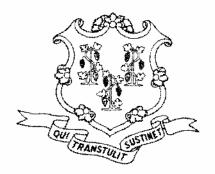
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commis			
The Workers' Compensation Act (Connecticut General St	tatutes Chapter 568) requires vour 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 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 employee." 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	
			Telephone(203) 678-0100
		City/Town Wallingford	State CT Zip Code 06492
		Approved Medical Care Plan 🗵 Yes 🔃 No	
		The State of Connecticut Workers' Compensation Comm	ission office for this workplace is located at:
Address 350 Fairfield Avenue	Telephone(203) 382-5600		
City/Town Bridgeport	StateCT Zip Code06604		
where other labor law posters required by the Labor Dethe Workers' Compensation Commission's website [workers' Compensation Commission's website [workers' Compensation. If your employer has listed a location below, you Mile When filing your claim, you are also required — If blank below, ask your employer website [workers] If blank below, ask your employer website [workers] Employer Name Residential Management Services, Inc., RMS Human Resource Department Address 808 Four Rod Road City/Town Kensington	ust tile your compensation where employees UST file your compensation claim there. by law – to send it by certified mail. where to file your claim.		
where other labor law posters required by the Labor De the Workers' Compensation Commission's website [wo must file claims for compensation. If your employer has listed a location below, you MU When filing your claim, you are also required — If blank below, ask your employer we have the property of	partment are prominently displayed" and on c.state.ct.us] – a location where employees UST file your compensation claim there. by law – to send it by certified mail. where to file your claim. Development, Inc. Telephone(860) 828-8365		

to the employer, the insurance company, or

the Workers' Compensation Commission

(1-800-223-9675).

Date Posted: ___

TO POST THIS NOTICE WILL SUBJECT THE EMLOYER

TO STATUTORY PENALTY (Section 31-279 C.G.S.).