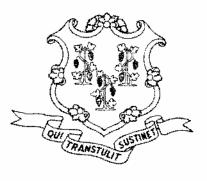
NOTICE **TO EMPLOYEES**



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

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

Advanced Behavioral Health, Inc.

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

Section 31-294b of the 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."

An injury report by the employee is NOT an official written notice of claim for workers' compensation benefits; the Workers' Compensation Commission's Form 30C is necessary to satisfy this requirement.

NOTE: You must comply with P. A. 17-141 (see next box, below) when filing a compensation claim.

The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is:

Name	Workers' Compensation Trust		
Address _	47 Barnes Industrial Road South	Telephone(203) 678-0100	
City/Town	Wallingford	State CT Zip Code 06492	
Approved Medical Care Plan X Yes No			
The State of Connecticut Workers' Compensation Commission office for this workplace is located at:			
Address _	350 Fairfield Avenue	Telephone(203) 382-5600	
City/Town	Bridgeport	State <u>CT</u> Zip Code <u>06604</u>	

Public Act 17-141 allows an employer the option to designate and post - "in the workplace location where other labor law posters required by the Labor Department are prominently displayed" and on the Workers' Compensation Commission's website [wcc.state.ct.us] - a location where employees must file claims for compensation.

If your employer has listed a location below, you MUST file your compensation claim there. When filing your claim, you are also required - by law - to send it by certified mail.

If blank below, ask your employer where to file your claim.

Employer Name Advanced Behavioral Health, Inc.				
ABH - Human Resources Department Address <u>213 Court Street, 8th Floor</u>	Telephone(860) 638-5309			
City/Town Middletown	StateCT Zip Code _06457			

THISNOTICE MUST BEIN TY PEOF NOT LESS THAN TEN	Any questions as to y
POINT BOLD-FACE AND POSTED IN A CONSPICUOUS	law or the obligations
PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE	insurance company s
TO POST THIS NOTICE WILL SUBJECT THE EMLOYER	to the employer, the ins
TO STATUTORY PENALTY (Section 31-279 C.G.S.).	the Workers' Comper
Date Posted:	(1-800-223-9675).

our rights under the s of the employer or should be addressed surance company, or nsation Commission (1-800-223-9675).