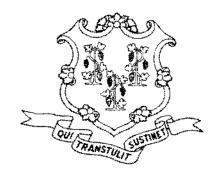
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Sta	tutes Chapter 568) requires your employer,		
Homecare Services of Connecticut, LLC			
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 ADMINI	STRATOR is:
Name Workers Compensation Trust			
Address 47 Barnes Industrial Park Road	Telephone(203) 678-0100		
City/Town Wallingford			
Approved Medical Care Plan X Yes No			
The State of Connecticut Workers' Compensation Commis	ssion office for this workplace is located at:		
Address649 South Main Street	Telephone(860) 344-7453		
City/Town Middletown	_ StateCT Zip Code06457		
Public Act 17-141 allows an employer the option to design where other labor law posters required by the Labor Depthe Workers' Compensation Commission's website [wcc must file claims for compensation.	artment are prominently displayed" and on		
If your employer has listed a location below, you MID	ST file your compensation claim there		
If your employer has listed a location below, you MUS When filing your claim, you are also required – b			
	y law – to send it by certified mail.		
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When filing your claim, you are also required – b If blank below, ask your employer when the services of Connecticut, LLC Principal	y law – to send it by certified mail.		

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.).

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).