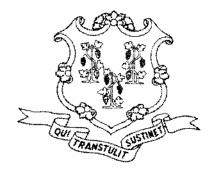
## NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commis	sion Revised 10-01-2017
The Workers' Compensation Act (Connecticut General St	atutes Chanter 568) requires your employer
Advanced Behavioral Health, Inc.	actics chapter 300) requires your employer,
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 in the course of his employment shall immediately repor representing his employer. If the employee fails to repo may reduce the award of compensation proportionately has sustained by reason of the failure, provided the bur shall rest upon the employer."	"Any employee who has sustained an injury t the injury to his employer, or some person rt the injury immediately, the commissioner to any prejudice that he finds 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 ADMIN	IISTRATOR is:
Name Workers' Compensation Trust	
Address 47 Barnes Industrial Road South	Telephone(203) 678-0100
City/Town Wallingford	StateCT Zip Code06492
Approved Medical Care Plan X Yes No	
The State of Connecticut Workers' Compensation Commi	ission office for this workplace is located at:
Address 90 Court Street	Telephone(860) 344-7453
City/Town Middletown	State CT Zip Code 06457
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 <u>MUST</u> 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 213 Court Street, 8th Floor	Telephone(860) 638-5309
City/Town Middletown	StateCT Zip Code _06457
THISNOTICE MUST BEINTY PEOF NOT LESS THAN TEN POINT BOLD-FACE AND POSTED IN A CONSPICUOUS PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE	Any questions as to your rights under the law or the obligations of the employer or insurance company should be addressed

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).

Date Posted: \_

TO POST THIS NOTICE WILL SUBJECT THE EMLOYER

TO STATUTORY PENALTY (Section 31-279 C.G.S.).