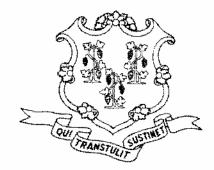
## NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Work	ers' Compensation Act (Connecticut General Stat	utes Chapter	r 568)	requires your	employer,
Alliance	for Community Empowerment, Inc.				
to provide	e benefits to you in case of injury or occupational	disease in th	he cou	urse of employ	yment.
in the cou represent may redu has susta	1-294b of the Workers' Compensation Act states " urse of his employment shall immediately report to ing his employer. If the employee fails to report ce the award of compensation proportionately to ined by reason of the failure, provided the burde upon the employer."	the injury to the injury in any prejudi	his en nmedi ice tha	nployer, or so ately, the con at he finds the	me person nmissioner e employer
	report by the employee is NOT an official written the Workers' Compensation Commission's Form 3				
NOTE: Y	ou must comply with P. A. 17-141 (see next box, I	below) when	filing	a compensati	on claim.
The INSU	RANCE COMPANY or SELF-INSURANCE ADMINIS  Workers Compensation Trust	STRATOR is:			
	47 Barnes Industrial Park Road	Telenhone	(20	3) 678-0100	
	Wallingford				06492
	Medical Care Plan ⊠ Yes _ No of Connecticut Workers' Compensation Commis 111 High Ridge Road	sion office fo		-	located at:
		Telephone	(20	3) 325-3881	
		•			06905
	Stamford	•			06905
Public Ac where oth the Work must file		State Cinate and pos artment are p state.ct.us] -	t – "ir promin - a loc omper	_ Zip Code  the workplantently displayer ation where assisted the control of t	ce location ed" and on employees there.
Public Ac where oth the Work must file	Stamford  t 17-141 allows an employer the option to designer labor law posters required by the Labor Departs' Compensation Commission's website [wcc.:claims for compensation.  ur employer has listed a location below, you MUS When filing your claim, you are also required – by  If blank below, ask your employer wh	State Cinate and pos artment are p state.ct.us] -	t – "ir promin - a loc omper nd it by ur clai	_ Zip Code  the workplace ently displayer eation where  sation claim y certified mai	ce location ed" and on employees there. il.
Public Ac where oth the Work must file o	Stamford  t 17-141 allows an employer the option to designer labor law posters required by the Labor Departs' Compensation Commission's website [wcc.: claims for compensation.  ur employer has listed a location below, you MUS When filing your claim, you are also required – by  If blank below, ask your employer when Alliance for Community Empowerment, Inc.  Human Resources	State Contact and posteriment are postate.ct.us] -	t – "ir promin - a loc omper omper nd it by	_ Zip Code  the workplantently displayer ation where assisted the control of t	ce location ed" and on employees there. il.
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THISNOTICE MUST BEINTY PEOF 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 EMLOYER TO STATUTORY PENALTY (Section 31-279 C.G.S.).

Date Posted: 2/18/2021

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).