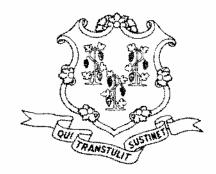
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

The Workers' Compensation Act (Connecticut General Stat	cutes Chapter 568) requires your employer,
King's Daughters and Sons Housing, 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 "in the course of his employment shall immediately report to representing his employer. If the employee fails to report may reduce the award of compensation proportionately to has sustained by reason of the failure, provided the burde shall rest upon the employer."	the injury to his employer, or some person the injury immediately, the commissioner any prejudice that he finds the employer
An injury report by the employee is NOT an official written benefits; the Workers' Compensation Commission's Form 3 $$	
NOTE: You must comply with P. A. 17-141 (see next box, below) when filing a compensation claim.	
The INSURANCE COMPANY or SELF-INSURANCE ADMINIS Name _ Workers Compensation Trust	STRATOR is:
	(202) 679 0400
Address 47 Barnes Industrial Park Road	
City/Town Wallingford	State CT Zip Code 06492
Approved Medical Care Plan X Yes _ No	
The State of Connecticut Workers' Compensation Commiss	sion office for this workplace is located at:
Address111 High Ridge Road	_ Telephone(203) 325-3881
	State CT Zip Code 06905
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. If your employer has listed a location below, you MUST 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 King's Daughters and Sons Housing, Inc.	
CEO Address 152 Westport Avenue	Telephone
City/Town Norwalk	State CT Zip Code 06851

THISNOTICE MUST BEINTYPEOFNOT 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: 3/17/2021

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).