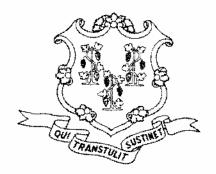
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commis	sion Revised 10-01-201/
The Workers' Compensation Act (Connecticut General St	tatutes Chapter 568) requires your employer,
Family & Children's Agency, Inc.	
to provide benefits to you in case of injury or occupation	nal disease in the course of employment.
Section 31-294b of the Workers' Compensation Act states in the course of his employment shall immediately report representing his employer. If the employee fails to report may reduce the award of compensation proportionately has sustained by reason of the failure, provided the burshall rest upon the employer."	t the injury to his employer, or some person out the injury immediately, the commissioner to any prejudice that he finds the employer
An injury report by the employee is NOT an official writte benefits; the Workers' Compensation Commission's Form	
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	NISTRATOR is:
	Telephone(203) 678-0100
City/Town Wallingford	
Approved Medical Care Plan X Yes No The State of Connecticut Workers' Compensation Comm Address 700 State Street	ission office for this workplace is located at: Telephone ^{(203) 789-7512}
City/Town New Haven	State <u>CT</u> Zip Code <u>06511-6500</u>
Public Act 17-141 allows an employer the option to desi where other labor law posters required by the Labor De the Workers' Compensation Commission's website [wo must file claims for compensation. If your employer has listed a location below, you MI When filing your claim, you are also required — If blank below, ask your employer w	partment are prominently displayed" and on c.state.ct.us] – a location where employees JST file your compensation claim there. by law – to send it by certified mail.
Employer Name Family & Children's Agency, Inc.	
Director of Finance Address 9 Mott Avenue	Telephone (203) 523-5787
City/Town Norwalk	-
	State CT Zip Code 06850

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to the employer, the insurance company, or

the Workers' Compensation Commission

(1-800-223-9675).

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

Date Posted: