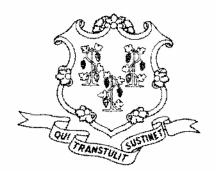
NOTICE TO EMPLOYEES



State of Connecticut Workers' Compensation Commission

Revised 10-01-2017

| in the course of his employment shall immediately report the representing his employer. If the employee fails to report the may reduce the award of compensation proportionately to that sustained by reason of the failure, provided the burder shall rest upon the employer." An injury report by the employee is NOT an official written in benefits; the Workers' Compensation Commission's Form 30 to the surface of the course of the employee is NOT and official written in the benefits; the Workers' Compensation Commission's Form 30 to the employee is NOT and official written in the employee is N | disease i ny emploe injury he injury any prej n of prod | n the oyee to his y imm udice | course of employment. who has sustained an injuse employer, or some personediately, the commissione that he finds the employ | | | |
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| to provide benefits to you in case of injury or occupational of Section 31-294b of the Workers' Compensation Act states "A in the course of his employment shall immediately report the representing his employer. If the employee fails to report the may reduce the award of compensation proportionately to has sustained by reason of the failure, provided the burder shall rest upon the employer." An injury report by the employee is NOT an official written in benefits; the Workers' Compensation Commission's Form 30 in the state of the sta | any emplo ne injury he injury any prej n of prod notice of | oyee to his y imm udice | who has sustained an inju s employer, or some perso nediately, the commission e that he finds the employ | | | |
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| benefits; the Workers' Compensation Commission's Form 30 | | | Section 31-294b of the Workers' Compensation Act states "Any employee who has sustained an injuring 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 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 ADMINIST | TRATOR | is: | | | | |
| Name Workers Compensation Trust | | | | | | |
| Address 47 Barnes Industrial Park Road | Telepho | ne | (203) 678-0100 | | | |
| City/Town Wallingford | State | СТ | Zip Code06492 | | | |
| Approved Medical Care Plan 🗵 Yes 🗌 No | | | | | | |
| The State of Connecticut Workers' Compensation Commissi | ion office | e for t | this workplace is located a | | | |
| Address 999 Asylum Avenue | Telepho | ne _ | (860) 566-4154 | | | |
| City/Town _ Hartford | State | СТ | Zip Code06105 | | | |
| Public Act 17-141 allows an employer the option to designal where other labor law posters required by the Labor Depart the Workers' Compensation Commission's website [wcc.st must file claims for compensation. If your employer has listed a location below, you MUST When filing your claim, you are also required – by I file blank below, ask your employer when | tment ar tate.ct.us file you law – to | e pro s] – a r com send | minently displayed" and on location where employed in pensation claim there. | | | |
| Employer Name The Village for Families & Children, Inc Kids Saf | fe | | | | | |
| Human Resources | Telepho | ne | (860) 297-0541 | | | |
| City/Town Hartford | State | СТ | Zip Code _06105 | | | |

THISNOTICE MUST BEINTY PEOF NOT 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.).

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).