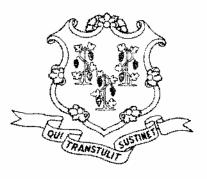
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

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

Fish Friends in Service to Humanity of Northwestern Connecticut 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	t
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Address _	47 Barnes Industrial Road South	Telepho	ne	(203) 678-0100	
City/Town	Wallingford	State	СТ	Zip Code	06492
Approved	Medical Care Plan 🛛 Yes 🗌 No				
The State	of Connecticut Workers' Compensation Commiss	sion offic	e for t	his workplace is l	ocated at:

Address	55 West Main Street	Telephone

City/Town Waterbury

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.

State CT

__ Zip Code __

06702

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 Fish Friends in Service to Humanity of Northwestern Connecticut Inc.					
Executive Director Address 332 South Main Street	Telephone (860) 482-7300				
City/Town Torrington	State CT Zip Code _06790				

THISNOTICE MUST BEIN TYPEOF NOT 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	
Date Posted: 12/27/2018	(1-800-223-9675).	

1