HOW, WHEN and WHERE the accident happened. The doctor will fill out a medical report form. Copies of the report are to be sent within seven (7) days of your visit to (1) the insurance company, (2) the Labor Commission and (3) you, the employee.

### HOW TO START COMPENSATION

1. Ask your employer which insurance company pays workers' compensation for your company.
2. Ask your doctor to send a medical report to that insurance company.
3. Ask your employer to send a report of the accident to that insurance company.
4. Call the insurance company and ask them to start your workers' compensation benefits. The insurance company will require the doctor's report, employer's report, and may ask you to fill out a request for compensation.

### REHABILITATION

**IF YOU CANNOT RETURN TO WORK, YOU MAY BE ELIGIBLE FOR A REHABILITATION PROGRAM – CALL YOUR INSURANCE CARRIER AS LISTED ABOVE.**

### FRAUD

"For your protection, Utah Law requires the following to appear on this form, any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison".

### STATE OF UTAH



### LABOR COMMISSION

160 EAST 300 SOUTH, PO BOX 146610, SALT LAKE CITY, UT 84114-6610  
(801)530-6800 – (800)530-5090

If you want an Employee's Guide to Workers' Compensation or have questions, call the Labor Commission at the above listed numbers.

**NOTE:** This notice must be posted and kept continuously in a public and conspicuous place in the office, shop or place of business of the employer as per §34A-2-204, Utah Code Annotated, 1997.

# WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

## THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

**NOTE:** The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

## THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION  
1000 DMV Drive  
Richmond, VA 23220

1-877-664-2566  
[vwc.state.va.us](http://vwc.state.va.us)

Every employer within the operation of the Virginia Workers' Compensation Act **MUST POST THIS NOTICE IN A CONSPICUOUS PLACE** in his place of business.