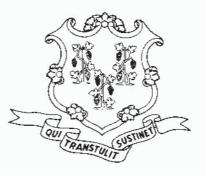
NOTICE TO EMPLOYEES



Revised 10-01-2021

State of Connecticut Workers' Compensation Commission

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

Residential Management Services, Inc., RMS Development, 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 administrative law judge 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

Address 47 Barnes Industrial Park Road	_ Telephon	e(203) 678-0100	
City/Town Wallingford	_ State	СТ	Zip Code _	06492
Approved Medical Care Plan X Yes No				
The State of Connecticut Workers' Compensation Commis	sion office	for thi	sworkplace is	located at:
Address 700 State Street	Telephon	e _(20	03) 789-7512	
City/Town New Haven	State	ст	Zip Code	06511-6500

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 where to file your claim.

Human Resource Department Address 808 Four Rod Road	Telephone (860) 828-8365
City/Town Kensington	_ StateCT Zip Code06037

THIS NOTICE MUST BE IN TYPE OF 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 TO	insurance company should be addressed
POST THIS NOTICE WILL SUBJECT THE EMPLOYER TO	to the employer, the insurance company, or
STATUTORY PENALTY (Section 31-279 C.G.S.).	the Workers' Compensation Commission
Date Posted: 6/15/2022	(1-800-223-9675).