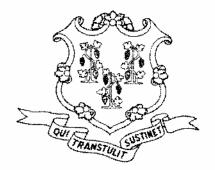
## NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commis	ssion Revised 10-01-201/
The Workers' Compensation Act (Connecticut General Statutes Chapter 568) requires your employer,  Mattatuck Health Care Facility, 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 reporrepresenting his employer. If the employee fails to reporaty reduce the award of compensation proportionately has sustained by reason of the failure, provided the burshall rest upon the employer."	rt the injury to his employer, or some person ort the injury immediately, the commissioner to any prejudice that he finds 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.	
Name Workers' Compensation Trust	
Address 47 Barnes Industrial Road South	Telephone(203) 678-0100
City/Town Wallingford	StateCT Zip Code06492
Approved Medical Care Plan X Yes No	
The State of Connecticut Workers' Compensation Comm	ission office for this workplace is located at:
Address 55 West Main Street	Telephone(203) 596-4207
City/Town Waterbury	State CT Zip Code 06702
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 <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 w	where to file your claim.
Employer NameMattatuck Health Care Facility, Inc.	
Nursing Home Address 9 Cliff Street	Telephone(203) 573-9924
City/Town Waterbury	State CT Zip Code 06710
THISNOTICE MUST BEINTY PEOF NOT LESS THAN TEN POINT BOLD-FACE AND POSTED IN A CONSPICUOUS	Any questions as to your rights under the

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: \_\_

insurance company should be addressed to the employer, the insurance company, or the Workers' Compensation Commission (1-800-223-9675).