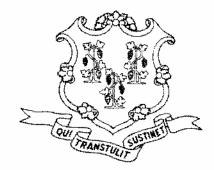
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commi	ission Revised 10-01-2017
The Workers' Compensation Act (Connecticut General S	Statutes Chapter 568) requires your employer,
C&M Health Services Branford LLC dba Compassionate Care a	at Home
to provide benefits to you in case of injury or occupation	onal disease in the course of employment.
Section 31-294b of the Workers' Compensation Act state in the course of his employment shall immediately representing his employer. If the employee fails to represent the award of compensation proportionatel has sustained by reason of the failure, provided the beshall rest upon the employer."	ort the injury to his employer, or some person bort the injury immediately, the commissioner by to any prejudice that he finds the employer
An injury report by the employee is NOT an official writ benefits; the Workers' Compensation Commission's For	
NOTE: You must comply with P. A. 17-141 (see next bo	ox, below) when filing a compensation claim.
The INSURANCE COMPANY or SELF-INSURANCE ADM	INISTRATOR is:
Name _ Workers' Compensation Trust	
Address 47 Barnes Industrial Road South	•
City/Town Wallingford	State CT Zip Code 06492
Approved Medical Care Plan X Yes _ No	
The State of Connecticut Workers' Compensation Comr	(202) 7542
Address 700 State Street	
City/Town New Haven	State <u>CT</u> Zip Code <u>06511-6500</u>
Public Act 17-141 allows an employer the option to december other labor law posters required by the Labor D the Workers' Compensation Commission's website [w must file claims for compensation. If your employer has listed a location below, you Men filing your claim, you are also required.	Department are prominently displayed" and on cc.state.ct.us] – a location where employees MUST file your compensation claim there. – by law – to send it by certified mail.
Employer Name C&M Health Services Branford LLC dba Con	npassionate Care at Home
Bookkeeper Address 405 Maple Avenue, Suite 1	
City/Town Cheshire	State CT Zip Code _06410
THISNOTICEMUST BEINTYPEOFNOT LESS THAN TEN	Any questions as to your rights under the

POINT BOLD-FACE AND POSTED IN A CONSPICUOUS law or the obligations of the employer or PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE insurance company should be addressed TO POST THIS NOTICE WILL SUBJECT THE EMLOYER to the employer, the insurance company, or TO STATUTORY PENALTY (Section 31-279 C.G.S.). the Workers' Compensation Commission (1-800-223-9675).

Date Posted: _