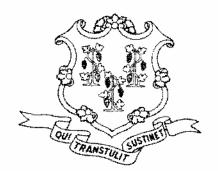
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commis	ssion Revised 10-01-201/		
The Workers' Compensation Act (Connecticut General S	tatutes Chapter 568) requires your employer,		
Mystic River Residential Care Inc.	and discuss in the source of ampleyment		
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 reported 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."	ort the injury to his employer, or some person ort the injury immediately, the commissioner or 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. The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is:			
		Name _ Workers' Compensation Trust	
		Address 47 Barnes Industrial Road South	Telephone(203) 678-0100
City/Town Wallingford	State CT Zip Code 06492		
Approved Medical Care Plan X Yes _ No			
The State of Connecticut Workers' Compensation Comm	nission office for this workplace is located at:		
Address 55 Main Street	Telephone(860) 823-3900		
City/Town Norwich	State CT Zip Code06360		
Public Act 17-141 allows an employer the option to design where other labor law posters required by the Labor De the Workers' Compensation Commission's website [wormust file claims for compensation.	epartment are prominently displayed" and on		
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 v	where to file your claim.		
Employer Name Mystic River Residential Care Inc.			
Executive Director	Telephone (860) 536-8854		
Address 14 Godfrey Street City/Town Mystic	Telephone(860) 536-8854 StateCT Zip Code _06355		
THISNOTICE MUST BEIN TYPEOF 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 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 (1-800-223-9675). Date Posted: __